

**FEC
FORM 3****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type
over the lines.

12FE4M5

ERNIE 4 SENATE

ADDRESS (number and street)

7403 SUITE A

TEMPLE TERRACE HWY

TEMPLE TERRACE

FL

33637

Check if different
than previously
reported. (ACC)

CITY ▲

STATE ▲

ZIP CODE ▲

2. **FEC IDENTIFICATION NUMBER ▼**

C C00946269

3. IS THIS
REPORTNEW
(N)

OR

AMENDED
(A)

STATE ▼ DISTRICT

FL

00

4. **TYPE OF REPORT** (Choose One)

(a) Quarterly Reports:



April 15 Quarterly Report (Q1)



July 15 Quarterly Report (Q2)



October 15 Quarterly Report (Q3)



January 31 Year-End Report (YE)



Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:

Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M /

D D /

Y Y Y Y

in the
State of(c) 30-Day **POST**-Election Report for the:

General (30G)



Runoff (30R)



Special (30S)

Election on

M M /

D D /

Y Y Y Y

in the
State of

5. Covering Period

M M /

04

D D /

01

Y Y Y Y /

2026

through

M M /

06

D D /

30

Y Y Y Y /

2026

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Geer, Alan, , ,

Signature of Treasurer

Geer, Alan, , ,

Date

M M /

07

D D /

14

Y Y Y Y /

2026

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. §30109.

Office
Use
Only**FEC FORM 3**
(Revised 05/2016)

SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 03/2016)

Write or Type Committee Name

ERNIE 4 SENATE

Report Covering the Period:

From:

M M / D D / Y Y Y Y
04 / 01 / 2026

To:

M M / D D / Y Y Y Y
06 / 30 / 2026

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	4922.71	0.00
(b) Total Contribution Refunds (from Line 20(d))	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	4922.71	0.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	12505.16	0.00
(b) Total Offsets to Operating Expenditures (from Line 14).....	250.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))	12255.16	0.00
8. Cash on Hand at Close of Reporting Period (from Line 27).....	3367.55	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	17636.46	

For further information, contact the Federal Election Commission at 800-424-9530 or visit www.fec.gov.

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 05/2016)

Write or Type Committee Name

ERNIE 4 SENATE

Report Covering the Period:

From:

MM / DD / YYYY
04 / 01 / 2026

To:

MM / DD / YYYY
06 / 30 / 2026**I. RECEIPTS****COLUMN A**
Total This Period**COLUMN B**
Election Cycle-to-Date

11. CONTRIBUTIONS (other than loans) FROM:

(a) Individuals/Persons Other Than
Political Committees

(i) Itemized (use Schedule A).....

4645.12

0.00

(ii) Unitemized

277.59

0.00

(iii) TOTAL of contributions
from individuals ▶

4922.71

0.00

(b) Political Party Committees.....

0.00

0.00

(c) Other Political Committees
(such as PACs)

0.00

0.00

(d) The Candidate

0.00

0.00

(e) TOTAL CONTRIBUTIONS
(other than loans)
(add Lines 11(a)(iii), (b), (c), and (d))..

4922.71

0.00

12. TRANSFERS FROM OTHER
AUTHORIZED COMMITTEES

0.00

0.00

13. LOANS:

(a) Made or Guaranteed by the
Candidate.....

10700.00

0.00

(b) All Other Loans.....

0.00

0.00

(c) TOTAL LOANS
(add Lines 13(a) and (b)).....

10700.00

0.00

14. OFFSETS TO OPERATING
EXPENDITURES
(Refunds, Rebates, etc.)

250.00

0.00

15. OTHER RECEIPTS
(Dividends, Interest, etc.)

0.00

0.00

16. TOTAL RECEIPTS (add Lines
11(e), 12, 13(c), 14, and 15)
(Carry Total to Line 24, page 4)..... ▶

15872.71

0.00

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3 (Revised 05/2016)

II. DISBURSEMENTS**COLUMN A**
Total This Period**COLUMN B**
Election Cycle-to-Date

17. OPERATING EXPENDITURES.....

12505.16

0.00

18. TRANSFERS TO OTHER
AUTHORIZED COMMITTEES

0.00

0.00

19. LOAN REPAYMENTS:

(a) Of Loans Made or Guaranteed
by the Candidate.....

0.00

0.00

(b) Of All Other Loans

0.00

0.00

(c) TOTAL LOAN REPAYMENTS
(add Lines 19(a) and (b)).....

0.00

0.00

20. REFUNDS OF CONTRIBUTIONS TO:

(a) Individuals/Persons Other
Than Political Committees

0.00

0.00

(b) Political Party Committees.....

0.00

0.00

(c) Other Political Committees
(such as PACs)

0.00

0.00

(d) TOTAL CONTRIBUTION REFUNDS
(add Lines 20(a), (b), and (c)).....

0.00

0.00

21. OTHER DISBURSEMENTS

0.00

0.00

22. **TOTAL DISBURSEMENTS**

(add Lines 17, 18, 19(c), 20(d), and 21) ►

12505.16

0.00

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....

0.00

24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....

15872.71

25. SUBTOTAL (add Line 23 and Line 24).....

15872.71

26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....

12505.16

27. CASH ON HAND AT CLOSE OF REPORTING PERIOD
(subtract Line 26 from Line 25).....

3367.55

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 5 OF 12

☒ 11a ☐ 11b ☐ 11c ☐ 11d
12 13a 13b 14 15

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

ERNIE 4 SENATE

Full Name (Last, First, Middle Initial)

Hildebrand, Ronald, , ,

A.

Mailing Address 8834 Brookfield Ter

City

Bradenton

State

FL

Zip Code

34212

FEC ID number of contributing
federal political committee.

C

Name of Employer
Businessman

Occupation
Allied RD Inc.

Receipt For: 2026

☐ Primary ☐ General
☒ Other (specify) ▼

Special-Primary

Election Cycle-to-Date ▼

208.20

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 17 2026

Transaction ID : SA11AI.4146

Amount of Each Receipt this Period

104.10

☐ Memo Item
Contribution

Full Name (Last, First, Middle Initial)

Olson, Charles, , ,

B.

Mailing Address 12162 Maple Ridge Dr

City

Parrish

State

FL

Zip Code

34219

FEC ID number of contributing
federal political committee.

C

Name of Employer
Gator Stamping

Occupation
Metal Works

Receipt For: 2026

☐ Primary ☐ General
☒ Other (specify) ▼

Special-Primary

Election Cycle-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 17 2026

Transaction ID : SA11AI.4135

Amount of Each Receipt this Period

2000.00

☐ Memo Item
Contribution

Full Name (Last, First, Middle Initial)

Smith, Jacqueline, , ,

C.

Mailing Address 536 Spring Lake Circle

City

Tarpon Springs

State

FL

Zip Code

34688

FEC ID number of contributing
federal political committee.

C

Name of Employer
N/A

Occupation
Retired

Receipt For: 2026

☐ Primary ☐ General
☒ Other (specify) ▼

Special-Primary

Election Cycle-to-Date ▼

1041.02

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 01 2026

Transaction ID : SA11AI.4141

Amount of Each Receipt this Period

1041.02

☐ Memo Item
Contribution

SUBTOTAL of Receipts This Page (optional)..... ▶

3145.12

TOTAL This Period (last page this line number only)..... ▶

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 6 OF 12

☒ 11a ☐ 11b ☐ 11c ☐ 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)

ERNIE 4 SENATE

Full Name (Last, First, Middle Initial)

Smith, Jacqueline, , ,

A. Mailing Address 536 Spring Lake Circle

City

Tarpon Springs

State

FL

Zip Code

34688

FEC ID number of contributing
federal political committee.

C

Name of Employer

N/A

Occupation

Retired

Receipt For: 2026

☐ Primary

☐ General

☒ Other (specify) ▼

Special-Primary

Election Cycle-to-Date ▼

2541.02

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 27 2026

Transaction ID : SA11AI.4107

Amount of Each Receipt this Period

1500.00

☐ Memo Item
Contribution

Full Name (Last, First, Middle Initial)

B. Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

1500.00

4645.12

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 7 OF 12

☐ 11a ☐ 11b ☐ 11c ☐ 11d
☐ 12 ☒ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

ERNIE 4 SENATE

Full Name (Last, First, Middle Initial)

RIVERA, ERNESTO J, , ,

A. Mailing Address PO BOX 629

City
LAND O LAKES

State
FL

Zip Code
34639

FEC ID number of contributing
federal political committee.

C S6FL00418

Name of Employer
Self Employed

Occupation
Businessman and Consultant

Receipt For: 2026

☐ Primary ☐ General
☒ Other (specify) ▼

Special-Primary

Election Cycle-to-Date ▼

10700.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 17 / 2026

Transaction ID : SA13A.4101

Amount of Each Receipt this Period

10700.00

☐ Memo Item

Personal funds loaned by Pastor Ernie

Full Name (Last, First, Middle Initial)

B. Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶

10700.00

TOTAL This Period (last page this line number only)..... ▶

10700.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 8 OF 12

☐ 11a ☐ 11b ☐ 11c ☒ 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)

ERNIE 4 SENATE

Full Name (Last, First, Middle Initial)

TD Bank Credit Card

A.

Mailing Address PO Box 100205

City

Columbia

State

SC

Zip Code

29202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2026

☐ Primary

☐ General

☒ Other (specify) ▼

Special-Primary

Election Cycle-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 03 2026

Transaction ID : SA14.4215

Amount of Each Receipt this Period

250.00

☐ Memo Item

Rewards and Points

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

250.00

250.00

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 9 OF 12

☒ 17	☐ 18	☐ 19a	☐ 19b
☐ 20a	☐ 20b	☐ 20c	☐ 21

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NAME OF COMMITTEE (In Full)

ERNIE 4 SENATE

Full Name (Last, First, Middle Initial)

A. Florida Department of StateMailing Address R.A. Gray Building,
500 S Bronough StreetCity
TallahasseeState
FLZip Code
32399Purpose of Disbursement
Campaign Registration Fees

001

Candidate Name
ERNIE 4 SENATECategory/
Type

Office Sought:

☐ House
☒ Senate
☐ President

Disbursement For: 2026

☐ Primary ☐ General
☒ Other (specify) ▼

State: FL

District: 00

Special-Primary

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	7		2	0	2	6

FEC Identification Number

C C00946269

Amount of Each Disbursement this Period

10440.00

Transaction ID : SB17.4247

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Las Americas

Mailing Address 7403 Temple Terrace Hwy

City
TampaState
FLZip Code
33637Purpose of Disbursement
Donation

012

Candidate Name
ERNIE 4 SENATECategory/
Type

Office Sought:

☐ House
☒ Senate
☐ President

Disbursement For: 2026

☐ Primary ☐ General
☒ Other (specify) ▼

State: FL

District: 00

Special-Primary

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	1		2	0	2	6

FEC Identification Number

C C00946269

Amount of Each Disbursement this Period

1000.00

Transaction ID : SB17.4249

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. POCP.ORG

Mailing Address 3433 Lithis Pinecrest Rd

City
ValricoState
FLZip Code
33596Purpose of Disbursement
Donation

012

Candidate Name
ERNIE 4 SENATECategory/
Type

Office Sought:

☐ House
☒ Senate
☐ President

Disbursement For: 2026

☐ Primary ☐ General
☒ Other (specify) ▼

State: FL

District: 00

Special-Primary

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	9		2	0	2	6

FEC Identification Number

C C00946269

Amount of Each Disbursement this Period

500.00

Transaction ID : SB17.4248

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

11940.00

TOTAL This Period (last page this line number only).....▶

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 10 OF 12

☒ 17	☐ 18	☐ 19a	☐ 19b
☐ 20a	☐ 20b	☐ 20c	☐ 21

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NAME OF COMMITTEE (In Full)

ERNIE 4 SENATE

Full Name (Last, First, Middle Initial)

A. POCP.ORG

Mailing Address 3433 Lithis Pinecrest Rd

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		01		2026

City
ValricoState
FLZip Code
33596

FEC Identification Number

C C00946269

Purpose of Disbursement
Donation

012

Amount of Each Disbursement this Period

250.00

Transaction ID : SB17.4260

☐ Memo ItemCandidate Name
ERNIE 4 SENATECategory/
Type

Office Sought:

☐ House
☒ Senate
☐ President

Disbursement For: 2026

☐ Primary ☐ General
☒ Other (specify) ▼

State: FL

District: 00

Special-Primary

Full Name (Last, First, Middle Initial)

B.

Mailing Address

Date of Disbursement

M M	/	D D	/	Y Y Y Y

City

State

Zip Code

FEC Identification Number

C

Purpose of Disbursement

Category/
Type

Amount of Each Disbursement this Period

☐ Memo Item

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

C.

Mailing Address

Date of Disbursement

M M	/	D D	/	Y Y Y Y

City

State

Zip Code

FEC Identification Number

C

Purpose of Disbursement

Category/
Type

Amount of Each Disbursement this Period

☐ Memo Item

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

SUBTOTAL of Disbursements This Page (optional).....▶

250.00

TOTAL This Period (last page this line number only).....▶

12190.00

SCHEDULE C (FEC Form 3)
LOANS

PAGE 11 OF 12

Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4101

ERNIE 4 SENATE

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

Election: 2026

RIVERA, ERNESTO J, , ,

☐ Primary☐ General☒ Other (specify) ▼

Special-Primary

Mailing Address

PO BOX 629

City

LAND O LAKES

State

FL

ZIP Code

34639

☒ Personal Funds of the Candidate

Original Amount of Loan

10700.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

10700.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
04 17 / 2026

M M / D D / Y Y Y Y

8/18/2026

0.00 % (apr)

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

10700.00

TOTALS This Period (last page in this line only).....▶

10700.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE D (FEC Form 3)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 12 OF 12

FOR LINE NUMBER:
(check only one)☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

ERNIE 4 SENATE

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Bank Of America Credit Card

Nature of Debt (Purpose):

Unpaid Credit Card Balance

Mailing Address Po Box 15796

City

Wilmington

State

DE

Zip Code

19886

Outstanding Balance Beginning This Period

0.00

Transaction ID : SD10.4155

Amount Incurred This Period

4657.07

Payment This Period

0.00

Outstanding Balance at Close of This Period

4657.07

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

TD Bank Credit Card

Nature of Debt (Purpose):

Unpaid Credit Card Balance

Mailing Address PO Box 100205

City

Columbia

State

SC

Zip Code

29202

Outstanding Balance Beginning This Period

0.00

Transaction ID : SD10.4157

Amount Incurred This Period

2279.39

Payment This Period

0.00

Outstanding Balance at Close of This Period

2279.39

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

1) **SUBTOTALS** This Period This Page (optional)

6936.46

2) **TOTALS** This Period (last page this line number only)

6936.46

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only)

10700.00

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

17636.46