

**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

MARK DAVIS FOR FLORIDA

ADDRESS (number and street)

11316 28TH ST CIR E

Check if different
than previously
reported. (ACC)

PARRISH

FL

34219

CITY ▲

STATE ▲

ZIP CODE ▲

2. FEC IDENTIFICATION NUMBER ▼

C

C00914887

3. IS THIS
REPORTNEW
(N)

OR

AMENDED
(A)

STATE ▼ DISTRICT

FL

16

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 / D D / Y Y Y Y
01 / 01 / 2026

through

M M / D D / Y Y Y Y
03 / 31 / 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 GABRIEL, KEITH, , ,

Signature of Treasurer

GABRIEL, KEITH, , ,

Date

M M / D D / Y Y Y Y
04 / 15 / 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

MARK DAVIS FOR FLORIDA

Report Covering the Period:

From:

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

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	3		3	1		2	0	2	6

	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))	18704.32	26136.85
(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))	18704.32	26136.85
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	18420.29	22409.34
(b) Total Offsets to Operating Expenditures (from Line 14)	3766.61	3766.61
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))	14653.68	18642.73
8. Cash on Hand at Close of Reporting Period (from Line 27)	7494.12	
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)	0.00	

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

MARK DAVIS FOR FLORIDA

Report Covering the Period:

From:

MM / DD / YYYY
01 / 01 / 2026

To:

MM / DD / YYYY
03 / 31 / 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).....

2650.00

4150.00

(ii) Unitemized

15879.32

21801.85

(iii) TOTAL of contributions
from individuals ▶

18529.32

25951.85

(b) Political Party Committees.....

0.00

0.00

(c) Other Political Committees
(such as PACs)

0.00

0.00

(d) The Candidate

175.00

185.00

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

18704.32

26136.85

12. TRANSFERS FROM OTHER
AUTHORIZED COMMITTEES

0.00

0.00

13. LOANS:

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

0.00

0.00

(b) All Other Loans.....

0.00

0.00

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

0.00

0.00

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

3766.61

3766.61

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)..... ▶

22470.93

29903.46

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.....	18420.29	22409.34
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) ►	18420.29	22409.34

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	3443.48
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	22470.93
25. SUBTOTAL (add Line 23 and Line 24).....	25914.41
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	18420.29
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	7494.12

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

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

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)

MARK DAVIS FOR FLORIDA

Full Name (Last, First, Middle Initial)

BERKOWITZ, DANIEL, , ,

A.

Mailing Address 514 WYNNWOOD DRIVE

City

BRANDON

State

FL

Zip Code

33511

FEC ID number of contributing
federal political committee.

C

Name of Employer

HARD ROCK

Occupation

FACILITIES

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

225.00

Date of Receipt

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

Transaction ID : SA11AI.4892

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

BLACKWELL, LISA, , ,

B.

Mailing Address 21042 E ARROW HWY 131

City

COVINA

State

CA

Zip Code

91724

FEC ID number of contributing
federal political committee.

C

Name of Employer

ELLISON INSTITUTE

Occupation

PURCHASING MANAGER

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

225.00

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
02		03		2026

Transaction ID : SA11AI.5285

Amount of Each Receipt this Period

150.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

BLACKWELL, LISA, , ,

C.

Mailing Address 21042 E ARROW HWY 131

City

COVINA

State

CA

Zip Code

91724

FEC ID number of contributing
federal political committee.

C

Name of Employer

ELLISON INSTITUTE

Occupation

PURCHASING MANAGER

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

375.00

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
02		27		2026

Transaction ID : SA11AI.4912

Amount of Each Receipt this Period

150.00

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

350.00

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)

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

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NAME OF COMMITTEE (In Full)

MARK DAVIS FOR FLORIDA

Full Name (Last, First, Middle Initial)

BOYER, VICTOR, , ,

A.

Mailing Address 7623 ALOMA PINES CT

City

WINTER PARK

State

FL

Zip Code

32792

FEC ID number of contributing
federal political committee.

C

Name of Employer

VB TECHNICAL SERVICES

Occupation

OWNER

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 06 2026

Transaction ID : SA11AI.5118

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

CONWAY, KELLY, , ,

B.

Mailing Address 701 ART CENTER AVE

City

NEW SMYRNA BEACH

State

FL

Zip Code

32168

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 19 2026

Transaction ID : SA11AI.5006

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

HARVEY, REGINA, , ,

C.

Mailing Address 6615 68TH ST E

City

BRADENTON

State

FL

Zip Code

34203

FEC ID number of contributing
federal political committee.

C

Name of Employer

AETNA

Occupation

CONSULTANT

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 16 2026

Transaction ID : SA11AI.4818

Amount of Each Receipt this Period

200.00

☐ Memo Item

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

700.00

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)

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

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NAME OF COMMITTEE (In Full)

MARK DAVIS FOR FLORIDA

Full Name (Last, First, Middle Initial)

HUBERT, MIKE, , ,

A.

Mailing Address 9393 NORTH 90TH ST. #102

City

SCOTTSDALE

State

AZ

Zip Code

85258

FEC ID number of contributing
federal political committee.

C

Name of Employer

EP

Occupation

FILM

Receipt For: 2026

☒ Primary

☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 13 2026

Transaction ID : SA11AI.5071

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

HUBERT, MIKE, , ,

B.

Mailing Address 9393 NORTH 90TH ST. #102

City

SCOTTSDALE

State

AZ

Zip Code

85258

FEC ID number of contributing
federal political committee.

C

Name of Employer

EP

Occupation

FILM

Receipt For: 2026

☒ Primary

☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 13 2026

Transaction ID : SA11AI.4866

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

KARNS, JENNIFER, , ,

C.

Mailing Address 212 STONEHENGE DRIVE

City

ORCHARD PARK

State

NY

Zip Code

14127

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2026

☒ Primary

☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID : SA11AI.6095

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

700.00

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

MARK DAVIS FOR FLORIDA

Full Name (Last, First, Middle Initial)

KARNS, JENNIFER, , ,

A.

Mailing Address 212 STONEHENGE DRIVE

City

ORCHARD PARK

State

NY

Zip Code

14127

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 05 2026

Transaction ID : SA11AI.5179

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

KARNS, JENNIFER, , ,

B.

Mailing Address 212 STONEHENGE DRIVE

City

ORCHARD PARK

State

NY

Zip Code

14127

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 22 2026

Transaction ID : SA11AI.4774

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

SCHMITT, ANDREW, , ,

C.

Mailing Address 3019 S DUPORTAIL

City

RICHLAND

State

WA

Zip Code

99352

FEC ID number of contributing
federal political committee.

C

Name of Employer

INFORMATION REQUESTED

Occupation

INFORMATION REQUESTED

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 16 2026

Transaction ID : SA11AI.5690

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

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

850.00

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)

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

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NAME OF COMMITTEE (In Full)

MARK DAVIS FOR FLORIDA

Full Name (Last, First, Middle Initial)

SIMONSEN, MICHELLE, , ,

A.

Mailing Address 9546 CARLYLE DRIVE C

City

INDIANAPOLIS

State

IN

Zip Code

46240

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

215.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 23 2026

Transaction ID : SA11AI.4947

Amount of Each Receipt this Period

50.00

☐ Memo Item

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)..... ▶

50.00

2650.00

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

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

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NAME OF COMMITTEE (In Full)

MARK DAVIS FOR FLORIDA

Full Name (Last, First, Middle Initial)

DAVIS, MARK, , ,

A.

Mailing Address 11316 28TH ST CIR E

City
PARRISHState
FLZip Code
34219FEC ID number of contributing
federal political committee.

C H6FL06365

Name of Employer
SELF EMPLOYEDOccupation
HEALTH INSURANCE

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

3951.61

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 05 2026

Transaction ID : SA11D.6106

Amount of Each Receipt this Period

175.00

☐ Memo Item

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)..... ▶

175.00

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

175.00

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 11 OF 31

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

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NAME OF COMMITTEE (In Full)

MARK DAVIS FOR FLORIDA

Full Name (Last, First, Middle Initial)

DAVIS, MARK, , ,

A. Mailing Address 11316 28TH ST CIR E

City
PARRISH

State
FL

Zip Code
34219

FEC ID number of contributing
federal political committee.

C H6FL06365

Name of Employer
SELF EMPLOYED

Occupation
HEALTH INSURANCE

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2010.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 27 2026

Transaction ID : SA14.6104

Amount of Each Receipt this Period

2000.00

☐ Memo Item

RETURN OF CANDIDATE SALARY

Full Name (Last, First, Middle Initial)

DAVIS, MARK, , ,

B. Mailing Address 11316 28TH ST CIR E

City
PARRISH

State
FL

Zip Code
34219

FEC ID number of contributing
federal political committee.

C H6FL06365

Name of Employer
SELF EMPLOYED

Occupation
HEALTH INSURANCE

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

3776.61

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 28 2026

Transaction ID : SA14.6105

Amount of Each Receipt this Period

1766.61

☐ Memo Item

RETURN OF CANDIDATE SALARY

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)..... ►

3766.61

3766.61

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

PAGE 12 OF 31

☒ 17	☐ 18	☐ 19a	☐ 19b
20a	20b	20c	21

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NAME OF COMMITTEE (In Full)

MARK DAVIS FOR FLORIDA

Full Name (Last, First, Middle Initial)

A. ANEDOT

Mailing Address 1340 POYDRAS ST #1770

City
NEW ORLEANSState
LAZip Code
70112Purpose of Disbursement
CREDIT CARD PROCESSING FEE

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☒	Primary	☐ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

158.02

Transaction ID : SB17.6174

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. ANEDOT

Mailing Address 1340 POYDRAS ST #1770

City
NEW ORLEANSState
LAZip Code
70112Purpose of Disbursement
CREDIT CARD PROCESSING FEE

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☒	Primary	☐ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

110.37

Transaction ID : SB17.6175

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. ANEDOT

Mailing Address 1340 POYDRAS ST #1770

City
NEW ORLEANSState
LAZip Code
70112Purpose of Disbursement
CREDIT CARD PROCESSING FEE

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☒	Primary	☐ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

35.84

Transaction ID : SB17.6176

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

304.23

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
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(check only one)

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NAME OF COMMITTEE (In Full)

MARK DAVIS FOR FLORIDA

Full Name (Last, First, Middle Initial)

A. ANEDOT

Mailing Address 1340 POYDRAS ST #1770

Date of Disbursement

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

City
NEW ORLEANSState
LAZip Code
70112

FEC Identification Number

C

Purpose of Disbursement
CREDIT CARD PROCESSING FEE

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

8.20

Transaction ID : SB17.6177

☐ Memo Item

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☒	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Full Name (Last, First, Middle Initial)

B. ANEDOT

Mailing Address 1340 POYDRAS ST #1770

Date of Disbursement

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

City
NEW ORLEANSState
LAZip Code
70112

FEC Identification Number

C

Purpose of Disbursement
CREDIT CARD PROCESSING FEE

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

6.72

Transaction ID : SB17.6178

☐ Memo Item

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☒	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Full Name (Last, First, Middle Initial)

C. ANEDOT

Mailing Address 1340 POYDRAS ST #1770

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	8		2	0	2	6

City
NEW ORLEANSState
LAZip Code
70112

FEC Identification Number

C

Purpose of Disbursement
CREDIT CARD PROCESSING FEE

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

10.10

Transaction ID : SB17.6179

☐ Memo Item

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☒	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

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

25.02

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
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(check only one)

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NAME OF COMMITTEE (In Full)

MARK DAVIS FOR FLORIDA

Full Name (Last, First, Middle Initial)

A. ANEDOT

Mailing Address 1340 POYDRAS ST #1770

City
NEW ORLEANSState
LAZip Code
70112Purpose of Disbursement
CREDIT CARD PROCESSING FEE

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☒	Primary	☐ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

11.10

Transaction ID : SB17.6180

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. ANEDOT

Mailing Address 1340 POYDRAS ST #1770

City
NEW ORLEANSState
LAZip Code
70112Purpose of Disbursement
CREDIT CARD PROCESSING FEE

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☒	Primary	☐ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		0	3		2	0	2	6

FEC Identification Number

C

Amount of Each Disbursement this Period

45.10

Transaction ID : SB17.6181

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. ANEDOT

Mailing Address 1340 POYDRAS ST #1770

City
NEW ORLEANSState
LAZip Code
70112Purpose of Disbursement
CREDIT CARD PROCESSING FEE

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☒	Primary	☐ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		0	3		2	0	2	6

FEC Identification Number

C

Amount of Each Disbursement this Period

11.40

Transaction ID : SB17.6182

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

67.60

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
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(check only one)

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NAME OF COMMITTEE (In Full)

MARK DAVIS FOR FLORIDA

Full Name (Last, First, Middle Initial)

A. ANEDOT

Mailing Address 1340 POYDRAS ST #1770

City
NEW ORLEANSState
LAZip Code
70112Purpose of Disbursement
CREDIT CARD PROCESSING FEE

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☒	Primary	☐ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

42.06

Transaction ID : SB17.6183

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. ANEDOT

Mailing Address 1340 POYDRAS ST #1770

City
NEW ORLEANSState
LAZip Code
70112Purpose of Disbursement
CREDIT CARD PROCESSING FEE

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☒	Primary	☐ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

64.42

Transaction ID : SB17.6184

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. ANEDOT

Mailing Address 1340 POYDRAS ST #1770

City
NEW ORLEANSState
LAZip Code
70112Purpose of Disbursement
CREDIT CARD PROCESSING FEE

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☒	Primary	☐ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

22.34

Transaction ID : SB17.6185

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

128.82

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
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(check only one)

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NAME OF COMMITTEE (In Full)

MARK DAVIS FOR FLORIDA

Full Name (Last, First, Middle Initial)

A. ANEDOT

Mailing Address 1340 POYDRAS ST #1770

City
NEW ORLEANSState
LAZip Code
70112Purpose of Disbursement
CREDIT CARD PROCESSING FEE

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☒	Primary	☐ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

2.20

Transaction ID : SB17.6186

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. ANEDOT

Mailing Address 1340 POYDRAS ST #1770

City
NEW ORLEANSState
LAZip Code
70112Purpose of Disbursement
CREDIT CARD PROCESSING FEE

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☒	Primary	☐ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		1	3		2	0	2	6

FEC Identification Number

C

Amount of Each Disbursement this Period

8.08

Transaction ID : SB17.6187

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. ANEDOT

Mailing Address 1340 POYDRAS ST #1770

City
NEW ORLEANSState
LAZip Code
70112Purpose of Disbursement
CREDIT CARD PROCESSING FEE

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☒	Primary	☐ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

18.30

Transaction ID : SB17.6188

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

28.58

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

SCHEDULE B (FEC Form 3)
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NAME OF COMMITTEE (In Full)

MARK DAVIS FOR FLORIDA

Full Name (Last, First, Middle Initial)

A. ANEDOT

Mailing Address 1340 POYDRAS ST #1770

City
NEW ORLEANSState
LAZip Code
70112Purpose of Disbursement
CREDIT CARD PROCESSING FEE

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☒	Primary	☐ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		1	8		2	0	2	6

FEC Identification Number

C

Amount of Each Disbursement this Period

15.86

Transaction ID : SB17.6189

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. ANEDOT

Mailing Address 1340 POYDRAS ST #1770

City
NEW ORLEANSState
LAZip Code
70112Purpose of Disbursement
CREDIT CARD PROCESSING FEE

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☒	Primary	☐ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

17.48

Transaction ID : SB17.6190

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. ANEDOT

Mailing Address 1340 POYDRAS ST #1770

City
NEW ORLEANSState
LAZip Code
70112Purpose of Disbursement
CREDIT CARD PROCESSING FEE

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☒	Primary	☐ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		2	3		2	0	2	6

FEC Identification Number

C

Amount of Each Disbursement this Period

35.74

Transaction ID : SB17.6191

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

69.08

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
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(check only one)

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NAME OF COMMITTEE (In Full)

MARK DAVIS FOR FLORIDA

Full Name (Last, First, Middle Initial)

A. ANEDOT

Mailing Address 1340 POYDRAS ST #1770

City
NEW ORLEANSState
LAZip Code
70112Purpose of Disbursement
CREDIT CARD PROCESSING FEE

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☒	Primary	☐ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

18.02

Transaction ID : SB17.6192

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. ANEDOT

Mailing Address 1340 POYDRAS ST #1770

City
NEW ORLEANSState
LAZip Code
70112Purpose of Disbursement
CREDIT CARD PROCESSING FEE

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☒	Primary	☐ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

35.26

Transaction ID : SB17.6193

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. ANEDOT

Mailing Address 1340 POYDRAS ST #1770

City
NEW ORLEANSState
LAZip Code
70112Purpose of Disbursement
CREDIT CARD PROCESSING FEE

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☒	Primary	☐ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

25.28

Transaction ID : SB17.6194

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

78.56

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
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(check only one)

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20a	20b	20c	21

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NAME OF COMMITTEE (In Full)

MARK DAVIS FOR FLORIDA

Full Name (Last, First, Middle Initial)

A. ANEDOT

Mailing Address 1340 POYDRAS ST #1770

City
NEW ORLEANSState
LAZip Code
70112Purpose of Disbursement
CREDIT CARD PROCESSING FEE

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☒	Primary	☐ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		0	3		2	0	2	6

FEC Identification Number

C

Amount of Each Disbursement this Period

15.24

Transaction ID : SB17.6195

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. ANEDOT

Mailing Address 1340 POYDRAS ST #1770

City
NEW ORLEANSState
LAZip Code
70112Purpose of Disbursement
CREDIT CARD PROCESSING FEE

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☒	Primary	☐ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		0	3		2	0	2	6

FEC Identification Number

C

Amount of Each Disbursement this Period

12.46

Transaction ID : SB17.6196

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. ANEDOT

Mailing Address 1340 POYDRAS ST #1770

City
NEW ORLEANSState
LAZip Code
70112Purpose of Disbursement
CREDIT CARD PROCESSING FEE

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☒	Primary	☐ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		0	4		2	0	2	6

FEC Identification Number

C

Amount of Each Disbursement this Period

2.41

Transaction ID : SB17.6197

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

30.11

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
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(check only one)

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20a	20b	20c	21

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NAME OF COMMITTEE (In Full)

MARK DAVIS FOR FLORIDA

Full Name (Last, First, Middle Initial)

A. ANEDOT

Mailing Address 1340 POYDRAS ST #1770

City
NEW ORLEANSState
LAZip Code
70112Purpose of Disbursement
CREDIT CARD PROCESSING FEE

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☒	Primary	☐ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

0.70

Transaction ID : SB17.6198

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. ANEDOT

Mailing Address 1340 POYDRAS ST #1770

City
NEW ORLEANSState
LAZip Code
70112Purpose of Disbursement
CREDIT CARD PROCESSING FEE

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☒	Primary	☐ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		10		2026

FEC Identification Number

C

Amount of Each Disbursement this Period

15.71

Transaction ID : SB17.6199

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. ANEDOT

Mailing Address 1340 POYDRAS ST #1770

City
NEW ORLEANSState
LAZip Code
70112Purpose of Disbursement
CREDIT CARD PROCESSING FEE

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☒	Primary	☐ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		10		2026

FEC Identification Number

C

Amount of Each Disbursement this Period

2.30

Transaction ID : SB17.6200

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

18.71

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)

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NAME OF COMMITTEE (In Full)

MARK DAVIS FOR FLORIDA

Full Name (Last, First, Middle Initial)

A. ANEDOT

Mailing Address 1340 POYDRAS ST #1770

City
NEW ORLEANSState
LAZip Code
70112Purpose of Disbursement
CREDIT CARD PROCESSING FEE

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☒	Primary	☐ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	2		2	0	2	6

FEC Identification Number

C

Amount of Each Disbursement this Period

3.30

Transaction ID : SB17.6201

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. ANEDOT

Mailing Address 1340 POYDRAS ST #1770

City
NEW ORLEANSState
LAZip Code
70112Purpose of Disbursement
CREDIT CARD PROCESSING FEE

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☒	Primary	☐ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	6		2	0	2	6

FEC Identification Number

C

Amount of Each Disbursement this Period

11.40

Transaction ID : SB17.6202

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. ANEDOT

Mailing Address 1340 POYDRAS ST #1770

City
NEW ORLEANSState
LAZip Code
70112Purpose of Disbursement
CREDIT CARD PROCESSING FEE

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☒	Primary	☐ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	7		2	0	2	6

FEC Identification Number

C

Amount of Each Disbursement this Period

12.60

Transaction ID : SB17.6203

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

27.30

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 22 OF 31

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NAME OF COMMITTEE (In Full)

MARK DAVIS FOR FLORIDA

Full Name (Last, First, Middle Initial)

A. ANEDOT

Mailing Address 1340 POYDRAS ST #1770

City
NEW ORLEANSState
LAZip Code
70112Purpose of Disbursement
CREDIT CARD PROCESSING FEE

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☒	Primary	☐ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	9		2	0	2	6

FEC Identification Number

C

Amount of Each Disbursement this Period

42.32

Transaction ID : SB17.6204

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. ANEDOT

Mailing Address 1340 POYDRAS ST #1770

City
NEW ORLEANSState
LAZip Code
70112Purpose of Disbursement
CREDIT CARD PROCESSING FEE

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☒	Primary	☐ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	0		2	0	2	6

FEC Identification Number

C

Amount of Each Disbursement this Period

5.30

Transaction ID : SB17.6205

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. ANEDOT

Mailing Address 1340 POYDRAS ST #1770

City
NEW ORLEANSState
LAZip Code
70112Purpose of Disbursement
CREDIT CARD PROCESSING FEE

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☒	Primary	☐ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	4		2	0	2	6

FEC Identification Number

C

Amount of Each Disbursement this Period

22.20

Transaction ID : SB17.6206

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

69.82

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
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(check only one)

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NAME OF COMMITTEE (In Full)

MARK DAVIS FOR FLORIDA

Full Name (Last, First, Middle Initial)

A. ANEDOT

Mailing Address 1340 POYDRAS ST #1770

City
NEW ORLEANSState
LAZip Code
70112Purpose of Disbursement
CREDIT CARD PROCESSING FEE

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☒	Primary	☐ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	7		2	0	2	6

FEC Identification Number

C

Amount of Each Disbursement this Period

19.80

Transaction ID : SB17.6207

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. ANEDOT

Mailing Address 1340 POYDRAS ST #1770

City
NEW ORLEANSState
LAZip Code
70112Purpose of Disbursement
CREDIT CARD PROCESSING FEE

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☒	Primary	☐ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		3	0		2	0	2	6

FEC Identification Number

C

Amount of Each Disbursement this Period

3.70

Transaction ID : SB17.6208

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. ANEDOT

Mailing Address 1340 POYDRAS ST #1770

City
NEW ORLEANSState
LAZip Code
70112Purpose of Disbursement
CREDIT CARD PROCESSING FEE

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☒	Primary	☐ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		3	1		2	0	2	6

FEC Identification Number

C

Amount of Each Disbursement this Period

1.00

Transaction ID : SB17.6209

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

24.50

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
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(check only one)

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☐ 20a	☐ 20b	☐ 20c	☐ 21

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NAME OF COMMITTEE (In Full)

MARK DAVIS FOR FLORIDA

Full Name (Last, First, Middle Initial)

A. ANEDOT

Mailing Address 1340 POYDRAS ST #1770

City
NEW ORLEANSState
LAZip Code
70112Purpose of Disbursement
CREDIT CARD PROCESSING FEE

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		31		2026

FEC Identification Number

C

Amount of Each Disbursement this Period

1.10

Transaction ID : SB17.6210

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. ASCENT TRAIL SOLUTIONS

Mailing Address 5800 BEACH BLVD. STE 203-337

City
JACKSONVILLEState
FLZip Code
32207Purpose of Disbursement
ACCOUNTING AND COMPLIANCE SERVICES

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
01		21		2026

FEC Identification Number

C

Amount of Each Disbursement this Period

500.00

Transaction ID : SB17.6154

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. ASCENT TRAIL SOLUTIONS

Mailing Address 5800 BEACH BLVD. STE 203-337

City
JACKSONVILLEState
FLZip Code
32207Purpose of Disbursement
ACCOUNTING AND COMPLIANCE SERVICES

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		12		2026

FEC Identification Number

C

Amount of Each Disbursement this Period

1538.00

Transaction ID : SB17.6162

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

2039.10

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)

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

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NAME OF COMMITTEE (In Full)

MARK DAVIS FOR FLORIDA

Full Name (Last, First, Middle Initial)

A. ASCENT TRAIL SOLUTIONS

Mailing Address 5800 BEACH BLVD. STE 203-337

City
JACKSONVILLEState
FLZip Code
32207Purpose of Disbursement
ACCOUNTING AND COMPLIANCE SERVICES

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☒	Primary	☐ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	3		2	0	2	6

FEC Identification Number

C

Amount of Each Disbursement this Period

1538.00

Transaction ID : SB17.6163

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. CANVA

Mailing Address 3212 E. CESAR CHAVEZ STREET

City
AUSTINState
TXZip Code
78702Purpose of Disbursement
PRINTING

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☒	Primary	☐ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

336.73

Transaction ID : SB17.6147

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. CANVA

Mailing Address 3212 E. CESAR CHAVEZ STREET

City
AUSTINState
TXZip Code
78702Purpose of Disbursement
PRINTING

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☒	Primary	☐ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		1	3		2	0	2	6

FEC Identification Number

C

Amount of Each Disbursement this Period

308.16

Transaction ID : SB17.6146

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

2182.89

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

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

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NAME OF COMMITTEE (In Full)

MARK DAVIS FOR FLORIDA

Full Name (Last, First, Middle Initial)

A. EAT THIS DESSERT FIRST

Mailing Address 2533 CENTRAL AVE

City
ST. PETERSBURGState
FLZip Code
33713Purpose of Disbursement
FOOD AND BEVERAGE

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		27		2026

FEC Identification Number

C

Amount of Each Disbursement this Period

500.00

Transaction ID : SB17.6156

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. FERRELL, MARCUS, , ,

Mailing Address 3227 FORREST HILLS DR

City
HAPEVILLEState
GAZip Code
30354Purpose of Disbursement
FUNDRAISING CONSULTING

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
01		27		2026

FEC Identification Number

C

Amount of Each Disbursement this Period

1543.80

Transaction ID : SB17.6164

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. FERRELL, MARCUS, , ,

Mailing Address 3227 FORREST HILLS DR

City
HAPEVILLEState
GAZip Code
30354Purpose of Disbursement
FUNDRAISING CONSULTING

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		19		2026

FEC Identification Number

C

Amount of Each Disbursement this Period

514.80

Transaction ID : SB17.6159

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

2558.60

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
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☒ 17	☐ 18	☐ 19a	☐ 19b
☐ 20a	☐ 20b	☐ 20c	☐ 21

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NAME OF COMMITTEE (In Full)

MARK DAVIS FOR FLORIDA

Full Name (Last, First, Middle Initial)

A. FERRELL, MARCUS, , ,

Mailing Address 3227 FORREST HILLS DR

City
HAPEVILLEState
GAZip Code
30354Purpose of Disbursement
FUNDRAISING CONSULTING

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☒	Primary	☐ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		0	4		2	0	2	6

FEC Identification Number

C

Amount of Each Disbursement this Period

1543.80

Transaction ID : SB17.6165

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. FERRELL, MARCUS, , ,

Mailing Address 3227 FORREST HILLS DR

City
HAPEVILLEState
GAZip Code
30354Purpose of Disbursement
FUNDRAISING CONSULTING

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☒	Primary	☐ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	3		2	0	2	6

FEC Identification Number

C

Amount of Each Disbursement this Period

257.55

Transaction ID : SB17.6144

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. KORE STEAKHOUSE

Mailing Address 1561 LAKEFRONT DR #111

City
SARASOTAState
FLZip Code
34240Purpose of Disbursement
FOOD AND BEVERAGE

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☒	Primary	☐ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	3		2	0	2	6

FEC Identification Number

C

Amount of Each Disbursement this Period

234.95

Transaction ID : SB17.6142

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

2036.30

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
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20a	20b	20c	21

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NAME OF COMMITTEE (In Full)

MARK DAVIS FOR FLORIDA

Full Name (Last, First, Middle Initial)

A. MANATEE PERFORMING ARTS CENTER

Mailing Address 502 3RD AVE W

City
BRADENTONState
FLZip Code
34205Purpose of Disbursement
CAMPAIGN EVENT VENUE

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☒	Primary	☐ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

500.00

Transaction ID : SB17.6158

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. NUMERO

Mailing Address 695 TOWN CENTER DRIVE, SUITE 1100

City
COSTA MESAState
CAZip Code
92626Purpose of Disbursement
SOFTWARE LICENSES

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☒	Primary	☐ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		2	0		2	0	2	6

FEC Identification Number

C

Amount of Each Disbursement this Period

463.00

Transaction ID : SB17.6152

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. NUMERO

Mailing Address 695 TOWN CENTER DRIVE, SUITE 1100

City
COSTA MESAState
CAZip Code
92626Purpose of Disbursement
SOFTWARE LICENSES

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☒	Primary	☐ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		0	2		2	0	2	6

FEC Identification Number

C

Amount of Each Disbursement this Period

1080.00

Transaction ID : SB17.6161

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

2043.00

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)

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20a	20b	20c	21

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NAME OF COMMITTEE (In Full)

MARK DAVIS FOR FLORIDA

Full Name (Last, First, Middle Initial)

A. PROGRESSIVE

Mailing Address 300 NORTH COMMONS BLVD

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		04		2026

City
MAYFIELD VILLAGEState
OHZip Code
44143

FEC Identification Number

C

Purpose of Disbursement
EVENT INSURANCE

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

342.00

Transaction ID : SB17.6149

☐ Memo Item

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2026

☒ Primary	☐ General
☐ Other (specify) ▼	

State:

District:

Full Name (Last, First, Middle Initial)

B. RICE, KENYA, , ,

Mailing Address 3001 MARJORY CIR

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		20		2026

City
CONWAYState
SCZip Code
29527

FEC Identification Number

C

Purpose of Disbursement
FUNDRAISING CONSULTING

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

3500.00

Transaction ID : SB17.6166

☐ Memo Item

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2026

☒ Primary	☐ General
☐ Other (specify) ▼	

State:

District:

Full Name (Last, First, Middle Initial)

C. STAPLES

Mailing Address 500 STAPLES DRIVE

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		26		2026

City
FRAMINGHAMState
MAZip Code
01702

FEC Identification Number

C

Purpose of Disbursement
PRINTING

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

361.65

Transaction ID : SB17.6150

☐ Memo Item

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2026

☒ Primary	☐ General
☐ Other (specify) ▼	

State:

District:

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

4203.65

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
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(check only one)

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☐ 20a	☐ 20b	☐ 20c	☐ 21

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NAME OF COMMITTEE (In Full)

MARK DAVIS FOR FLORIDA

Full Name (Last, First, Middle Initial)

A. STARBRIGHT CLEANING

Mailing Address 4777 WHISPERING WIND AVE

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		02		2026

City
TAMPAState
FLZip Code
33614

FEC Identification Number

C

Purpose of Disbursement
OFFICE CLEANING SERVICES

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

175.00

Transaction ID : SB17.6135

☐ Memo Item

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2026

☒ Primary	☐ General
☐ Other (specify) ▼	

State:

District:

Full Name (Last, First, Middle Initial)

B. STARBRIGHT CLEANING

Mailing Address 4777 WHISPERING WIND AVE

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		16		2026

City
TAMPAState
FLZip Code
33614

FEC Identification Number

C

Purpose of Disbursement
OFFICE CLEANING SERVICES

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

175.00

Transaction ID : SB17.6136

☐ Memo Item

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2026

☒ Primary	☐ General
☐ Other (specify) ▼	

State:

District:

Full Name (Last, First, Middle Initial)

C. T-MOBILE

Mailing Address 12920 SW 38TH ST

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		20		2026

City
BELLEVUEState
WAZip Code
98006

FEC Identification Number

C

Purpose of Disbursement
PHONE SERVICE

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

206.42

Transaction ID : SB17.6140

☐ Memo Item

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2026

☒ Primary	☐ General
☐ Other (specify) ▼	

State:

District:

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

556.42

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 31 OF 31

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

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NAME OF COMMITTEE (In Full)

MARK DAVIS FOR FLORIDA

Full Name (Last, First, Middle Initial)

A. WHOP

Mailing Address 300 KENT AVE #401

Date of Disbursement

M M	/	D D	/	Y Y Y Y
01		28		2026

City
BROOKLYNState
NYZip Code
11249

FEC Identification Number

C

Purpose of Disbursement
SOFTWARE LICENSES

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

850.00

Transaction ID : SB17.6160

☐ Memo Item

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☒	Primary	☐ General
☐	Other (specify) ▼	

State:

District:

Full Name (Last, First, Middle Initial)

B. WHOP

Mailing Address 300 KENT AVE #401

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		05		2026

City
BROOKLYNState
NYZip Code
11249

FEC Identification Number

C

Purpose of Disbursement
SOFTWARE LICENSES

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

65.14

Transaction ID : SB17.6126

☐ Memo Item

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☒	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

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

☐ Memo Item

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For:

☐	Primary	☐ General
☐	Other (specify) ▼	

State:

District:

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

915.14

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

17407.43