

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

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

FOR OUR CHILDREN FLORIDA PAC

ADDRESS (number and street)

203 6TH ST

Check if different
than previously
reported. (ACC)

WEST PALM BEACH

FL

33401

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C

C00935395

3. IS THIS
REPORTNEW
(N)

OR

AMENDED
(A)

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)July 31 Mid-Year
Report (Non-election
Year Only) (MY)Termination Report
(TER)(b) Monthly
Report
Due On:

Feb 20 (M2)



May 20 (M5)



Aug 20 (M8)

Nov 20 (M11)
(Non-Election
Year Only)

Mar 20 (M3)



Jun 20 (M6)



Sep 20 (M9)

Dec 20 (M12)
(Non-Election
Year Only)

Apr 20 (M4)



Jul 20 (M7)



Oct 20 (M10)



Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:

Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y

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

General (30G)



Runoff (30R)



Special (30S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y

in the
State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y Y

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

COFRANCESCO, ANTHONY, , ,

Signature of Treasurer

COFRANCESCO, ANTHONY, , ,

Date

M M M /

D D D /

Y Y Y Y Y Y Y

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 3X**
Rev. 05/2016

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

FOR OUR CHILDREN FLORIDA PACReport Covering the Period: From:

M M	D D	Y Y Y Y Y Y
08	01	2026

 To:

M M	D D	Y Y Y Y Y Y
08	31	2026

	COLUMN A This Period	COLUMN B Calendar Year-to-Date																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																		
6. 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colspan="6">2026</td></tr></table>	Y	Y	Y	Y	Y	Y	2026							<table><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td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This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

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

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 05/2016)

Page 3

Write or Type Committee Name

FOR OUR CHILDREN FLORIDA PAC

Report Covering the Period:

From:

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

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	8		3	1		2	0	2	6

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	136500.00	266840.90
(ii) Unitemized	9.30	26.04
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	136509.30	266866.94
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	136509.30	266866.94
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	136509.30	266866.94
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	136509.30	266866.94

DETAILED SUMMARY PAGE of Disbursements

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II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	630.90
(b) Other Federal Operating Expenditures	7044.66	29070.52
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	7044.66	29701.42
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E)	150549.92	206549.92
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. 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 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements (Including Non-Federal Donations).....	0.00	0.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	157594.58	236251.34
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	157594.58	235620.44

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	136509.30	266866.94
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	136509.30	266866.94
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	7044.66	29070.52
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)▶	7044.66	29070.52

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 OF 13

(check only one)

☒ 11a	☐ 11b	☐ 11c	☐ 12
☐ 13	☐ 14	☐ 15	☐ 16
☐ 17			

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)

FOR OUR CHILDREN FLORIDA PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. AXIS HEALTHCARE PARTNERSMailing Address 2122 W CYPRESS CREEK RD
STE 122

City FT LAUDERDALE	State FL	Zip Code 33309
-----------------------	-------------	-------------------

FEC ID number of contributing
federal political committee.

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary	☐ General
☐ Other (specify) ▼	

Aggregate Year-to-Date ▼

Date of Receipt

M M M 08	D D D 13	Y Y Y Y Y Y 2026
-------------	-------------	---------------------

Transaction ID : SA11AI.4173

Amount of Each Receipt this Period

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. CENTNER, DAVID, , ,

Mailing Address 94 PALM AVE

City MIAMI	State FL	Zip Code 33139
---------------	-------------	-------------------

FEC ID number of contributing
federal political committee.Name of Employer (for Individual)
CENTNER ACADEMY MIAMIOccupation (for Individual)
ENTREPRENEUR

Receipt For:

☐ Primary	☐ General
☐ Other (specify) ▼	

Aggregate Year-to-Date ▼

Date of Receipt

M M M 08	D D D 13	Y Y Y Y Y Y 2026
-------------	-------------	---------------------

Transaction ID : SA11AI.4178

Amount of Each Receipt this Period

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. DIAMOND, WILLIAM, , ,Mailing Address 150 BRADLEY PL
APT 107

City PALM BEACH	State FL	Zip Code 33480
--------------------	-------------	-------------------

FEC ID number of contributing
federal political committee.Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary	☐ General
☐ Other (specify)	

Aggregate Year-to-Date ▼

Date of Receipt

M M M 08	D D D 07	Y Y Y Y Y Y 2026
-------------	-------------	---------------------

Transaction ID : SA11AI.4171

Amount of Each Receipt this Period

☐ Memo Item

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

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

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

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

FOR LINE NUMBER: PAGE 7 OF 13
 (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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)

FOR OUR CHILDREN FLORIDA PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. FENNELL, LINDA, , ,

Mailing Address 266 FAIRVIEW RD

City
PALM BEACH

State
FL

Zip Code
33480

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

MM / DD / YYYY
08 / 10 / 2026

Transaction ID : SA11AI.4176

Amount of Each Receipt this Period

10000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. LOCKS, MARK, , ,

Mailing Address 4334 N FLAGLER DR
APT 2002

City
WEST PALM BEACH

State
FL

Zip Code
33407

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
TIGER G LLC

Occupation (for Individual)
ENTREPRENEUR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

MM / DD / YYYY
08 / 17 / 2026

Transaction ID : SA11AI.4180

Amount of Each Receipt this Period

5000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. SLATER, KENNETH, , ,

Mailing Address 639 E OCEAN AVE
STE 309

City
BOYNTON BEACH

State
FL

Zip Code
33435

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
TREMONT PARTNERS LLC

Occupation (for Individual)
REAL ESTATE INVESTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

60000.00

Date of Receipt

MM / DD / YYYY
08 / 07 / 2026

Transaction ID : SA11AI.4175

Amount of Each Receipt this Period

10000.00

☐ Memo Item

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

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

25000.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 8 OF 13
(check only one)

☒ 11a	☐ 11b	☐ 11c	☐ 12
☐ 13	☐ 14	☐ 15	☐ 16
☐ 17			

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NAME OF COMMITTEE (In Full)

FOR OUR CHILDREN FLORIDA PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. WHALOU PROPERTY HOLDINGS LLCMailing Address 2056 VISTA PKWY
STE 120City
WEST PALM BEACHState
FLZip Code
33411FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100000.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 03 / 2026

Transaction ID : SA11AI.4169

Amount of Each Receipt this Period

100000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-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)..... ►**TOTAL** This Period (last page this line number only)..... ►

100000.00

136500.00

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

PAGE 9 OF 13

☒ 21b ☐ 22 ☐ 23 ☐ 26 ☐ 27
☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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)

FOR OUR CHILDREN FLORIDA PAC

Full Name (Last, First, Middle Initial)

A. GOLDHAWK FINANCIAL, PLLC

Mailing Address 7274 CATALINA ISLE DR

City
LAKE WORTH

State
FL

Zip Code
33467

Purpose of Disbursement
ACCOUNTING EXPENSE

001

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
08 / 25 / 2026

FEC Identification Number

C Transaction ID : SB21B.4183

Amount of Each Disbursement this Period

1540.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. VAE VICTIS USA

Mailing Address 15715 S DIXIE HWY
STE 324-C

City
PALMETTO BAY

State
FL

Zip Code
33157

Purpose of Disbursement
WEBSITE CONSULTING

001

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
08 / 14 / 2026

FEC Identification Number

C Transaction ID : SB21B.4187

Amount of Each Disbursement this Period

5500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item

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

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

7040.00

7040.00

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 10 OF 13
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) FOR OUR CHILDREN FLORIDA PAC		FEC IDENTIFICATION NUMBER ▼ CC00935395	
Check if ☐ 24-hour report ☐ 48-hour report New report Amends report filed on		M M / D D / Y Y Y Y Y Y	
Full Name of Payee 5 POINT STRATEGY LLC ☐ Memo Item		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y	
Mailing Address 15316 RIVER BIRCH CT		Amount 36000.00	
City PUNTA GORDA	State FL	Zip Code 33955	Transaction ID : SE.4191 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y
Purpose of Expenditure TV ADS		Category/ Type 004	M M / D D / Y Y Y Y Y Y
Name of Federal Candidate: BURCK, DAVID, , , ☒ Support ☐ Oppose		Office Sought: ☒ House District: 22 ☐ President ☐ Senate State: FL	
Calendar Year-To-Date Per Election for Office Sought 119999.92		Disbursement For: ☒ Primary ☐ General ☐ Other (specify) ▶	
Full Name of Payee 5 POINT STRATEGY LLC ☐ Memo Item		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y	
Mailing Address 15316 RIVER BIRCH CT		Amount 550.00	
City PUNTA GORDA	State FL	Zip Code 33955	Transaction ID : SE.4189 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y
Purpose of Expenditure PALM CARDS		Category/ Type 006	M M / D D / Y Y Y Y Y Y
Name of Federal Candidate: BURCK, DAVID, , , ☒ Support ☐ Oppose		Office Sought: ☒ House District: 22 ☐ President ☐ Senate State: FL	
Calendar Year-To-Date Per Election for Office Sought 190549.92		Disbursement For: ☒ Primary ☐ General ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures 36550.00 (b) SUBTOTAL of Unitemized Independent Expenditures..... (c) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature COFRANCESCO, ANTHONY, , ,		Date M M / D D / Y Y Y Y Y Y	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 11 OF 13
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) FOR OUR CHILDREN FLORIDA PAC			FEC IDENTIFICATION NUMBER ▼ C C00935395	
Check if ☐ 24-hour report ☐ 48-hour report New report Amends report filed on M M / D D / Y Y Y Y Y Y				
Full Name of Payee 5 POINT STRATEGY LLC ☐ Memo Item			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y	
Mailing Address 15316 RIVER BIRCH CT			Amount 16000.00	
City PUNTA GORDA	State FL	Zip Code 33955	Transaction ID : SE.4190 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y	
Purpose of Expenditure TV ADS		Category/ Type 004	M M / D D / Y Y Y Y Y Y	
Name of Federal Candidate: BURCK, DAVID, , , ☒ Support ☐ Oppose			Office Sought: ☒ House District: 22 ☐ President ☐ Senate State: FL	
Calendar Year-To-Date Per Election for Office Sought 206549.92			Disbursement For: ☒ Primary ☐ General ☐ Other (specify) ▶	
Full Name of Payee CAMPAIGNHQ ☐ Memo Item			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y	
Mailing Address PO BOX 257			Amount 12499.92	
City BROOKLYN	State IA	Zip Code 52211	Transaction ID : SE.4197 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y	
Purpose of Expenditure LIVE ADVOCACY CALLS			M M / D D / Y Y Y Y Y Y	
Name of Federal Candidate: BURCK, DAVID, , , ☒ Support ☐ Oppose			Office Sought: ☒ House District: 22 ☐ President ☐ Senate State: FL	
Calendar Year-To-Date Per Election for Office Sought 68499.92			Disbursement For: ☒ Primary ☐ General ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures			28499.92	
(b) SUBTOTAL of Unitemized Independent Expenditures.....				
(c) TOTAL Independent Expenditures				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature <u>COFRANCESCO, ANTHONY, , ,</u>			Date M M / D D / Y Y Y Y Y Y	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 12 OF 13
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) FOR OUR CHILDREN FLORIDA PAC			FEC IDENTIFICATION NUMBER ▼ C C00935395	
Check if ☐ 24-hour report ☐ 48-hour report New report Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee CAPITAL STRATEGIC PARTNERS ☐ Memo Item			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 08 / 03 / 2026	
Mailing Address 440 MONTICELLO AVE STE 1802			Amount 15500.00	
City NORFOLK	State VA	Zip Code 23510	Transaction ID : SE.4193 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 08 / 04 / 2026	
Purpose of Expenditure SMS & MMS MESSAGING			Category/ Type 004	
Name of Federal Candidate: BURCK, DAVID, , ,			☒ Support ☐ Oppose Office Sought: ☒ House ☐ Senate ☐ President District: 22 State: FL	
Calendar Year-To-Date Per Election for Office Sought 83999.92			Disbursement For: ☒ Primary ☐ General ☐ Other (specify) ▶	
Full Name of Payee CAPITAL STRATEGIC PARTNERS ☐ Memo Item			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 08 / 12 / 2026	
Mailing Address 440 MONTICELLO AVE STE 1802			Amount 20000.00	
City NORFOLK	State VA	Zip Code 23510	Transaction ID : SE.4192 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 08 / 05 / 2026	
Purpose of Expenditure TV ADS			Category/ Type 004	
Name of Federal Candidate: BURCK, DAVID, , ,			☒ Support ☐ Oppose Office Sought: ☒ House ☐ Senate ☐ President District: 22 State: FL	
Calendar Year-To-Date Per Election for Office Sought 139999.92			Disbursement For: ☒ Primary ☐ General ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures			35500.00	
(b) SUBTOTAL of Unitemized Independent Expenditures.....				
(c) TOTAL Independent Expenditures				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature <u>COFRANCESCO, ANTHONY, , ,</u>			Date M M M / D D D / Y Y Y Y Y Y 09 / 17 / 2026	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 13 OF 13
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) FOR OUR CHILDREN FLORIDA PAC			FEC IDENTIFICATION NUMBER ▼ C C00935395	
Check if ☐ 24-hour report ☐ 48-hour report ▶ New report Amends report filed on M M / D D / Y Y Y Y Y Y				
Full Name of Payee FOX BRYANT LLC ☐ Memo Item			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 08 / 02 / 2026	
Mailing Address 855 W ST STE 2			Amount 50000.00	
City LINCOLN	State NE	Zip Code 68508	Transaction ID : SE.4195 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 08 / 06 / 2026	
Purpose of Expenditure CANVASSING		Category/ Type 004		
Name of Federal Candidate: BURCK, DAVID, , ,		☒ Support ☐ Oppose	Office Sought: ☒ House District: 22 ☐ President ☐ Senate State: FL	
Calendar Year-To-Date Per Election for Office Sought		189999.92	Disbursement For: ☒ Primary ☐ General ☐ Other (specify) ▶	
Full Name of Payee ☐ Memo Item			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y	
Mailing Address 			Amount 	
City 	State 	Zip Code 	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y	
Purpose of Expenditure 		Category/ Type		
Name of Federal Candidate: 		☐ Support ☐ Oppose	Office Sought: ☐ House District: _____ ☐ President ☐ Senate State: _____	
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: ☐ Primary ☐ General ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures			50000.00	
(b) SUBTOTAL of Unitemized Independent Expenditures.....				
(c) TOTAL Independent Expenditures			150549.92	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature COFRANCESCO, ANTHONY, , ,			Date M M / D D / Y Y Y Y Y Y 09 / 17 / 2026	