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

Committee to Elect Alan Grayson

ADDRESS (number and street) ▼ 870 N Miramar Ave

242

☐ Check if different than previously reported. (ACC)

Indialantic | FL | 32903-3054

CITY ▲ STATE ▲ ZIP CODE ▲

2. **FEC IDENTIFICATION NUMBER ▼** C C00424713

3. IS THIS REPORT ☐ NEW (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 07 / 01 / 2025 through 09 / 30 / 2025

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: Grayson, Star, , ,

Signature of Treasurer: *Grayson, Star, , ,* Date: 01 / 30 / 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							

Image# 202601309794992154

SUMMARY PAGE
of Receipts and Disbursements

FEC **Form 3** (Revised 03/2016)

Write or Type Committee Name

Committee to Elect Alan Grayson

Report Covering the Period: From: 07 / 01 / 2025 To: 09 / 30 / 2025

	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))	10368.77	38358.53
(b) Total Contribution Refunds (from Line 20(d))	0.00	68.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	10368.77	38290.53
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	31159.25	111207.97
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))	31159.25	111207.97
8. Cash on Hand at Close of Reporting Period (from Line 27).....	122174.51	
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)	3894408.57	

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

Image# 202601309794992155

DETAILED SUMMARY PAGE
of Receipts

FEC **Form 3** (Revised 05/2016)

Write or Type Committee Name

Committee to Elect Alan Grayson

Report Covering the Period: From: 07/01/2025 To: 09/30/2025

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)	3125.91	13720.83
(ii) Unitemized	2242.86	19637.70
(iii) TOTAL of contributions from individuals ▶	5368.77	33358.53
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	5000.00	5000.00
(d) The Candidate	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))	10368.77	38358.53
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate	28671.97	103978.11
(b) All Other Loans	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b))	28671.97	103978.11
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	0.00	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) ▶	39040.74	142336.64

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	31159.25	111207.97
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate	9900.00	25942.06
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b))	9900.00	25942.06
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	0.00	68.00
(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	68.00
21. OTHER DISBURSEMENTS	0.00	0.00
22. **TOTAL DISBURSEMENTS** (add Lines 17, 18, 19(c), 20(d), and 21) ▶	41059.25	137218.03

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD	124193.02
24 TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3)	39040.74
25. SUBTOTAL (add Line 23 and Line 24)	163233.76
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)	41059.25
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25)	122174.51

FEC MISCELLANEOUS TEXT RELATED TO A REPORT, SCHEDULE OR ITEMIZATION

Form/Schedule: **F3A**
Transaction ID :

Note that individuals with addresses outside the US are eligible to make political donations in federal elections.

Form/Schedule:
Transaction ID:

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)
☒ 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)
Committee to Elect Alan Grayson

A.
Full Name (Last, First, Middle Initial)
Acord, Kent, , ,
Mailing Address 200 Texas Country Dr.
City: New Braunfels | State: TX | Zip Code: 78132
FEC ID number of contributing federal political committee: C
Name of Employer: Not employed
Occupation: Not employed
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 216.00

Date of Receipt: 07 / 20 / 2025
Transaction ID : A05022CE8E3B94143AF2
Amount of Each Receipt this Period: 24.00
☐ Memo Item
Earmark: ActBlue (non-directed)

B.
Full Name (Last, First, Middle Initial)
ActBlue
Mailing Address 14 Arrow St
Ste 11
City: Cambridge | State: MA | Zip Code: 02138-5106
FEC ID number of contributing federal political committee: C C00401224
Name of Employer:
Occupation:
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 26909.14

Date of Receipt: 07 / 20 / 2025
Transaction ID : A2B4708C8CD1142BF981
Amount of Each Receipt this Period: 24.00
☒ Memo Item
Intermediary
Total Earmarked through conduit. PAC limit not affected.

C.
Full Name (Last, First, Middle Initial)
Acord, Kent, , ,
Mailing Address 200 Texas Country Dr.
City: New Braunfels | State: TX | Zip Code: 78132
FEC ID number of contributing federal political committee: C
Name of Employer: Not employed
Occupation: Not employed
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 240.00

Date of Receipt: 08 / 20 / 2025
Transaction ID : A39830A670F984AD8888
Amount of Each Receipt this Period: 24.00
☐ Memo Item
Earmark: ActBlue (non-directed)

SUBTOTAL of Receipts This Page (optional) ▶ 48.00

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

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NAME OF COMMITTEE (In Full)
Committee to Elect Alan Grayson

A.
Full Name (Last, First, Middle Initial)
ActBlue
Mailing Address 14 Arrow St
Ste 11
City: Cambridge | State: MA | Zip Code: 02138-5106
FEC ID number of contributing federal political committee: C C00401224
Name of Employer:
Occupation:
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 26909.14

Date of Receipt: 08 / 20 / 2025
Transaction ID : AFCB86347A5EC4306A78
Amount of Each Receipt this Period: 24.00
☒ Memo Item
Intermediary
Total Earmarked through conduit. PAC limit not affected.

B.
Full Name (Last, First, Middle Initial)
Acord, Kent, , ,
Mailing Address 200 Texas Country Dr.
City: New Braunfels | State: TX | Zip Code: 78132
FEC ID number of contributing federal political committee: C
Name of Employer: Not employed
Occupation: Not employed
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 264.00

Date of Receipt: 09 / 20 / 2025
Transaction ID : ABD1D92D24802476BA1B
Amount of Each Receipt this Period: 24.00
☐ Memo Item
Earmark: ActBlue (non-directed)

C.
Full Name (Last, First, Middle Initial)
ActBlue
Mailing Address 14 Arrow St
Ste 11
City: Cambridge | State: MA | Zip Code: 02138-5106
FEC ID number of contributing federal political committee: C C00401224
Name of Employer:
Occupation:
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 26909.14

Date of Receipt: 09 / 20 / 2025
Transaction ID : AA4F451654E7F4D349CE
Amount of Each Receipt this Period: 24.00
☒ Memo Item
Intermediary
Total Earmarked through conduit. PAC limit not affected.

SUBTOTAL of Receipts This Page (optional) ▶ 24.00

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

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NAME OF COMMITTEE (In Full)
Committee to Elect Alan Grayson

A.
Full Name (Last, First, Middle Initial)
Alexander, Marie, , ,
Mailing Address 82 Bay Drive
City: Key West | State: FL | Zip Code: 33040
FEC ID number of contributing federal political committee: C
Name of Employer: Not employed
Occupation: Not employed
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 374.16

Date of Receipt: 07 / 17 / 2025
Transaction ID : AC5FA7EC4783249BCAE3
Amount of Each Receipt this Period: 20.24
☐ Memo Item
Earmark: ActBlue (non-directed)

B.
Full Name (Last, First, Middle Initial)
ActBlue
Mailing Address 14 Arrow St
Ste 11
City: Cambridge | State: MA | Zip Code: 02138-5106
FEC ID number of contributing federal political committee: C C00401224
Name of Employer:
Occupation:
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 26909.14

Date of Receipt: 07 / 17 / 2025
Transaction ID : A518613A9AE77461A98E
Amount of Each Receipt this Period: 20.24
☒ Memo Item
Intermediary
Total Earmarked through conduit. PAC limit not affected.

C.
Full Name (Last, First, Middle Initial)
Alexander, Marie, , ,
Mailing Address 82 Bay Drive
City: Key West | State: FL | Zip Code: 33040
FEC ID number of contributing federal political committee: C
Name of Employer: Not employed
Occupation: Not employed
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 398.16

Date of Receipt: 07 / 20 / 2025
Transaction ID : AE8C3C71A1B4046CC823
Amount of Each Receipt this Period: 24.00
☐ Memo Item
Earmark: ActBlue (non-directed)

SUBTOTAL of Receipts This Page (optional) ▶ 44.24

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

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NAME OF COMMITTEE (In Full)
Committee to Elect Alan Grayson

A.
Full Name (Last, First, Middle Initial)
ActBlue
Mailing Address 14 Arrow St
Ste 11
City: Cambridge | State: MA | Zip Code: 02138-5106
FEC ID number of contributing federal political committee: C C00401224
Name of Employer:
Occupation:
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 26909.14

Date of Receipt: 07 / 20 / 2025
Transaction ID : AB0A18173251D4415989
Amount of Each Receipt this Period: 24.00
☒ Memo Item
Intermediary
Total Earmarked through conduit. PAC limit not affected.

B.
Full Name (Last, First, Middle Initial)
Alexander, Marie, , ,
Mailing Address 82 Bay Drive
City: Key West | State: FL | Zip Code: 33040
FEC ID number of contributing federal political committee: C
Name of Employer: Not employed
Occupation: Not employed
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 418.40

Date of Receipt: 08 / 17 / 2025
Transaction ID : A6E7EAA62822048219E1
Amount of Each Receipt this Period: 20.24
☐ Memo Item
Earmark: ActBlue (non-directed)

C.
Full Name (Last, First, Middle Initial)
ActBlue
Mailing Address 14 Arrow St
Ste 11
City: Cambridge | State: MA | Zip Code: 02138-5106
FEC ID number of contributing federal political committee: C C00401224
Name of Employer:
Occupation:
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 26909.14

Date of Receipt: 08 / 17 / 2025
Transaction ID : A0BD6383E3FA44ADB944
Amount of Each Receipt this Period: 20.24
☒ Memo Item
Intermediary
Total Earmarked through conduit. PAC limit not affected.

SUBTOTAL of Receipts This Page (optional) ▶ 20.24

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

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NAME OF COMMITTEE (In Full)
Committee to Elect Alan Grayson

A.
Full Name (Last, First, Middle Initial)
Alexander, Marie, , ,
Mailing Address 82 Bay Drive
City: Key West | State: FL | Zip Code: 33040
FEC ID number of contributing federal political committee: C
Name of Employer: Not employed | Occupation: Not employed
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 442.40

Date of Receipt: 08 / 20 / 2025
Transaction ID : AD2F6EF6597ED43DC87C
Amount of Each Receipt this Period: 24.00
☐ Memo Item
Earmark: ActBlue (non-directed)

B.
Full Name (Last, First, Middle Initial)
ActBlue
Mailing Address 14 Arrow St
Ste 11
City: Cambridge | State: MA | Zip Code: 02138-5106
FEC ID number of contributing federal political committee: C C00401224
Name of Employer: | Occupation:
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 26909.14

Date of Receipt: 08 / 20 / 2025
Transaction ID : AC24B94099C7847D78CC
Amount of Each Receipt this Period: 24.00
☒ Memo Item
Intermediary
Total Earmarked through conduit. PAC limit not affected.

C.
Full Name (Last, First, Middle Initial)
Alexander, Marie, , ,
Mailing Address 82 Bay Drive
City: Key West | State: FL | Zip Code: 33040
FEC ID number of contributing federal political committee: C
Name of Employer: Not employed | Occupation: Not employed
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 462.64

Date of Receipt: 09 / 17 / 2025
Transaction ID : A527841D9E16143E8A57
Amount of Each Receipt this Period: 20.24
☐ Memo Item
Earmark: ActBlue (non-directed)

SUBTOTAL of Receipts This Page (optional) ▶ 44.24

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

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NAME OF COMMITTEE (In Full)
Committee to Elect Alan Grayson

A.
Full Name (Last, First, Middle Initial)
ActBlue
Mailing Address 14 Arrow St
Ste 11
City: Cambridge | State: MA | Zip Code: 02138-5106
FEC ID number of contributing federal political committee: C C00401224
Name of Employer:
Occupation:
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 26909.14

Date of Receipt: 09 / 17 / 2025
Transaction ID : AB2ADD6F8235F4F05B74
Amount of Each Receipt this Period: 20.24
☒ Memo Item
Intermediary
Total Earmarked through conduit. PAC limit not affected.

B.
Full Name (Last, First, Middle Initial)
Alexander, Marie, , ,
Mailing Address 82 Bay Drive
City: Key West | State: FL | Zip Code: 33040
FEC ID number of contributing federal political committee: C
Name of Employer: Not employed
Occupation: Not employed
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 486.64

Date of Receipt: 09 / 20 / 2025
Transaction ID : A2E506E665FC04C5D996
Amount of Each Receipt this Period: 24.00
☐ Memo Item
Earmark: ActBlue (non-directed)

C.
Full Name (Last, First, Middle Initial)
ActBlue
Mailing Address 14 Arrow St
Ste 11
City: Cambridge | State: MA | Zip Code: 02138-5106
FEC ID number of contributing federal political committee: C C00401224
Name of Employer:
Occupation:
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 26909.14

Date of Receipt: 09 / 20 / 2025
Transaction ID : AD52CE1B1123144D5A4E
Amount of Each Receipt this Period: 24.00
☒ Memo Item
Intermediary
Total Earmarked through conduit. PAC limit not affected.

SUBTOTAL of Receipts This Page (optional) ▶ 24.00

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

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NAME OF COMMITTEE (In Full)
Committee to Elect Alan Grayson

A.
Full Name (Last, First, Middle Initial)
Allman, Esther, , ,
Mailing Address 984 N Butternut Cir
City: Frankfort | State: IL | Zip Code: 60423-2106
FEC ID number of contributing federal political committee: C
Name of Employer: Not employed
Occupation: Not employed
Receipt For: 2026
☒ Primary ☐ General
☐ Other (specify) ▼
Election Cycle-to-Date ▼ 216.00

Date of Receipt: 07 / 11 / 2025
Transaction ID : AA0D7E954792D4BE686A
Amount of Each Receipt this Period: 27.00
☐ Memo Item
Earmark: ActBlue (non-directed)

B.
Full Name (Last, First, Middle Initial)
ActBlue
Mailing Address 14 Arrow St
Ste 11
City: Cambridge | State: MA | Zip Code: 02138-5106
FEC ID number of contributing federal political committee: C C00401224
Name of Employer:
Occupation:
Receipt For: 2026
☒ Primary ☐ General
☐ Other (specify) ▼
Election Cycle-to-Date ▼ 26909.14

Date of Receipt: 07 / 11 / 2025
Transaction ID : A6FF28FC118DA4C0D832
Amount of Each Receipt this Period: 27.00
☒ Memo Item
Intermediary
Total Earmarked through conduit. PAC limit not affected.

C.
Full Name (Last, First, Middle Initial)
Allman, Esther, , ,
Mailing Address 984 N Butternut Cir
City: Frankfort | State: IL | Zip Code: 60423-2106
FEC ID number of contributing federal political committee: C
Name of Employer: Not employed
Occupation: Not employed
Receipt For: 2026
☒ Primary ☐ General
☐ Other (specify) ▼
Election Cycle-to-Date ▼ 243.00

Date of Receipt: 08 / 11 / 2025
Transaction ID : A51807C34B45744A78CA
Amount of Each Receipt this Period: 27.00
☐ Memo Item
Earmark: ActBlue (non-directed)

SUBTOTAL of Receipts This Page (optional) ▶ 54.00

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

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NAME OF COMMITTEE (In Full)
Committee to Elect Alan Grayson

A.
Full Name (Last, First, Middle Initial)
ActBlue
Mailing Address 14 Arrow St
Ste 11
City: Cambridge | State: MA | Zip Code: 02138-5106
FEC ID number of contributing federal political committee: C C00401224
Name of Employer:
Occupation:
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 26909.14

Date of Receipt: 08 / 11 / 2025
Transaction ID : AADD41E75230443DF83B
Amount of Each Receipt this Period: 27.00
☒ Memo Item
Intermediary
Total Earmarked through conduit. PAC limit not affected.

B.
Full Name (Last, First, Middle Initial)
Allman, Esther, , ,
Mailing Address 984 N Butternut Cir
City: Frankfort | State: IL | Zip Code: 60423-2106
FEC ID number of contributing federal political committee: C
Name of Employer: Not employed
Occupation: Not employed
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 270.00

Date of Receipt: 09 / 11 / 2025
Transaction ID : AE3643616B11E4D34AE3
Amount of Each Receipt this Period: 27.00
☐ Memo Item
Earmark: ActBlue (non-directed)

C.
Full Name (Last, First, Middle Initial)
ActBlue
Mailing Address 14 Arrow St
Ste 11
City: Cambridge | State: MA | Zip Code: 02138-5106
FEC ID number of contributing federal political committee: C C00401224
Name of Employer:
Occupation:
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 26909.14

Date of Receipt: 09 / 11 / 2025
Transaction ID : A58863857F28A46DBB74
Amount of Each Receipt this Period: 27.00
☒ Memo Item
Intermediary
Total Earmarked through conduit. PAC limit not affected.

SUBTOTAL of Receipts This Page (optional) ▶ 27.00

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

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NAME OF COMMITTEE (In Full)
Committee to Elect Alan Grayson

A.
Full Name (Last, First, Middle Initial)
Ardinger, Bruce J, , ,
Mailing Address 6735 Georgia Avenue
City: Bradenton | State: FL | Zip Code: 34207
FEC ID number of contributing federal political committee: C
Name of Employer: none
Occupation: Retired
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 202.40

Date of Receipt: 08 / 16 / 2025
Transaction ID : A3DC85F8F02724359AE2
Amount of Each Receipt this Period: 20.24
☐ Memo Item
Earmark: ActBlue (non-directed)

B.
Full Name (Last, First, Middle Initial)
ActBlue
Mailing Address 14 Arrow St
Ste 11
City: Cambridge | State: MA | Zip Code: 02138-5106
FEC ID number of contributing federal political committee: C C00401224
Name of Employer:
Occupation:
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 26909.14

Date of Receipt: 08 / 16 / 2025
Transaction ID : A1C9CB6D1C4E640E4886
Amount of Each Receipt this Period: 20.24
☒ Memo Item
Intermediary
Total Earmarked through conduit. PAC limit not affected.

C.
Full Name (Last, First, Middle Initial)
Ardinger, Bruce J, , ,
Mailing Address 6735 Georgia Avenue
City: Bradenton | State: FL | Zip Code: 34207
FEC ID number of contributing federal political committee: C
Name of Employer: none
Occupation: Retired
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 222.64

Date of Receipt: 09 / 16 / 2025
Transaction ID : A43E3B26ECC6F4B5D825
Amount of Each Receipt this Period: 20.24
☐ Memo Item
Earmark: ActBlue (non-directed)

SUBTOTAL of Receipts This Page (optional) ▶ 40.48

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

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NAME OF COMMITTEE (In Full)
Committee to Elect Alan Grayson

A.
Full Name (Last, First, Middle Initial)
ActBlue
Mailing Address 14 Arrow St
Ste 11
City: Cambridge | State: MA | Zip Code: 02138-5106
FEC ID number of contributing federal political committee: C C00401224
Name of Employer:
Occupation:
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 26909.14

Date of Receipt: 09 / 16 / 2025
Transaction ID : AA24AE4FF0E634FEB97A
Amount of Each Receipt this Period: 20.24
☒ Memo Item
Intermediary
Total Earmarked through conduit. PAC limit not affected.

B.
Full Name (Last, First, Middle Initial)
Burkhouse, Elizabeth, , ,
Mailing Address 1354 Flickinger Avenue
City: San Jose | State: CA | Zip Code: 95131
FEC ID number of contributing federal political committee: C
Name of Employer: Not employed
Occupation: Not employed
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 225.00

Date of Receipt: 08 / 11 / 2025
Transaction ID : A12602EC246384C04900
Amount of Each Receipt this Period: 25.00
☐ Memo Item
Earmark: ActBlue (non-directed)

C.
Full Name (Last, First, Middle Initial)
ActBlue
Mailing Address 14 Arrow St
Ste 11
City: Cambridge | State: MA | Zip Code: 02138-5106
FEC ID number of contributing federal political committee: C C00401224
Name of Employer:
Occupation:
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 26909.14

Date of Receipt: 08 / 11 / 2025
Transaction ID : AA92D83E78D7545668DF
Amount of Each Receipt this Period: 25.00
☒ Memo Item
Intermediary
Total Earmarked through conduit. PAC limit not affected.

SUBTOTAL of Receipts This Page (optional) ▶ 25.00

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

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NAME OF COMMITTEE (In Full)
Committee to Elect Alan Grayson

A.
Full Name (Last, First, Middle Initial): Burkhouse, Elizabeth, , ,
Mailing Address 1354 Flickinger Avenue
City: San Jose | State: CA | Zip Code: 95131
FEC ID number of contributing federal political committee: C
Name of Employer: Not employed
Occupation: Not employed
Receipt For: 2026 ☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 250.00

Date of Receipt: 09 / 11 / 2025
Transaction ID : AEE7499E08AD44209A48
Amount of Each Receipt this Period: 25.00
☐ Memo Item
Earmark: ActBlue (non-directed)

B.
Full Name (Last, First, Middle Initial): ActBlue
Mailing Address 14 Arrow St Ste 11
City: Cambridge | State: MA | Zip Code: 02138-5106
FEC ID number of contributing federal political committee: C C00401224
Name of Employer:
Occupation:
Receipt For: 2026 ☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 26909.14

Date of Receipt: 09 / 11 / 2025
Transaction ID : AF5486C0BD0C84BD9B02
Amount of Each Receipt this Period: 25.00
☒ Memo Item
Intermediary
Total Earmarked through conduit. PAC limit not affected.

C.
Full Name (Last, First, Middle Initial): Campbell, Linda, , ,
Mailing Address 101 Briarwood St.
City: Lynchburg | State: VA | Zip Code: 24503
FEC ID number of contributing federal political committee: C
Name of Employer: N/A
Occupation: Retired
Receipt For: 2026 ☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 400.00

Date of Receipt: 07 / 27 / 2025
Transaction ID : ACACBB8EC45D043F6B21
Amount of Each Receipt this Period: 50.00
☐ Memo Item
Earmark: ActBlue (non-directed)

SUBTOTAL of Receipts This Page (optional) ▶ 75.00

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

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NAME OF COMMITTEE (In Full)
Committee to Elect Alan Grayson

A.
Full Name (Last, First, Middle Initial)
ActBlue
Mailing Address 14 Arrow St
Ste 11
City: Cambridge | State: MA | Zip Code: 02138-5106
FEC ID number of contributing federal political committee: C C00401224
Name of Employer:
Occupation:
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 26909.14

Date of Receipt: 07 / 27 / 2025
Transaction ID : A1638301570B142A8B4C
Amount of Each Receipt this Period: 50.00
☒ Memo Item
Intermediary
Total Earmarked through conduit. PAC limit not affected.

B.
Full Name (Last, First, Middle Initial)
Campbell, Linda, , ,
Mailing Address 101 Briarwood St.
City: Lynchburg | State: VA | Zip Code: 24503
FEC ID number of contributing federal political committee: C
Name of Employer: N/A
Occupation: Retired
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 450.00

Date of Receipt: 08 / 27 / 2025
Transaction ID : AA566367D72334B2081C
Amount of Each Receipt this Period: 50.00
☐ Memo Item
Earmark: ActBlue (non-directed)

C.
Full Name (Last, First, Middle Initial)
ActBlue
Mailing Address 14 Arrow St
Ste 11
City: Cambridge | State: MA | Zip Code: 02138-5106
FEC ID number of contributing federal political committee: C C00401224
Name of Employer:
Occupation:
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 26909.14

Date of Receipt: 08 / 27 / 2025
Transaction ID : AA1A984B166754C24B2C
Amount of Each Receipt this Period: 50.00
☒ Memo Item
Intermediary
Total Earmarked through conduit. PAC limit not affected.

SUBTOTAL of Receipts This Page (optional) ▶ 50.00

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

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NAME OF COMMITTEE (In Full)
Committee to Elect Alan Grayson

A.
Full Name (Last, First, Middle Initial)
Campbell, Linda, , ,
Mailing Address 101 Briarwood St.
City: Lynchburg | State: VA | Zip Code: 24503
FEC ID number of contributing federal political committee: C
Name of Employer: N/A
Occupation: Retired
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 500.00

Date of Receipt: 09 / 27 / 2025
Transaction ID : A00AC721E0E034F538EB
Amount of Each Receipt this Period: 50.00
☐ Memo Item
Earmark: ActBlue (non-directed)

B.
Full Name (Last, First, Middle Initial)
ActBlue
Mailing Address 14 Arrow St
Ste 11
City: Cambridge | State: MA | Zip Code: 02138-5106
FEC ID number of contributing federal political committee: C C00401224
Name of Employer:
Occupation:
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 26909.14

Date of Receipt: 09 / 27 / 2025
Transaction ID : A23BEC10D36194201BC5
Amount of Each Receipt this Period: 50.00
☒ Memo Item
Intermediary
Total Earmarked through conduit. PAC limit not affected.

C.
Full Name (Last, First, Middle Initial)
Castaing, Louis, , ,
Mailing Address 2021 Sullivan Lane 148
City: Covington | State: LA | Zip Code: 70433
FEC ID number of contributing federal political committee: C
Name of Employer: Not employed
Occupation: Not employed
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 1059.84

Date of Receipt: 07 / 08 / 2025
Transaction ID : A73DF9AE2A57B447EBBC
Amount of Each Receipt this Period: 50.00
☐ Memo Item
Earmark: ActBlue (non-directed)

SUBTOTAL of Receipts This Page (optional) ▶ 100.00

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

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NAME OF COMMITTEE (In Full)
Committee to Elect Alan Grayson

A.
Full Name (Last, First, Middle Initial)
ActBlue
Mailing Address 14 Arrow St
Ste 11
City: Cambridge | State: MA | Zip Code: 02138-5106
FEC ID number of contributing federal political committee: C C00401224
Name of Employer:
Occupation:
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 26909.14

Date of Receipt: 07 / 08 / 2025
Transaction ID : A650A0167CD40403088A
Amount of Each Receipt this Period: 50.00
☒ Memo Item
Intermediary
Total Earmarked through conduit. PAC limit not affected.

B.
Full Name (Last, First, Middle Initial)
Castaing, Louis, , ,
Mailing Address 2021 Sullivan Lane 148
City: Covington | State: LA | Zip Code: 70433
FEC ID number of contributing federal political committee: C
Name of Employer: Not employed
Occupation: Not employed
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 1080.08

Date of Receipt: 07 / 15 / 2025
Transaction ID : AE0544EB354B849A89C0
Amount of Each Receipt this Period: 20.24
☐ Memo Item
Earmark: ActBlue (non-directed)

C.
Full Name (Last, First, Middle Initial)
ActBlue
Mailing Address 14 Arrow St
Ste 11
City: Cambridge | State: MA | Zip Code: 02138-5106
FEC ID number of contributing federal political committee: C C00401224
Name of Employer:
Occupation:
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 26909.14

Date of Receipt: 07 / 15 / 2025
Transaction ID : A1A4AC555E2CF4A579D8
Amount of Each Receipt this Period: 20.24
☒ Memo Item
Intermediary
Total Earmarked through conduit. PAC limit not affected.

SUBTOTAL of Receipts This Page (optional) ▶ 20.24

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

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NAME OF COMMITTEE (In Full)
Committee to Elect Alan Grayson

A.
Full Name (Last, First, Middle Initial)
Castaing, Louis, , ,
Mailing Address 2021 Sullivan Lane 148
City: Covington | State: LA | Zip Code: 70433
FEC ID number of contributing federal political committee: C
Name of Employer: Not employed
Occupation: Not employed
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 1100.32

Date of Receipt: 07 / 17 / 2025
Transaction ID : A62A6412BCD574F23AE5
Amount of Each Receipt this Period: 20.24
☐ Memo Item
Earmark: ActBlue (non-directed)

B.
Full Name (Last, First, Middle Initial)
ActBlue
Mailing Address 14 Arrow St
Ste 11
City: Cambridge | State: MA | Zip Code: 02138-5106
FEC ID number of contributing federal political committee: C C00401224
Name of Employer:
Occupation:
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 26909.14

Date of Receipt: 07 / 17 / 2025
Transaction ID : A84872B32581C4C34B83
Amount of Each Receipt this Period: 20.24
☒ Memo Item
Intermediary
Total Earmarked through conduit. PAC limit not affected.

C.
Full Name (Last, First, Middle Initial)
Castaing, Louis, , ,
Mailing Address 2021 Sullivan Lane 148
City: Covington | State: LA | Zip Code: 70433
FEC ID number of contributing federal political committee: C
Name of Employer: Not employed
Occupation: Not employed
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 1124.32

Date of Receipt: 07 / 26 / 2025
Transaction ID : ACF5FA3D5A89F44B49DF
Amount of Each Receipt this Period: 24.00
☐ Memo Item
Earmark: ActBlue (non-directed)

SUBTOTAL of Receipts This Page (optional) ▶ 44.24

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

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NAME OF COMMITTEE (In Full)
Committee to Elect Alan Grayson

A.
Full Name (Last, First, Middle Initial)
ActBlue
Mailing Address 14 Arrow St
Ste 11
City: Cambridge | State: MA | Zip Code: 02138-5106
FEC ID number of contributing federal political committee: C C00401224
Name of Employer:
Occupation:
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 26909.14

Date of Receipt: 07 / 26 / 2025
Transaction ID : A5589278CAE1A4021BB4
Amount of Each Receipt this Period: 24.00
☒ Memo Item
Intermediary
Total Earmarked through conduit. PAC limit not affected.

B.
Full Name (Last, First, Middle Initial)
Castaing, Louis, , ,
Mailing Address 2021 Sullivan Lane 148
City: Covington | State: LA | Zip Code: 70433
FEC ID number of contributing federal political committee: C
Name of Employer: Not employed
Occupation: Not employed
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 1148.32

Date of Receipt: 07 / 30 / 2025
Transaction ID : A0AB3C4A9F0694BBFB02
Amount of Each Receipt this Period: 24.00
☐ Memo Item
Earmark: ActBlue (non-directed)

C.
Full Name (Last, First, Middle Initial)
ActBlue
Mailing Address 14 Arrow St
Ste 11
City: Cambridge | State: MA | Zip Code: 02138-5106
FEC ID number of contributing federal political committee: C C00401224
Name of Employer:
Occupation:
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 26909.14

Date of Receipt: 07 / 30 / 2025
Transaction ID : A7013018EE7764CC6B34
Amount of Each Receipt this Period: 24.00
☒ Memo Item
Intermediary
Total Earmarked through conduit. PAC limit not affected.

SUBTOTAL of Receipts This Page (optional) ▶ 24.00

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

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NAME OF COMMITTEE (In Full)
Committee to Elect Alan Grayson

A.
Full Name (Last, First, Middle Initial)
Castaing, Louis, , ,
Mailing Address 2021 Sullivan Lane 148
City: Covington | State: LA | Zip Code: 70433
FEC ID number of contributing federal political committee: C
Name of Employer: Not employed | Occupation: Not employed
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 1198.32

Date of Receipt: 08 / 08 / 2025
Transaction ID : AFDD1121A31F946E188A
Amount of Each Receipt this Period: 50.00
☐ Memo Item
Earmark: ActBlue (non-directed)

B.
Full Name (Last, First, Middle Initial)
ActBlue
Mailing Address 14 Arrow St
Ste 11
City: Cambridge | State: MA | Zip Code: 02138-5106
FEC ID number of contributing federal political committee: C C00401224
Name of Employer: | Occupation:
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 26909.14

Date of Receipt: 08 / 08 / 2025
Transaction ID : A23680E7202784BA6963
Amount of Each Receipt this Period: 50.00
☒ Memo Item
Intermediary
Total Earmarked through conduit. PAC limit not affected.

C.
Full Name (Last, First, Middle Initial)
Castaing, Louis, , ,
Mailing Address 2021 Sullivan Lane 148
City: Covington | State: LA | Zip Code: 70433
FEC ID number of contributing federal political committee: C
Name of Employer: Not employed | Occupation: Not employed
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 1218.56

Date of Receipt: 08 / 15 / 2025
Transaction ID : A45FD956192514328BCB
Amount of Each Receipt this Period: 20.24
☐ Memo Item
Earmark: ActBlue (non-directed)

SUBTOTAL of Receipts This Page (optional) ▶ 70.24

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

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NAME OF COMMITTEE (In Full)
Committee to Elect Alan Grayson

A.
Full Name (Last, First, Middle Initial)
ActBlue
Mailing Address 14 Arrow St
Ste 11
City: Cambridge | State: MA | Zip Code: 02138-5106
FEC ID number of contributing federal political committee: C C00401224
Name of Employer:
Occupation:
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 26909.14

Date of Receipt: 08 / 15 / 2025
Transaction ID : A38FE03BD80044375A59
Amount of Each Receipt this Period: 20.24
☒ Memo Item
Intermediary
Total Earmarked through conduit. PAC limit not affected.

B.
Full Name (Last, First, Middle Initial)
Castaing, Louis, , ,
Mailing Address 2021 Sullivan Lane 148
City: Covington | State: LA | Zip Code: 70433
FEC ID number of contributing federal political committee: C
Name of Employer: Not employed
Occupation: Not employed
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 1238.80

Date of Receipt: 08 / 17 / 2025
Transaction ID : A2AD7B273FEE94201920
Amount of Each Receipt this Period: 20.24
☐ Memo Item
Earmark: ActBlue (non-directed)

C.
Full Name (Last, First, Middle Initial)
ActBlue
Mailing Address 14 Arrow St
Ste 11
City: Cambridge | State: MA | Zip Code: 02138-5106
FEC ID number of contributing federal political committee: C C00401224
Name of Employer:
Occupation:
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 26909.14

Date of Receipt: 08 / 17 / 2025
Transaction ID : A32A71812B66B4BCBBC5
Amount of Each Receipt this Period: 20.24
☒ Memo Item
Intermediary
Total Earmarked through conduit. PAC limit not affected.

SUBTOTAL of Receipts This Page (optional) ▶ 20.24

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

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NAME OF COMMITTEE (In Full)
Committee to Elect Alan Grayson

A.
Full Name (Last, First, Middle Initial): Castaing, Louis, , ,
Mailing Address 2021 Sullivan Lane 148
City: Covington | State: LA | Zip Code: 70433
FEC ID number of contributing federal political committee: C
Name of Employer: Not employed | Occupation: Not employed
Receipt For: 2026 ☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 1262.80

Date of Receipt: 08 / 26 / 2025
Transaction ID : A88A097C524004F31875
Amount of Each Receipt this Period: 24.00
☐ Memo Item
Earmark: ActBlue (non-directed)

B.
Full Name (Last, First, Middle Initial): ActBlue
Mailing Address 14 Arrow St Ste 11
City: Cambridge | State: MA | Zip Code: 02138-5106
FEC ID number of contributing federal political committee: C C00401224
Name of Employer: | Occupation:
Receipt For: 2026 ☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 26909.14

Date of Receipt: 08 / 26 / 2025
Transaction ID : A94EB8C7B264B4D08B9A
Amount of Each Receipt this Period: 24.00
☒ Memo Item
Intermediary
Total Earmarked through conduit. PAC limit not affected.

C.
Full Name (Last, First, Middle Initial): Castaing, Louis, , ,
Mailing Address 2021 Sullivan Lane 148
City: Covington | State: LA | Zip Code: 70433
FEC ID number of contributing federal political committee: C
Name of Employer: Not employed | Occupation: Not employed
Receipt For: 2026 ☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 1286.80

Date of Receipt: 09 / 03 / 2025
Transaction ID : A7A4D32470F5D4FFEB9B
Amount of Each Receipt this Period: 24.00
☐ Memo Item
Earmark: ActBlue (non-directed)

SUBTOTAL of Receipts This Page (optional) ▶ 48.00

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

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NAME OF COMMITTEE (In Full)
Committee to Elect Alan Grayson

A.
Full Name (Last, First, Middle Initial)
ActBlue
Mailing Address 14 Arrow St
Ste 11
City: Cambridge | State: MA | Zip Code: 02138-5106
FEC ID number of contributing federal political committee: C C00401224
Name of Employer:
Occupation:
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 26909.14

Date of Receipt: 09 / 03 / 2025
Transaction ID : AEF358991664C46C7AD8
Amount of Each Receipt this Period: 24.00
☒ Memo Item
Intermediary
Total Earmarked through conduit. PAC limit not affected.

B.
Full Name (Last, First, Middle Initial)
Castaing, Louis, , ,
Mailing Address 2021 Sullivan Lane 148
City: Covington | State: LA | Zip Code: 70433
FEC ID number of contributing federal political committee: C
Name of Employer: Not employed
Occupation: Not employed
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 1336.80

Date of Receipt: 09 / 08 / 2025
Transaction ID : A959EC650052B452E899
Amount of Each Receipt this Period: 50.00
☐ Memo Item
Earmark: ActBlue (non-directed)

C.
Full Name (Last, First, Middle Initial)
ActBlue
Mailing Address 14 Arrow St
Ste 11
City: Cambridge | State: MA | Zip Code: 02138-5106
FEC ID number of contributing federal political committee: C C00401224
Name of Employer:
Occupation:
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 26909.14

Date of Receipt: 09 / 08 / 2025
Transaction ID : AAEFA94FB054148CEBA6
Amount of Each Receipt this Period: 50.00
☒ Memo Item
Intermediary
Total Earmarked through conduit. PAC limit not affected.

SUBTOTAL of Receipts This Page (optional) ▶ 50.00

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

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NAME OF COMMITTEE (In Full)
Committee to Elect Alan Grayson

A.
Full Name (Last, First, Middle Initial)
Castaing, Louis, , ,
Mailing Address 2021 Sullivan Lane 148
City: Covington | State: LA | Zip Code: 70433
FEC ID number of contributing federal political committee: C
Name of Employer: Not employed | Occupation: Not employed
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 1357.04

Date of Receipt: 09 / 15 / 2025
Transaction ID : A0D71CD90B314427E9D6
Amount of Each Receipt this Period: 20.24
☐ Memo Item
Earmark: ActBlue (non-directed)

B.
Full Name (Last, First, Middle Initial)
ActBlue
Mailing Address 14 Arrow St
Ste 11
City: Cambridge | State: MA | Zip Code: 02138-5106
FEC ID number of contributing federal political committee: C C00401224
Name of Employer: | Occupation:
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 26909.14

Date of Receipt: 09 / 15 / 2025
Transaction ID : ACF450939BE6146EA820
Amount of Each Receipt this Period: 20.24
☒ Memo Item
Intermediary
Total Earmarked through conduit. PAC limit not affected.

C.
Full Name (Last, First, Middle Initial)
Castaing, Louis, , ,
Mailing Address 2021 Sullivan Lane 148
City: Covington | State: LA | Zip Code: 70433
FEC ID number of contributing federal political committee: C
Name of Employer: Not employed | Occupation: Not employed
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 1377.28

Date of Receipt: 09 / 17 / 2025
Transaction ID : A1E4161F77F894227886
Amount of Each Receipt this Period: 20.24
☐ Memo Item
Earmark: ActBlue (non-directed)

SUBTOTAL of Receipts This Page (optional) ▶ 40.48

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

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NAME OF COMMITTEE (In Full)
Committee to Elect Alan Grayson

A.
Full Name (Last, First, Middle Initial)
ActBlue
Mailing Address 14 Arrow St
Ste 11
City: Cambridge | State: MA | Zip Code: 02138-5106
FEC ID number of contributing federal political committee: C C00401224
Name of Employer:
Occupation:
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 26909.14

Date of Receipt: 09 / 17 / 2025
Transaction ID : ACCBF0AA445C8481B8B6
Amount of Each Receipt this Period: 20.24
☒ Memo Item
Intermediary
Total Earmarked through conduit. PAC limit not affected.

B.
Full Name (Last, First, Middle Initial)
Castaing, Louis, , ,
Mailing Address 2021 Sullivan Lane 148
City: Covington | State: LA | Zip Code: 70433
FEC ID number of contributing federal political committee: C
Name of Employer: Not employed
Occupation: Not employed
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 1401.28

Date of Receipt: 09 / 26 / 2025
Transaction ID : A8EC1445F8ABA47C0BFE
Amount of Each Receipt this Period: 24.00
☐ Memo Item
Earmark: ActBlue (non-directed)

C.
Full Name (Last, First, Middle Initial)
ActBlue
Mailing Address 14 Arrow St
Ste 11
City: Cambridge | State: MA | Zip Code: 02138-5106
FEC ID number of contributing federal political committee: C C00401224
Name of Employer:
Occupation:
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 26909.14

Date of Receipt: 09 / 26 / 2025
Transaction ID : A698A62D4F5C14B07A18
Amount of Each Receipt this Period: 24.00
☒ Memo Item
Intermediary
Total Earmarked through conduit. PAC limit not affected.

SUBTOTAL of Receipts This Page (optional) ▶ 24.00

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

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NAME OF COMMITTEE (In Full)
Committee to Elect Alan Grayson

A.
Full Name (Last, First, Middle Initial): Castaing, Louis, , ,
Mailing Address 2021 Sullivan Lane 148
City: Covington | State: LA | Zip Code: 70433
FEC ID number of contributing federal political committee: C
Name of Employer: Not employed
Occupation: Not employed
Receipt For: 2026 ☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 1425.28

Date of Receipt: 09 / 30 / 2025
Transaction ID : AC059E8B401914379B87
Amount of Each Receipt this Period: 24.00
☐ Memo Item
Earmark: ActBlue (non-directed)

B.
Full Name (Last, First, Middle Initial): ActBlue
Mailing Address 14 Arrow St
Ste 11
City: Cambridge | State: MA | Zip Code: 02138-5106
FEC ID number of contributing federal political committee: C C00401224
Name of Employer:
Occupation:
Receipt For: 2026 ☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 26909.14

Date of Receipt: 09 / 30 / 2025
Transaction ID : A7611FBAC425144BE844
Amount of Each Receipt this Period: 24.00
☒ Memo Item
Intermediary
Total Earmarked through conduit. PAC limit not affected.

C.
Full Name (Last, First, Middle Initial): Champion, Dave, , ,
Mailing Address 5937 37th Ave SW
City: Seattle | State: WA | Zip Code: 98126
FEC ID number of contributing federal political committee: C
Name of Employer: Champion & Associates
Occupation: Self Employed
Receipt For: 2026 ☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 216.00

Date of Receipt: 08 / 28 / 2025
Transaction ID : A6D1038103839401C8B8
Amount of Each Receipt this Period: 24.00
☐ Memo Item
Earmark: ActBlue (non-directed)

SUBTOTAL of Receipts This Page (optional) ▶ 48.00

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

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NAME OF COMMITTEE (In Full)
Committee to Elect Alan Grayson

A.
Full Name (Last, First, Middle Initial)
ActBlue
Mailing Address 14 Arrow St
Ste 11
City: Cambridge | State: MA | Zip Code: 02138-5106
FEC ID number of contributing federal political committee: C C00401224
Name of Employer:
Occupation:
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 26909.14

Date of Receipt: 08 / 28 / 2025
Transaction ID : A9776FCC4D5124234864
Amount of Each Receipt this Period: 24.00
☒ Memo Item
Intermediary
Total Earmarked through conduit. PAC limit not affected.

B.
Full Name (Last, First, Middle Initial)
Champion, Dave, , ,
Mailing Address 5937 37th Ave SW
City: Seattle | State: WA | Zip Code: 98126
FEC ID number of contributing federal political committee: C
Name of Employer: Champion & Associates
Occupation: Self Employed
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 240.00

Date of Receipt: 09 / 28 / 2025
Transaction ID : A9AA94CAE76D5470EA4D
Amount of Each Receipt this Period: 24.00
☐ Memo Item
Earmark: ActBlue (non-directed)

C.
Full Name (Last, First, Middle Initial)
ActBlue
Mailing Address 14 Arrow St
Ste 11
City: Cambridge | State: MA | Zip Code: 02138-5106
FEC ID number of contributing federal political committee: C C00401224
Name of Employer:
Occupation:
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 26909.14

Date of Receipt: 09 / 28 / 2025
Transaction ID : ACC5CB90D5A4E40519EA
Amount of Each Receipt this Period: 24.00
☒ Memo Item
Intermediary
Total Earmarked through conduit. PAC limit not affected.

SUBTOTAL of Receipts This Page (optional) ▶ 24.00

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

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NAME OF COMMITTEE (In Full)
Committee to Elect Alan Grayson

A.
Full Name (Last, First, Middle Initial)
Cudahy, Kathleen, , ,
Mailing Address 3818 Pringle St
City: San Diego | State: CA | Zip Code: 92103
FEC ID number of contributing federal political committee: C
Name of Employer: Not employed
Occupation: Not employed
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 202.40

Date of Receipt: 09 / 14 / 2025
Transaction ID : A5577E36113734A7D981
Amount of Each Receipt this Period: 20.24
☐ Memo Item
Earmark: ActBlue (non-directed)

B.
Full Name (Last, First, Middle Initial)
ActBlue
Mailing Address 14 Arrow St
Ste 11
City: Cambridge | State: MA | Zip Code: 02138-5106
FEC ID number of contributing federal political committee: C C00401224
Name of Employer:
Occupation:
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 26909.14

Date of Receipt: 09 / 14 / 2025
Transaction ID : AAF29BF3C9B3C4A54BCD
Amount of Each Receipt this Period: 20.24
☒ Memo Item
Intermediary
Total Earmarked through conduit. PAC limit not affected.

C.
Full Name (Last, First, Middle Initial)
Ferren, Kimberley, , ,
Mailing Address 772 N. Brand Blvd
City: San Fernando | State: CA | Zip Code: 91340
FEC ID number of contributing federal political committee: C
Name of Employer: Not employed
Occupation: Not employed
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 202.20

Date of Receipt: 09 / 07 / 2025
Transaction ID : A8565F93C2C714F26997
Amount of Each Receipt this Period: 20.22
☐ Memo Item
Earmark: ActBlue (non-directed)

SUBTOTAL of Receipts This Page (optional) ▶ 40.46

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

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NAME OF COMMITTEE (In Full)
Committee to Elect Alan Grayson

A.
Full Name (Last, First, Middle Initial)
ActBlue
Mailing Address 14 Arrow St
Ste 11
City: Cambridge | State: MA | Zip Code: 02138-5106
FEC ID number of contributing federal political committee: C C00401224
Name of Employer:
Occupation:
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 26909.14

Date of Receipt: 09 / 07 / 2025
Transaction ID : A92A2E0A4DEA444EA902
Amount of Each Receipt this Period: 20.22
☒ Memo Item
Intermediary
Total Earmarked through conduit. PAC limit not affected.

B.
Full Name (Last, First, Middle Initial)
Flaherty, Tom, , ,
Mailing Address 9 Homestead Ave.
City: Quincy | State: MA | Zip Code: 02169
FEC ID number of contributing federal political committee: C
Name of Employer: self
Occupation: Electrician
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 216.00

Date of Receipt: 08 / 29 / 2025
Transaction ID : ADCA65A8647734E1E89C
Amount of Each Receipt this Period: 24.00
☐ Memo Item
Earmark: ActBlue (non-directed)

C.
Full Name (Last, First, Middle Initial)
ActBlue
Mailing Address 14 Arrow St
Ste 11
City: Cambridge | State: MA | Zip Code: 02138-5106
FEC ID number of contributing federal political committee: C C00401224
Name of Employer:
Occupation:
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 26909.14

Date of Receipt: 08 / 29 / 2025
Transaction ID : A377068B858744686B94
Amount of Each Receipt this Period: 24.00
☒ Memo Item
Intermediary
Total Earmarked through conduit. PAC limit not affected.

SUBTOTAL of Receipts This Page (optional) ▶ 24.00

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

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NAME OF COMMITTEE (In Full)
Committee to Elect Alan Grayson

A.
Full Name (Last, First, Middle Initial)
Flaherty, Tom, , ,
Mailing Address 9 Homestead Ave.
City: Quincy | State: MA | Zip Code: 02169
FEC ID number of contributing federal political committee: C
Name of Employer: self
Occupation: Electrician
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 240.00

Date of Receipt: 09 / 29 / 2025
Transaction ID : A1E21E7592A5A4CDCB5A
Amount of Each Receipt this Period: 24.00
☐ Memo Item
Earmark: ActBlue (non-directed)

B.
Full Name (Last, First, Middle Initial)
ActBlue
Mailing Address 14 Arrow St
Ste 11
City: Cambridge | State: MA | Zip Code: 02138-5106
FEC ID number of contributing federal political committee: C C00401224
Name of Employer:
Occupation:
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 26909.14

Date of Receipt: 09 / 29 / 2025
Transaction ID : ADD197008ED8C47C4BC6
Amount of Each Receipt this Period: 24.00
☒ Memo Item
Intermediary
Total Earmarked through conduit. PAC limit not affected.

C.
Full Name (Last, First, Middle Initial)
Giles-Straight, Carol, , ,
Mailing Address 1195 Cimarron Drive
City: Saint Louis | State: MO | Zip Code: 63132-2103
FEC ID number of contributing federal political committee: C
Name of Employer: Not employed
Occupation: Not employed
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 645.00

Date of Receipt: 07 / 05 / 2025
Transaction ID : AA199BAB2274F4A38BBF
Amount of Each Receipt this Period: 5.00
☐ Memo Item
Earmark: ActBlue (non-directed)

SUBTOTAL of Receipts This Page (optional) ▶ 29.00

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

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NAME OF COMMITTEE (In Full)
Committee to Elect Alan Grayson

A.
Full Name (Last, First, Middle Initial)
ActBlue
Mailing Address 14 Arrow St
Ste 11
City: Cambridge | State: MA | Zip Code: 02138-5106
FEC ID number of contributing federal political committee: C C00401224
Name of Employer:
Occupation:
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 26909.14

Date of Receipt: 07 / 05 / 2025
Transaction ID : AA4DA5A33F9474F5BAD6
Amount of Each Receipt this Period: 5.00
☒ Memo Item
Intermediary
Total Earmarked through conduit. PAC limit not affected.

B.
Full Name (Last, First, Middle Initial)
Giles-Straight, Carol, , ,
Mailing Address 1195 Cimarron Drive
City: Saint Louis | State: MO | Zip Code: 63132-2103
FEC ID number of contributing federal political committee: C
Name of Employer: Not employed
Occupation: Not employed
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 655.00

Date of Receipt: 07 / 08 / 2025
Transaction ID : A499CCF72112F440CA2D
Amount of Each Receipt this Period: 10.00
☐ Memo Item
Earmark: ActBlue (non-directed)

C.
Full Name (Last, First, Middle Initial)
ActBlue
Mailing Address 14 Arrow St
Ste 11
City: Cambridge | State: MA | Zip Code: 02138-5106
FEC ID number of contributing federal political committee: C C00401224
Name of Employer:
Occupation:
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 26909.14

Date of Receipt: 07 / 08 / 2025
Transaction ID : A5F551C36758F4CC5AC7
Amount of Each Receipt this Period: 10.00
☒ Memo Item
Intermediary
Total Earmarked through conduit. PAC limit not affected.

SUBTOTAL of Receipts This Page (optional) ▶ 10.00

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

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NAME OF COMMITTEE (In Full)
Committee to Elect Alan Grayson

A.
Full Name (Last, First, Middle Initial)
Giles-Straight, Carol, , ,
Mailing Address 1195 Cimarron Drive
City: Saint Louis | State: MO | Zip Code: 63132-2103
FEC ID number of contributing federal political committee: C
Name of Employer: Not employed | Occupation: Not employed
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 665.00

Date of Receipt: 07 / 09 / 2025
Transaction ID : AF4D199E0CCE743E3AE5
Amount of Each Receipt this Period: 10.00
☐ Memo Item
Earmark: ActBlue (non-directed)

B.
Full Name (Last, First, Middle Initial)
ActBlue
Mailing Address 14 Arrow St
Ste 11
City: Cambridge | State: MA | Zip Code: 02138-5106
FEC ID number of contributing federal political committee: C C00401224
Name of Employer: | Occupation:
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 26909.14

Date of Receipt: 07 / 09 / 2025
Transaction ID : ACF9A577616DD4CAB91D
Amount of Each Receipt this Period: 10.00
☒ Memo Item
Intermediary
Total Earmarked through conduit. PAC limit not affected.

C.
Full Name (Last, First, Middle Initial)
Giles-Straight, Carol, , ,
Mailing Address 1195 Cimarron Drive
City: Saint Louis | State: MO | Zip Code: 63132-2103
FEC ID number of contributing federal political committee: C
Name of Employer: Not employed | Occupation: Not employed
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 675.00

Date of Receipt: 07 / 11 / 2025
Transaction ID : A0C7F50F2536D43CBA4D
Amount of Each Receipt this Period: 10.00
☐ Memo Item
Earmark: ActBlue (non-directed)

SUBTOTAL of Receipts This Page (optional) ▶ 20.00

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

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NAME OF COMMITTEE (In Full)
Committee to Elect Alan Grayson

A.
Full Name (Last, First, Middle Initial)
ActBlue
Mailing Address 14 Arrow St
Ste 11
City: Cambridge | State: MA | Zip Code: 02138-5106
FEC ID number of contributing federal political committee: C C00401224
Name of Employer:
Occupation:
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 26909.14

Date of Receipt: 07 / 11 / 2025
Transaction ID : A79AA42D597B44E9AAC9
Amount of Each Receipt this Period: 10.00
☒ Memo Item
Intermediary
Total Earmarked through conduit. PAC limit not affected.

B.
Full Name (Last, First, Middle Initial)
Giles-Straight, Carol, , ,
Mailing Address 1195 Cimarron Drive
City: Saint Louis | State: MO | Zip Code: 63132-2103
FEC ID number of contributing federal political committee: C
Name of Employer: Not employed
Occupation: Not employed
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 685.00

Date of Receipt: 07 / 13 / 2025
Transaction ID : AEBB698F3105A4173878
Amount of Each Receipt this Period: 10.00
☐ Memo Item
Earmark: ActBlue (non-directed)

C.
Full Name (Last, First, Middle Initial)
ActBlue
Mailing Address 14 Arrow St
Ste 11
City: Cambridge | State: MA | Zip Code: 02138-5106
FEC ID number of contributing federal political committee: C C00401224
Name of Employer:
Occupation:
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 26909.14

Date of Receipt: 07 / 13 / 2025
Transaction ID : ADC25BA98F05B4030916
Amount of Each Receipt this Period: 10.00
☒ Memo Item
Intermediary
Total Earmarked through conduit. PAC limit not affected.

SUBTOTAL of Receipts This Page (optional) ▶ 10.00

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

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NAME OF COMMITTEE (In Full)
Committee to Elect Alan Grayson

A.
Full Name (Last, First, Middle Initial)
Giles-Straight, Carol, , ,
Mailing Address 1195 Cimarron Drive
City: Saint Louis | State: MO | Zip Code: 63132-2103
FEC ID number of contributing federal political committee: C
Name of Employer: Not employed | Occupation: Not employed
Receipt For: 2026 ☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 695.00

Date of Receipt: 07 / 17 / 2025
Transaction ID : A6A11126DC6334B05BD4
Amount of Each Receipt this Period: 10.00
☐ Memo Item
Earmark: ActBlue (non-directed)

B.
Full Name (Last, First, Middle Initial)
ActBlue
Mailing Address 14 Arrow St
Ste 11
City: Cambridge | State: MA | Zip Code: 02138-5106
FEC ID number of contributing federal political committee: C C00401224
Name of Employer: | Occupation:
Receipt For: 2026 ☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 26909.14

Date of Receipt: 07 / 17 / 2025
Transaction ID : A830D2237CD544F0687E
Amount of Each Receipt this Period: 10.00
☒ Memo Item
Intermediary
Total Earmarked through conduit. PAC limit not affected.

C.
Full Name (Last, First, Middle Initial)
Giles-Straight, Carol, , ,
Mailing Address 1195 Cimarron Drive
City: Saint Louis | State: MO | Zip Code: 63132-2103
FEC ID number of contributing federal political committee: C
Name of Employer: Not employed | Occupation: Not employed
Receipt For: 2026 ☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 700.00

Date of Receipt: 07 / 19 / 2025
Transaction ID : A2F61C7C5BB4F4963B1F
Amount of Each Receipt this Period: 5.00
☐ Memo Item
Earmark: ActBlue (non-directed)

SUBTOTAL of Receipts This Page (optional) ▶ 15.00

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

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NAME OF COMMITTEE (In Full)
Committee to Elect Alan Grayson

A.
Full Name (Last, First, Middle Initial)
ActBlue
Mailing Address 14 Arrow St
Ste 11
City: Cambridge | State: MA | Zip Code: 02138-5106
FEC ID number of contributing federal political committee: C C00401224
Name of Employer:
Occupation:
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 26909.14

Date of Receipt: 07 / 19 / 2025
Transaction ID : A22F0FF08BBCF4464825
Amount of Each Receipt this Period: 5.00
☒ Memo Item
Intermediary
Total Earmarked through conduit. PAC limit not affected.

B.
Full Name (Last, First, Middle Initial)
Giles-Straight, Carol, , ,
Mailing Address 1195 Cimarron Drive
City: Saint Louis | State: MO | Zip Code: 63132-2103
FEC ID number of contributing federal political committee: C
Name of Employer: Not employed
Occupation: Not employed
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 710.00

Date of Receipt: 07 / 28 / 2025
Transaction ID : AADB06E73F981475B938
Amount of Each Receipt this Period: 10.00
☐ Memo Item
Earmark: ActBlue (non-directed)

C.
Full Name (Last, First, Middle Initial)
ActBlue
Mailing Address 14 Arrow St
Ste 11
City: Cambridge | State: MA | Zip Code: 02138-5106
FEC ID number of contributing federal political committee: C C00401224
Name of Employer:
Occupation:
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 26909.14

Date of Receipt: 07 / 28 / 2025
Transaction ID : ADA587D6049FB417B806
Amount of Each Receipt this Period: 10.00
☒ Memo Item
Intermediary
Total Earmarked through conduit. PAC limit not affected.

SUBTOTAL of Receipts This Page (optional) ▶ 10.00

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

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

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NAME OF COMMITTEE (In Full)
Committee to Elect Alan Grayson

A.
Full Name (Last, First, Middle Initial)
Giles-Straight, Carol, , ,
Mailing Address 1195 Cimarron Drive
City: Saint Louis | State: MO | Zip Code: 63132-2103
FEC ID number of contributing federal political committee: C
Name of Employer: Not employed | Occupation: Not employed
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 725.00

Date of Receipt: 07 / 29 / 2025
Transaction ID : AE3CA1136D38E46C1A61
Amount of Each Receipt this Period: 10.00
☐ Memo Item
Earmark: ActBlue (non-directed)

B.
Full Name (Last, First, Middle Initial)
ActBlue
Mailing Address 14 Arrow St
Ste 11
City: Cambridge | State: MA | Zip Code: 02138-5106
FEC ID number of contributing federal political committee: C C00401224
Name of Employer: | Occupation:
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 26909.14

Date of Receipt: 07 / 29 / 2025
Transaction ID : ADEF33C5E3DA2414598F
Amount of Each Receipt this Period: 10.00
☒ Memo Item
Intermediary
Total Earmarked through conduit. PAC limit not affected.

C.
Full Name (Last, First, Middle Initial)
Giles-Straight, Carol, , ,
Mailing Address 1195 Cimarron Drive
City: Saint Louis | State: MO | Zip Code: 63132-2103
FEC ID number of contributing federal political committee: C
Name of Employer: Not employed | Occupation: Not employed
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 725.00

Date of Receipt: 07 / 29 / 2025
Transaction ID : AF2FE072CA09740199D6
Amount of Each Receipt this Period: 5.00
☐ Memo Item
Earmark: ActBlue (non-directed)

SUBTOTAL of Receipts This Page (optional) ▶ 15.00

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

SCHEDULE A (FEC Form 3)
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NAME OF COMMITTEE (In Full)
Committee to Elect Alan Grayson

A.
Full Name (Last, First, Middle Initial)
ActBlue
Mailing Address 14 Arrow St
Ste 11
City: Cambridge | State: MA | Zip Code: 02138-5106
FEC ID number of contributing federal political committee: C C00401224
Name of Employer:
Occupation:
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 26909.14

Date of Receipt: 07 / 29 / 2025
Transaction ID : AA74980F26A014572801
Amount of Each Receipt this Period: 5.00
☒ Memo Item
Intermediary
Total Earmarked through conduit. PAC limit not affected.

B.
Full Name (Last, First, Middle Initial)
Giles-Straight, Carol, , ,
Mailing Address 1195 Cimarron Drive
City: Saint Louis | State: MO | Zip Code: 63132-2103
FEC ID number of contributing federal political committee: C
Name of Employer: Not employed
Occupation: Not employed
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 730.00

Date of Receipt: 07 / 30 / 2025
Transaction ID : A5C6C93FEC1AA4AAFA73
Amount of Each Receipt this Period: 5.00
☐ Memo Item
Earmark: ActBlue (non-directed)

C.
Full Name (Last, First, Middle Initial)
ActBlue
Mailing Address 14 Arrow St
Ste 11
City: Cambridge | State: MA | Zip Code: 02138-5106
FEC ID number of contributing federal political committee: C C00401224
Name of Employer:
Occupation:
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 26909.14

Date of Receipt: 07 / 30 / 2025
Transaction ID : A4428A8482F344317AD0
Amount of Each Receipt this Period: 5.00
☒ Memo Item
Intermediary
Total Earmarked through conduit. PAC limit not affected.

SUBTOTAL of Receipts This Page (optional) ▶ 5.00

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

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

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NAME OF COMMITTEE (In Full)
Committee to Elect Alan Grayson

A.
Full Name (Last, First, Middle Initial)
Giles-Straight, Carol, , ,
Mailing Address 1195 Cimarron Drive
City: Saint Louis | State: MO | Zip Code: 63132-2103
FEC ID number of contributing federal political committee: C
Name of Employer: Not employed | Occupation: Not employed
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 735.00

Date of Receipt: 08 / 05 / 2025
Transaction ID : A60E7BB87EE484A7D92E
Amount of Each Receipt this Period: 5.00
☐ Memo Item
Earmark: ActBlue (non-directed)

B.
Full Name (Last, First, Middle Initial)
ActBlue
Mailing Address 14 Arrow St
Ste 11
City: Cambridge | State: MA | Zip Code: 02138-5106
FEC ID number of contributing federal political committee: C C00401224
Name of Employer: | Occupation:
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 26909.14

Date of Receipt: 08 / 05 / 2025
Transaction ID : A1890B40F89F746AA8CD
Amount of Each Receipt this Period: 5.00
☒ Memo Item
Intermediary
Total Earmarked through conduit. PAC limit not affected.

C.
Full Name (Last, First, Middle Initial)
Giles-Straight, Carol, , ,
Mailing Address 1195 Cimarron Drive
City: Saint Louis | State: MO | Zip Code: 63132-2103
FEC ID number of contributing federal political committee: C
Name of Employer: Not employed | Occupation: Not employed
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 745.00

Date of Receipt: 08 / 08 / 2025
Transaction ID : A53EAF18CDDF246E99E8
Amount of Each Receipt this Period: 10.00
☐ Memo Item
Earmark: ActBlue (non-directed)

SUBTOTAL of Receipts This Page (optional) ▶ 15.00

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

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NAME OF COMMITTEE (In Full)
Committee to Elect Alan Grayson

A.
Full Name (Last, First, Middle Initial)
ActBlue
Mailing Address 14 Arrow St
Ste 11
City: Cambridge | State: MA | Zip Code: 02138-5106
FEC ID number of contributing federal political committee: C C00401224
Name of Employer:
Occupation:
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 26909.14

Date of Receipt: 08 / 08 / 2025
Transaction ID : ADB2117D4338B4F2DA21
Amount of Each Receipt this Period: 10.00
☒ Memo Item
Intermediary
Total Earmarked through conduit. PAC limit not affected.

B.
Full Name (Last, First, Middle Initial)
Giles-Straight, Carol, , ,
Mailing Address 1195 Cimarron Drive
City: Saint Louis | State: MO | Zip Code: 63132-2103
FEC ID number of contributing federal political committee: C
Name of Employer: Not employed
Occupation: Not employed
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 755.00

Date of Receipt: 08 / 09 / 2025
Transaction ID : A745DB4E08F4644F3AAD
Amount of Each Receipt this Period: 10.00
☐ Memo Item
Earmark: ActBlue (non-directed)

C.
Full Name (Last, First, Middle Initial)
ActBlue
Mailing Address 14 Arrow St
Ste 11
City: Cambridge | State: MA | Zip Code: 02138-5106
FEC ID number of contributing federal political committee: C C00401224
Name of Employer:
Occupation:
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 26909.14

Date of Receipt: 08 / 09 / 2025
Transaction ID : AFF53C51D1F4E409897A
Amount of Each Receipt this Period: 10.00
☒ Memo Item
Intermediary
Total Earmarked through conduit. PAC limit not affected.

SUBTOTAL of Receipts This Page (optional) ▶ 10.00

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

SCHEDULE A (FEC Form 3)
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NAME OF COMMITTEE (In Full)
Committee to Elect Alan Grayson

A.
Full Name (Last, First, Middle Initial)
Giles-Straight, Carol, , ,
Mailing Address 1195 Cimarron Drive
City: Saint Louis | State: MO | Zip Code: 63132-2103
FEC ID number of contributing federal political committee: C
Name of Employer: Not employed | Occupation: Not employed
Receipt For: 2026 ☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 765.00

Date of Receipt: 08 / 11 / 2025
Transaction ID : A087CF6043EED4E27B6F
Amount of Each Receipt this Period: 10.00
☐ Memo Item
Earmark: ActBlue (non-directed)

B.
Full Name (Last, First, Middle Initial)
ActBlue
Mailing Address 14 Arrow St
Ste 11
City: Cambridge | State: MA | Zip Code: 02138-5106
FEC ID number of contributing federal political committee: C C00401224
Name of Employer: | Occupation:
Receipt For: 2026 ☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 26909.14

Date of Receipt: 08 / 11 / 2025
Transaction ID : AB4AF297220AF4747ADB
Amount of Each Receipt this Period: 10.00
☒ Memo Item
Intermediary
Total Earmarked through conduit. PAC limit not affected.

C.
Full Name (Last, First, Middle Initial)
Giles-Straight, Carol, , ,
Mailing Address 1195 Cimarron Drive
City: Saint Louis | State: MO | Zip Code: 63132-2103
FEC ID number of contributing federal political committee: C
Name of Employer: Not employed | Occupation: Not employed
Receipt For: 2026 ☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 775.00

Date of Receipt: 08 / 13 / 2025
Transaction ID : AC2527BE86BBA45948A4
Amount of Each Receipt this Period: 10.00
☐ Memo Item
Earmark: ActBlue (non-directed)

SUBTOTAL of Receipts This Page (optional) ▶ 20.00

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

SCHEDULE A (FEC Form 3)
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NAME OF COMMITTEE (In Full)
Committee to Elect Alan Grayson

A.
Full Name (Last, First, Middle Initial)
ActBlue
Mailing Address 14 Arrow St
Ste 11
City: Cambridge | State: MA | Zip Code: 02138-5106
FEC ID number of contributing federal political committee: C C00401224
Name of Employer:
Occupation:
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 26909.14

Date of Receipt: 08 / 13 / 2025
Transaction ID : A7BD0738591C14697A06
Amount of Each Receipt this Period: 10.00
☒ Memo Item
Intermediary
Total Earmarked through conduit. PAC limit not affected.

B.
Full Name (Last, First, Middle Initial)
Giles-Straight, Carol, , ,
Mailing Address 1195 Cimarron Drive
City: Saint Louis | State: MO | Zip Code: 63132-2103
FEC ID number of contributing federal political committee: C
Name of Employer: Not employed
Occupation: Not employed
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 785.00

Date of Receipt: 08 / 17 / 2025
Transaction ID : AB8372B5A71694E77941
Amount of Each Receipt this Period: 10.00
☐ Memo Item
Earmark: ActBlue (non-directed)

C.
Full Name (Last, First, Middle Initial)
ActBlue
Mailing Address 14 Arrow St
Ste 11
City: Cambridge | State: MA | Zip Code: 02138-5106
FEC ID number of contributing federal political committee: C C00401224
Name of Employer:
Occupation:
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 26909.14

Date of Receipt: 08 / 17 / 2025
Transaction ID : AEFC8FEFCD7DE458BAD1
Amount of Each Receipt this Period: 10.00
☒ Memo Item
Intermediary
Total Earmarked through conduit. PAC limit not affected.

SUBTOTAL of Receipts This Page (optional) ▶ 10.00

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

SCHEDULE A (FEC Form 3)
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☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)
Committee to Elect Alan Grayson

A.
Full Name (Last, First, Middle Initial)
Giles-Straight, Carol, , ,
Mailing Address 1195 Cimarron Drive
City: Saint Louis | State: MO | Zip Code: 63132-2103
FEC ID number of contributing federal political committee: C
Name of Employer: Not employed | Occupation: Not employed
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 790.00

Date of Receipt: 08 / 19 / 2025
Transaction ID : A2FFD865F74F64A2AAFD
Amount of Each Receipt this Period: 5.00
☐ Memo Item
Earmark: ActBlue (non-directed)

B.
Full Name (Last, First, Middle Initial)
ActBlue
Mailing Address 14 Arrow St
Ste 11
City: Cambridge | State: MA | Zip Code: 02138-5106
FEC ID number of contributing federal political committee: C C00401224
Name of Employer: | Occupation:
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 26909.14

Date of Receipt: 08 / 19 / 2025
Transaction ID : A7C60DBCD593E48E79C4
Amount of Each Receipt this Period: 5.00
☒ Memo Item
Intermediary
Total Earmarked through conduit. PAC limit not affected.

C.
Full Name (Last, First, Middle Initial)
Giles-Straight, Carol, , ,
Mailing Address 1195 Cimarron Drive
City: Saint Louis | State: MO | Zip Code: 63132-2103
FEC ID number of contributing federal political committee: C
Name of Employer: Not employed | Occupation: Not employed
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 800.00

Date of Receipt: 08 / 28 / 2025
Transaction ID : A40E66BD1FB584977824
Amount of Each Receipt this Period: 10.00
☐ Memo Item
Earmark: ActBlue (non-directed)

SUBTOTAL of Receipts This Page (optional) ▶ 15.00

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

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NAME OF COMMITTEE (In Full)
Committee to Elect Alan Grayson

A.
Full Name (Last, First, Middle Initial)
ActBlue
Mailing Address 14 Arrow St
Ste 11
City: Cambridge | State: MA | Zip Code: 02138-5106
FEC ID number of contributing federal political committee: C C00401224
Name of Employer:
Occupation:
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 26909.14

Date of Receipt: 08 / 28 / 2025
Transaction ID : A9F0116F4838647E388A
Amount of Each Receipt this Period: 10.00
☒ Memo Item
Intermediary
Total Earmarked through conduit. PAC limit not affected.

B.
Full Name (Last, First, Middle Initial)
Giles-Straight, Carol, , ,
Mailing Address 1195 Cimarron Drive
City: Saint Louis | State: MO | Zip Code: 63132-2103
FEC ID number of contributing federal political committee: C
Name of Employer: Not employed
Occupation: Not employed
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 815.00

Date of Receipt: 08 / 29 / 2025
Transaction ID : A5431926BA5C643999E7
Amount of Each Receipt this Period: 10.00
☐ Memo Item
Earmark: ActBlue (non-directed)

C.
Full Name (Last, First, Middle Initial)
ActBlue
Mailing Address 14 Arrow St
Ste 11
City: Cambridge | State: MA | Zip Code: 02138-5106
FEC ID number of contributing federal political committee: C C00401224
Name of Employer:
Occupation:
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 26909.14

Date of Receipt: 08 / 29 / 2025
Transaction ID : A0821060DD14C4E5C8D4
Amount of Each Receipt this Period: 10.00
☒ Memo Item
Intermediary
Total Earmarked through conduit. PAC limit not affected.

SUBTOTAL of Receipts This Page (optional) ▶ 10.00

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

SCHEDULE A (FEC Form 3)
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NAME OF COMMITTEE (In Full)
Committee to Elect Alan Grayson

A.
Full Name (Last, First, Middle Initial)
Giles-Straight, Carol, , ,
Mailing Address 1195 Cimarron Drive
City: Saint Louis | State: MO | Zip Code: 63132-2103
FEC ID number of contributing federal political committee: C
Name of Employer: Not employed | Occupation: Not employed
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 815.00

Date of Receipt: 08 / 29 / 2025
Transaction ID : A9CBBED78448A460E8F1
Amount of Each Receipt this Period: 5.00
☐ Memo Item
Earmark: ActBlue (non-directed)

B.
Full Name (Last, First, Middle Initial)
ActBlue
Mailing Address 14 Arrow St
Ste 11
City: Cambridge | State: MA | Zip Code: 02138-5106
FEC ID number of contributing federal political committee: C C00401224
Name of Employer | Occupation
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 26909.14

Date of Receipt: 08 / 29 / 2025
Transaction ID : A9FE137C9FD5F439799C
Amount of Each Receipt this Period: 5.00
☒ Memo Item
Intermediary
Total Earmarked through conduit. PAC limit not affected.

C.
Full Name (Last, First, Middle Initial)
Giles-Straight, Carol, , ,
Mailing Address 1195 Cimarron Drive
City: Saint Louis | State: MO | Zip Code: 63132-2103
FEC ID number of contributing federal political committee: C
Name of Employer: Not employed | Occupation: Not employed
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 820.00

Date of Receipt: 08 / 30 / 2025
Transaction ID : AE3EF2AAFF2344BD6A55
Amount of Each Receipt this Period: 5.00
☐ Memo Item
Earmark: ActBlue (non-directed)

SUBTOTAL of Receipts This Page (optional) ▶ 10.00

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

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NAME OF COMMITTEE (In Full)
Committee to Elect Alan Grayson

A.
Full Name (Last, First, Middle Initial)
ActBlue
Mailing Address 14 Arrow St
Ste 11
City: Cambridge | State: MA | Zip Code: 02138-5106
FEC ID number of contributing federal political committee: C C00401224
Name of Employer:
Occupation:
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 26909.14

Date of Receipt: 08 / 30 / 2025
Transaction ID : A73FB663F33F14FEBA52
Amount of Each Receipt this Period: 5.00
☒ Memo Item
Intermediary
Total Earmarked through conduit. PAC limit not affected.

B.
Full Name (Last, First, Middle Initial)
Giles-Straight, Carol, , ,
Mailing Address 1195 Cimarron Drive
City: Saint Louis | State: MO | Zip Code: 63132-2103
FEC ID number of contributing federal political committee: C
Name of Employer: Not employed
Occupation: Not employed
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 825.00

Date of Receipt: 09 / 05 / 2025
Transaction ID : A23BE1A298699425C8D8
Amount of Each Receipt this Period: 5.00
☐ Memo Item
Earmark: ActBlue (non-directed)

C.
Full Name (Last, First, Middle Initial)
ActBlue
Mailing Address 14 Arrow St
Ste 11
City: Cambridge | State: MA | Zip Code: 02138-5106
FEC ID number of contributing federal political committee: C C00401224
Name of Employer:
Occupation:
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 26909.14

Date of Receipt: 09 / 05 / 2025
Transaction ID : ADFEBE4BB321043E4AC9
Amount of Each Receipt this Period: 5.00
☒ Memo Item
Intermediary
Total Earmarked through conduit. PAC limit not affected.

SUBTOTAL of Receipts This Page (optional) ▶ 5.00

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

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NAME OF COMMITTEE (In Full)
Committee to Elect Alan Grayson

A.
Full Name (Last, First, Middle Initial)
Giles-Straight, Carol, , ,
Mailing Address 1195 Cimarron Drive
City: Saint Louis | State: MO | Zip Code: 63132-2103
FEC ID number of contributing federal political committee: C
Name of Employer: Not employed | Occupation: Not employed
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 835.00

Date of Receipt: 09 / 08 / 2025
Transaction ID : A95572FF1E9DF44F0AD5
Amount of Each Receipt this Period: 10.00
☐ Memo Item
Earmark: ActBlue (non-directed)

B.
Full Name (Last, First, Middle Initial)
ActBlue
Mailing Address 14 Arrow St
Ste 11
City: Cambridge | State: MA | Zip Code: 02138-5106
FEC ID number of contributing federal political committee: C C00401224
Name of Employer: | Occupation:
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 26909.14

Date of Receipt: 09 / 08 / 2025
Transaction ID : A03F0A13B23F9478DBD4
Amount of Each Receipt this Period: 10.00
☒ Memo Item
Intermediary
Total Earmarked through conduit. PAC limit not affected.

C.
Full Name (Last, First, Middle Initial)
Giles-Straight, Carol, , ,
Mailing Address 1195 Cimarron Drive
City: Saint Louis | State: MO | Zip Code: 63132-2103
FEC ID number of contributing federal political committee: C
Name of Employer: Not employed | Occupation: Not employed
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 845.00

Date of Receipt: 09 / 09 / 2025
Transaction ID : AA6CFFC61276E4E618A9
Amount of Each Receipt this Period: 10.00
☐ Memo Item
Earmark: ActBlue (non-directed)

SUBTOTAL of Receipts This Page (optional) ▶ 20.00

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

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NAME OF COMMITTEE (In Full)
Committee to Elect Alan Grayson

A.
Full Name (Last, First, Middle Initial)
ActBlue
Mailing Address 14 Arrow St
Ste 11
City: Cambridge | State: MA | Zip Code: 02138-5106
FEC ID number of contributing federal political committee: C C00401224
Name of Employer:
Occupation:
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 26909.14

Date of Receipt: 09 / 09 / 2025
Transaction ID : AED9F6E61AA0048898D0
Amount of Each Receipt this Period: 10.00
☒ Memo Item
Intermediary
Total Earmarked through conduit. PAC limit not affected.

B.
Full Name (Last, First, Middle Initial)
Giles-Straight, Carol, , ,
Mailing Address 1195 Cimarron Drive
City: Saint Louis | State: MO | Zip Code: 63132-2103
FEC ID number of contributing federal political committee: C
Name of Employer: Not employed
Occupation: Not employed
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 855.00

Date of Receipt: 09 / 11 / 2025
Transaction ID : A0D728D26D4184578B85
Amount of Each Receipt this Period: 10.00
☐ Memo Item
Earmark: ActBlue (non-directed)

C.
Full Name (Last, First, Middle Initial)
ActBlue
Mailing Address 14 Arrow St
Ste 11
City: Cambridge | State: MA | Zip Code: 02138-5106
FEC ID number of contributing federal political committee: C C00401224
Name of Employer:
Occupation:
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 26909.14

Date of Receipt: 09 / 11 / 2025
Transaction ID : ABF35CCC30CDB48B886B
Amount of Each Receipt this Period: 10.00
☒ Memo Item
Intermediary
Total Earmarked through conduit. PAC limit not affected.

SUBTOTAL of Receipts This Page (optional) ▶ 10.00

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

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NAME OF COMMITTEE (In Full)
Committee to Elect Alan Grayson

A.
Full Name (Last, First, Middle Initial)
Giles-Straight, Carol, , ,
Mailing Address 1195 Cimarron Drive
City: Saint Louis | State: MO | Zip Code: 63132-2103
FEC ID number of contributing federal political committee: C
Name of Employer: Not employed | Occupation: Not employed
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 865.00

Date of Receipt: 09 / 13 / 2025
Transaction ID : A5423D96FFA524F96B51
Amount of Each Receipt this Period: 10.00
☐ Memo Item
Earmark: ActBlue (non-directed)

B.
Full Name (Last, First, Middle Initial)
ActBlue
Mailing Address 14 Arrow St
Ste 11
City: Cambridge | State: MA | Zip Code: 02138-5106
FEC ID number of contributing federal political committee: C C00401224
Name of Employer: | Occupation:
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 26909.14

Date of Receipt: 09 / 13 / 2025
Transaction ID : A3BC11038A6AD4AE68EE
Amount of Each Receipt this Period: 10.00
☒ Memo Item
Intermediary
Total Earmarked through conduit. PAC limit not affected.

C.
Full Name (Last, First, Middle Initial)
Giles-Straight, Carol, , ,
Mailing Address 1195 Cimarron Drive
City: Saint Louis | State: MO | Zip Code: 63132-2103
FEC ID number of contributing federal political committee: C
Name of Employer: Not employed | Occupation: Not employed
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 875.00

Date of Receipt: 09 / 17 / 2025
Transaction ID : AB2068F82487F4F5B8F4
Amount of Each Receipt this Period: 10.00
☐ Memo Item
Earmark: ActBlue (non-directed)

SUBTOTAL of Receipts This Page (optional) ▶ 20.00

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

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NAME OF COMMITTEE (In Full)
Committee to Elect Alan Grayson

A.
Full Name (Last, First, Middle Initial)
ActBlue
Mailing Address 14 Arrow St
Ste 11
City: Cambridge | State: MA | Zip Code: 02138-5106
FEC ID number of contributing federal political committee: C C00401224
Name of Employer:
Occupation:
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 26909.14

Date of Receipt: 09 / 17 / 2025
Transaction ID : A01D77D7335434502AB6
Amount of Each Receipt this Period: 10.00
☒ Memo Item
Intermediary
Total Earmarked through conduit. PAC limit not affected.

B.
Full Name (Last, First, Middle Initial)
Giles-Straight, Carol, , ,
Mailing Address 1195 Cimarron Drive
City: Saint Louis | State: MO | Zip Code: 63132-2103
FEC ID number of contributing federal political committee: C
Name of Employer: Not employed
Occupation: Not employed
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 880.00

Date of Receipt: 09 / 19 / 2025
Transaction ID : A568117FEC7C447E297C
Amount of Each Receipt this Period: 5.00
☐ Memo Item
Earmark: ActBlue (non-directed)

C.
Full Name (Last, First, Middle Initial)
ActBlue
Mailing Address 14 Arrow St
Ste 11
City: Cambridge | State: MA | Zip Code: 02138-5106
FEC ID number of contributing federal political committee: C C00401224
Name of Employer:
Occupation:
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 26909.14

Date of Receipt: 09 / 19 / 2025
Transaction ID : A4237F3DEDD854ED1896
Amount of Each Receipt this Period: 5.00
☒ Memo Item
Intermediary
Total Earmarked through conduit. PAC limit not affected.

SUBTOTAL of Receipts This Page (optional) ▶ 5.00

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

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NAME OF COMMITTEE (In Full)
Committee to Elect Alan Grayson

A.
Full Name (Last, First, Middle Initial)
Giles-Straight, Carol, , ,
Mailing Address 1195 Cimarron Drive
City: Saint Louis | State: MO | Zip Code: 63132-2103
FEC ID number of contributing federal political committee: C
Name of Employer: Not employed | Occupation: Not employed
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 890.00

Date of Receipt: 09 / 28 / 2025
Transaction ID : A20C206E91A744557A54
Amount of Each Receipt this Period: 10.00
☐ Memo Item
Earmark: ActBlue (non-directed)

B.
Full Name (Last, First, Middle Initial)
ActBlue
Mailing Address 14 Arrow St
Ste 11
City: Cambridge | State: MA | Zip Code: 02138-5106
FEC ID number of contributing federal political committee: C C00401224
Name of Employer: | Occupation:
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 26909.14

Date of Receipt: 09 / 28 / 2025
Transaction ID : A4EEBAE70775F4D45B8E
Amount of Each Receipt this Period: 10.00
☒ Memo Item
Intermediary
Total Earmarked through conduit. PAC limit not affected.

C.
Full Name (Last, First, Middle Initial)
Giles-Straight, Carol, , ,
Mailing Address 1195 Cimarron Drive
City: Saint Louis | State: MO | Zip Code: 63132-2103
FEC ID number of contributing federal political committee: C
Name of Employer: Not employed | Occupation: Not employed
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 905.00

Date of Receipt: 09 / 29 / 2025
Transaction ID : A4640AE61E13943378B7
Amount of Each Receipt this Period: 10.00
☐ Memo Item
Earmark: ActBlue (non-directed)

SUBTOTAL of Receipts This Page (optional) ▶ 20.00

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

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NAME OF COMMITTEE (In Full)
Committee to Elect Alan Grayson

A.
Full Name (Last, First, Middle Initial)
ActBlue
Mailing Address 14 Arrow St
Ste 11
City: Cambridge | State: MA | Zip Code: 02138-5106
FEC ID number of contributing federal political committee: C C00401224
Name of Employer:
Occupation:
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 26909.14

Date of Receipt: 09 / 29 / 2025
Transaction ID : A620A23F9166A4CF488A
Amount of Each Receipt this Period: 10.00
☒ Memo Item
Intermediary
Total Earmarked through conduit. PAC limit not affected.

B.
Full Name (Last, First, Middle Initial)
Giles-Straight, Carol, , ,
Mailing Address 1195 Cimarron Drive
City: Saint Louis | State: MO | Zip Code: 63132-2103
FEC ID number of contributing federal political committee: C
Name of Employer: Not employed
Occupation: Not employed
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 905.00

Date of Receipt: 09 / 29 / 2025
Transaction ID : A35A7FE5285EB48AC9BA
Amount of Each Receipt this Period: 5.00
☐ Memo Item
Earmark: ActBlue (non-directed)

C.
Full Name (Last, First, Middle Initial)
ActBlue
Mailing Address 14 Arrow St
Ste 11
City: Cambridge | State: MA | Zip Code: 02138-5106
FEC ID number of contributing federal political committee: C C00401224
Name of Employer:
Occupation:
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 26909.14

Date of Receipt: 09 / 29 / 2025
Transaction ID : A45FD229BC8C14135B7A
Amount of Each Receipt this Period: 5.00
☒ Memo Item
Intermediary
Total Earmarked through conduit. PAC limit not affected.

SUBTOTAL of Receipts This Page (optional) ▶ 5.00

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

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NAME OF COMMITTEE (In Full)
Committee to Elect Alan Grayson

A.
Full Name (Last, First, Middle Initial): Giles-Straight, Carol, , ,
Mailing Address 1195 Cimarron Drive
City: Saint Louis | State: MO | Zip Code: 63132-2103
FEC ID number of contributing federal political committee: C
Name of Employer: Not employed
Occupation: Not employed
Receipt For: 2026 ☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 910.00

Date of Receipt: 09 / 30 / 2025
Transaction ID : AE11D377D6D04453D936
Amount of Each Receipt this Period: 5.00
☐ Memo Item
Earmark: ActBlue (non-directed)

B.
Full Name (Last, First, Middle Initial): ActBlue
Mailing Address 14 Arrow St
Ste 11
City: Cambridge | State: MA | Zip Code: 02138-5106
FEC ID number of contributing federal political committee: C C00401224
Name of Employer:
Occupation:
Receipt For: 2026 ☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 26909.14

Date of Receipt: 09 / 30 / 2025
Transaction ID : A4494C6AF55BB4A03A6A
Amount of Each Receipt this Period: 5.00
☒ Memo Item
Intermediary
Total Earmarked through conduit. PAC limit not affected.

C.
Full Name (Last, First, Middle Initial): Gordon, Deborah, , ,
Mailing Address 23 Knott Drive
City: Glen Cove | State: NY | Zip Code: 11542
FEC ID number of contributing federal political committee: C
Name of Employer: self
Occupation: composer
Receipt For: 2026 ☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 303.60

Date of Receipt: 07 / 01 / 2025
Transaction ID : A851B7B6E628F4D4B853
Amount of Each Receipt this Period: 20.24
☐ Memo Item
Earmark: ActBlue (non-directed)

SUBTOTAL of Receipts This Page (optional) ▶ 25.24

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

Image# 202601309794992207

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

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NAME OF COMMITTEE (In Full)
Committee to Elect Alan Grayson

A.
Full Name (Last, First, Middle Initial)
ActBlue
Mailing Address 14 Arrow St
Ste 11
City: Cambridge | State: MA | Zip Code: 02138-5106
FEC ID number of contributing federal political committee: C C00401224
Name of Employer:
Occupation:
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 26909.14

Date of Receipt: 07 / 01 / 2025
Transaction ID : AA5159F6DC1864941BC3
Amount of Each Receipt this Period: 20.24
☒ Memo Item
Intermediary
Total Earmarked through conduit. PAC limit not affected.

B.
Full Name (Last, First, Middle Initial)
Gordon, Deborah, , ,
Mailing Address 23 Knott Drive
City: Glen Cove | State: NY | Zip Code: 11542
FEC ID number of contributing federal political committee: C
Name of Employer: self
Occupation: composer
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 323.84

Date of Receipt: 07 / 25 / 2025
Transaction ID : AE0012632BD544CDBAEE
Amount of Each Receipt this Period: 20.24
☐ Memo Item
Earmark: ActBlue (non-directed)

C.
Full Name (Last, First, Middle Initial)
ActBlue
Mailing Address 14 Arrow St
Ste 11
City: Cambridge | State: MA | Zip Code: 02138-5106
FEC ID number of contributing federal political committee: C C00401224
Name of Employer:
Occupation:
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 26909.14

Date of Receipt: 07 / 25 / 2025
Transaction ID : A4C49F14FA9504FC2AEC
Amount of Each Receipt this Period: 20.24
☒ Memo Item
Intermediary
Total Earmarked through conduit. PAC limit not affected.

SUBTOTAL of Receipts This Page (optional) ▶ 20.24

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

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NAME OF COMMITTEE (In Full)
Committee to Elect Alan Grayson

A.
Full Name (Last, First, Middle Initial): Gordon, Deborah, , ,
Mailing Address 23 Knott Drive
City: Glen Cove | State: NY | Zip Code: 11542
FEC ID number of contributing federal political committee: C
Name of Employer: self | Occupation: composer
Receipt For: 2026 ☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 344.08

Date of Receipt: 08 / 01 / 2025
Transaction ID : AE807EB4A0EDE433B9EB
Amount of Each Receipt this Period: 20.24
☐ Memo Item
Earmark: ActBlue (non-directed)

B.
Full Name (Last, First, Middle Initial): ActBlue
Mailing Address 14 Arrow St
Ste 11
City: Cambridge | State: MA | Zip Code: 02138-5106
FEC ID number of contributing federal political committee: C C00401224
Name of Employer: | Occupation:
Receipt For: 2026 ☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 26909.14

Date of Receipt: 08 / 01 / 2025
Transaction ID : A9EC83838A2DE43AAA08
Amount of Each Receipt this Period: 20.24
☒ Memo Item
Intermediary
Total Earmarked through conduit. PAC limit not affected.

C.
Full Name (Last, First, Middle Initial): Gordon, Deborah, , ,
Mailing Address 23 Knott Drive
City: Glen Cove | State: NY | Zip Code: 11542
FEC ID number of contributing federal political committee: C
Name of Employer: self | Occupation: composer
Receipt For: 2026 ☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 364.32

Date of Receipt: 08 / 25 / 2025
Transaction ID : AD261C383E4C44E51A12
Amount of Each Receipt this Period: 20.24
☐ Memo Item
Earmark: ActBlue (non-directed)

SUBTOTAL of Receipts This Page (optional) ▶ 40.48

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

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NAME OF COMMITTEE (In Full)
Committee to Elect Alan Grayson

A.
Full Name (Last, First, Middle Initial)
ActBlue
Mailing Address 14 Arrow St
Ste 11
City: Cambridge | State: MA | Zip Code: 02138-5106
FEC ID number of contributing federal political committee: C C00401224
Name of Employer:
Occupation:
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 26909.14

Date of Receipt: 08 / 25 / 2025
Transaction ID : AEA25B250D0154AFBB95
Amount of Each Receipt this Period: 20.24
☒ Memo Item
Intermediary
Total Earmarked through conduit. PAC limit not affected.

B.
Full Name (Last, First, Middle Initial)
Gordon, Deborah, , ,
Mailing Address 23 Knott Drive
City: Glen Cove | State: NY | Zip Code: 11542
FEC ID number of contributing federal political committee: C
Name of Employer: self
Occupation: composer
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 384.56

Date of Receipt: 09 / 25 / 2025
Transaction ID : A2876C50594514C99A28
Amount of Each Receipt this Period: 20.24
☐ Memo Item
Earmark: ActBlue (non-directed)

C.
Full Name (Last, First, Middle Initial)
ActBlue
Mailing Address 14 Arrow St
Ste 11
City: Cambridge | State: MA | Zip Code: 02138-5106
FEC ID number of contributing federal political committee: C C00401224
Name of Employer:
Occupation:
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 26909.14

Date of Receipt: 09 / 25 / 2025
Transaction ID : A73F4005EBC7C4B6C9F5
Amount of Each Receipt this Period: 20.24
☒ Memo Item
Intermediary
Total Earmarked through conduit. PAC limit not affected.

SUBTOTAL of Receipts This Page (optional) ▶ 20.24

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

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NAME OF COMMITTEE (In Full)
Committee to Elect Alan Grayson

A.
Full Name (Last, First, Middle Initial)
Hart, Cynthia, , ,
Mailing Address 13303 Summertime Ln
City: Culver City | State: CA | Zip Code: 90230
FEC ID number of contributing federal political committee: C
Name of Employer: NHM
Occupation: Accountant
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 225.00

Date of Receipt: 07 / 24 / 2025
Transaction ID : A3D84C4F39EB6445A9CF
Amount of Each Receipt this Period: 25.00
☐ Memo Item
Earmark: ActBlue (non-directed)

B.
Full Name (Last, First, Middle Initial)
ActBlue
Mailing Address 14 Arrow St
Ste 11
City: Cambridge | State: MA | Zip Code: 02138-5106
FEC ID number of contributing federal political committee: C C00401224
Name of Employer:
Occupation:
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 26909.14

Date of Receipt: 07 / 24 / 2025
Transaction ID : A75506125B1234E7CB3E
Amount of Each Receipt this Period: 25.00
☒ Memo Item
Intermediary
Total Earmarked through conduit. PAC limit not affected.

C.
Full Name (Last, First, Middle Initial)
Hart, Cynthia, , ,
Mailing Address 13303 Summertime Ln
City: Culver City | State: CA | Zip Code: 90230
FEC ID number of contributing federal political committee: C
Name of Employer: NHM
Occupation: Accountant
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 250.00

Date of Receipt: 08 / 24 / 2025
Transaction ID : AADB9D76EC5284E09835
Amount of Each Receipt this Period: 25.00
☐ Memo Item
Earmark: ActBlue (non-directed)

SUBTOTAL of Receipts This Page (optional) ▶ 50.00

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

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NAME OF COMMITTEE (In Full)
Committee to Elect Alan Grayson

A.
Full Name (Last, First, Middle Initial)
ActBlue
Mailing Address 14 Arrow St
Ste 11
City: Cambridge | State: MA | Zip Code: 02138-5106
FEC ID number of contributing federal political committee: C C00401224
Name of Employer:
Occupation:
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 26909.14

Date of Receipt: 08 / 24 / 2025
Transaction ID : A026877C81F184062A20
Amount of Each Receipt this Period: 25.00
☒ Memo Item
Intermediary
Total Earmarked through conduit. PAC limit not affected.

B.
Full Name (Last, First, Middle Initial)
Hart, Cynthia, , ,
Mailing Address 13303 Summertime Ln
City: Culver City | State: CA | Zip Code: 90230
FEC ID number of contributing federal political committee: C
Name of Employer: NHM
Occupation: Accountant
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 275.00

Date of Receipt: 09 / 24 / 2025
Transaction ID : A5EF853D572D84067AC2
Amount of Each Receipt this Period: 25.00
☐ Memo Item
Earmark: ActBlue (non-directed)

C.
Full Name (Last, First, Middle Initial)
ActBlue
Mailing Address 14 Arrow St
Ste 11
City: Cambridge | State: MA | Zip Code: 02138-5106
FEC ID number of contributing federal political committee: C C00401224
Name of Employer:
Occupation:
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 26909.14

Date of Receipt: 09 / 24 / 2025
Transaction ID : AD4709D7B79AC40B09C4
Amount of Each Receipt this Period: 25.00
☒ Memo Item
Intermediary
Total Earmarked through conduit. PAC limit not affected.

SUBTOTAL of Receipts This Page (optional) ▶ 25.00

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

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NAME OF COMMITTEE (In Full)
Committee to Elect Alan Grayson

A.
Full Name (Last, First, Middle Initial)
Henne, Dorothianne, , ,
Mailing Address 21655 Circle Trl
City: Topanga | State: CA | Zip Code: 90290-4102
FEC ID number of contributing federal political committee: C
Name of Employer: Sarlan Builders Inc.
Occupation: Office manager
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 1300.00

Date of Receipt: 07 / 15 / 2025
Transaction ID : A26B28EDEF7FB4445A8A
Amount of Each Receipt this Period: 100.00
☐ Memo Item
Earmark: ActBlue (non-directed)

B.
Full Name (Last, First, Middle Initial)
ActBlue
Mailing Address 14 Arrow St
Ste 11
City: Cambridge | State: MA | Zip Code: 02138-5106
FEC ID number of contributing federal political committee: C C00401224
Name of Employer:
Occupation:
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 26909.14

Date of Receipt: 07 / 15 / 2025
Transaction ID : AADB8C4D6748D474EADD
Amount of Each Receipt this Period: 100.00
☒ Memo Item
Intermediary
Total Earmarked through conduit. PAC limit not affected.

C.
Full Name (Last, First, Middle Initial)
Henne, Dorothianne, , ,
Mailing Address 21655 Circle Trl
City: Topanga | State: CA | Zip Code: 90290-4102
FEC ID number of contributing federal political committee: C
Name of Employer: Sarlan Builders Inc.
Occupation: Office manager
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 1350.00

Date of Receipt: 07 / 23 / 2025
Transaction ID : A5E761FF3DD70443BB36
Amount of Each Receipt this Period: 50.00
☐ Memo Item
Earmark: ActBlue (non-directed)

SUBTOTAL of Receipts This Page (optional) ▶ 150.00

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

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NAME OF COMMITTEE (In Full)
Committee to Elect Alan Grayson

A.
Full Name (Last, First, Middle Initial)
ActBlue
Mailing Address 14 Arrow St
Ste 11
City: Cambridge | State: MA | Zip Code: 02138-5106
FEC ID number of contributing federal political committee: C C00401224
Name of Employer:
Occupation:
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 26909.14

Date of Receipt: 07 / 23 / 2025
Transaction ID : A4D6861DB4BA14B0D90A
Amount of Each Receipt this Period: 50.00
☒ Memo Item
Intermediary
Total Earmarked through conduit. PAC limit not affected.

B.
Full Name (Last, First, Middle Initial)
Henne, Dorothianne, , ,
Mailing Address 21655 Circle Trl
City: Topanga | State: CA | Zip Code: 90290-4102
FEC ID number of contributing federal political committee: C
Name of Employer: Sarlan Builders Inc.
Occupation: Office manager
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 1450.00

Date of Receipt: 08 / 15 / 2025
Transaction ID : A480D6E1031084E7291E
Amount of Each Receipt this Period: 100.00
☐ Memo Item
Earmark: ActBlue (non-directed)

C.
Full Name (Last, First, Middle Initial)
ActBlue
Mailing Address 14 Arrow St
Ste 11
City: Cambridge | State: MA | Zip Code: 02138-5106
FEC ID number of contributing federal political committee: C C00401224
Name of Employer:
Occupation:
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 26909.14

Date of Receipt: 08 / 15 / 2025
Transaction ID : A4027347EFAD64B1898D
Amount of Each Receipt this Period: 100.00
☒ Memo Item
Intermediary
Total Earmarked through conduit. PAC limit not affected.

SUBTOTAL of Receipts This Page (optional) ▶ 100.00

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

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NAME OF COMMITTEE (In Full)
Committee to Elect Alan Grayson

A.
Full Name (Last, First, Middle Initial)
Henne, Dorothianne, , ,
Mailing Address 21655 Circle Trl
City: Topanga | State: CA | Zip Code: 90290-4102
FEC ID number of contributing federal political committee: C
Name of Employer: Sarlan Builders Inc.
Occupation: Office manager
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 1500.00

Date of Receipt: 08 / 23 / 2025
Transaction ID : AAC57F016E1904AC7AA5
Amount of Each Receipt this Period: 50.00
☐ Memo Item
Earmark: ActBlue (non-directed)

B.
Full Name (Last, First, Middle Initial)
ActBlue
Mailing Address 14 Arrow St
Ste 11
City: Cambridge | State: MA | Zip Code: 02138-5106
FEC ID number of contributing federal political committee: C C00401224
Name of Employer:
Occupation:
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 26909.14

Date of Receipt: 08 / 23 / 2025
Transaction ID : A7C5F39746998433F8C7
Amount of Each Receipt this Period: 50.00
☒ Memo Item
Intermediary
Total Earmarked through conduit. PAC limit not affected.

C.
Full Name (Last, First, Middle Initial)
Henne, Dorothianne, , ,
Mailing Address 21655 Circle Trl
City: Topanga | State: CA | Zip Code: 90290-4102
FEC ID number of contributing federal political committee: C
Name of Employer: Sarlan Builders Inc.
Occupation: Office manager
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 1550.00

Date of Receipt: 09 / 23 / 2025
Transaction ID : A3D7B33B5EC6047978CA
Amount of Each Receipt this Period: 50.00
☐ Memo Item
Earmark: ActBlue (non-directed)

SUBTOTAL of Receipts This Page (optional) ▶ 100.00

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

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NAME OF COMMITTEE (In Full)
Committee to Elect Alan Grayson

A.
Full Name (Last, First, Middle Initial)
ActBlue
Mailing Address 14 Arrow St
Ste 11
City: Cambridge | State: MA | Zip Code: 02138-5106
FEC ID number of contributing federal political committee: C C00401224
Name of Employer:
Occupation:
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 26909.14

Date of Receipt: 09 / 23 / 2025
Transaction ID : A239B0D02D27D47E0A92
Amount of Each Receipt this Period: 50.00
☒ Memo Item
Intermediary
Total Earmarked through conduit. PAC limit not affected.

B.
Full Name (Last, First, Middle Initial)
Hiraga, Alison, , ,
Mailing Address 2115 Broderick St
City: San Francisco | State: CA | Zip Code: 94115
FEC ID number of contributing federal political committee: C
Name of Employer: Not employed
Occupation: Not employed
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 202.40

Date of Receipt: 09 / 28 / 2025
Transaction ID : A28A10C94714548CF873
Amount of Each Receipt this Period: 20.24
☐ Memo Item
Earmark: ActBlue (non-directed)

C.
Full Name (Last, First, Middle Initial)
ActBlue
Mailing Address 14 Arrow St
Ste 11
City: Cambridge | State: MA | Zip Code: 02138-5106
FEC ID number of contributing federal political committee: C C00401224
Name of Employer:
Occupation:
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 26909.14

Date of Receipt: 09 / 28 / 2025
Transaction ID : AC111F9BD17AB4B9786F
Amount of Each Receipt this Period: 20.24
☒ Memo Item
Intermediary
Total Earmarked through conduit. PAC limit not affected.

SUBTOTAL of Receipts This Page (optional) ▶ 20.24

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

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NAME OF COMMITTEE (In Full)
Committee to Elect Alan Grayson

A.
Full Name (Last, First, Middle Initial)
Hume, Diane, , ,
Mailing Address 1313 Louisiana st
City: Vallejo | State: CA | Zip Code: 94590
FEC ID number of contributing federal political committee: C
Name of Employer: USF
Occupation: Prof
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 225.00

Date of Receipt: 07 / 20 / 2025
Transaction ID : A1930996D1FDC435E815
Amount of Each Receipt this Period: 25.00
☐ Memo Item
Earmark: ActBlue (non-directed)

B.
Full Name (Last, First, Middle Initial)
ActBlue
Mailing Address 14 Arrow St
Ste 11
City: Cambridge | State: MA | Zip Code: 02138-5106
FEC ID number of contributing federal political committee: C C00401224
Name of Employer:
Occupation:
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 26909.14

Date of Receipt: 07 / 20 / 2025
Transaction ID : A5948BECC9C644E549F3
Amount of Each Receipt this Period: 25.00
☒ Memo Item
Intermediary
Total Earmarked through conduit. PAC limit not affected.

C.
Full Name (Last, First, Middle Initial)
Kohler, Cecilia, , ,
Mailing Address 321 Satus St
City: Richland | State: WA | Zip Code: 99352
FEC ID number of contributing federal political committee: C
Name of Employer: Not employed
Occupation: Not employed
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 216.00

Date of Receipt: 07 / 24 / 2025
Transaction ID : AFCEF36B513F249BDB32
Amount of Each Receipt this Period: 24.00
☐ Memo Item
Earmark: ActBlue (non-directed)

SUBTOTAL of Receipts This Page (optional) ▶ 49.00

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

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NAME OF COMMITTEE (In Full)
Committee to Elect Alan Grayson

A.
Full Name (Last, First, Middle Initial)
ActBlue
Mailing Address 14 Arrow St
Ste 11
City: Cambridge | State: MA | Zip Code: 02138-5106
FEC ID number of contributing federal political committee: C C00401224
Name of Employer:
Occupation:
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 26909.14

Date of Receipt: 07 / 24 / 2025
Transaction ID : AA798F8FFADE54B26BA2
Amount of Each Receipt this Period: 24.00
☒ Memo Item
Intermediary
Total Earmarked through conduit. PAC limit not affected.

B.
Full Name (Last, First, Middle Initial)
Kohler, Cecilia, , ,
Mailing Address 321 Satus St
City: Richland | State: WA | Zip Code: 99352
FEC ID number of contributing federal political committee: C
Name of Employer: Not employed
Occupation: Not employed
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 240.00

Date of Receipt: 08 / 24 / 2025
Transaction ID : A96222C74DBD54D449ED
Amount of Each Receipt this Period: 24.00
☐ Memo Item
Earmark: ActBlue (non-directed)

C.
Full Name (Last, First, Middle Initial)
ActBlue
Mailing Address 14 Arrow St
Ste 11
City: Cambridge | State: MA | Zip Code: 02138-5106
FEC ID number of contributing federal political committee: C C00401224
Name of Employer:
Occupation:
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 26909.14

Date of Receipt: 08 / 24 / 2025
Transaction ID : AE688011DF9914B65944
Amount of Each Receipt this Period: 24.00
☒ Memo Item
Intermediary
Total Earmarked through conduit. PAC limit not affected.

SUBTOTAL of Receipts This Page (optional) ▶ 24.00

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

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NAME OF COMMITTEE (In Full)
Committee to Elect Alan Grayson

A.
Full Name (Last, First, Middle Initial): Kohler, Cecilia, , ,
Mailing Address 321 Satus St
City: Richland | State: WA | Zip Code: 99352
FEC ID number of contributing federal political committee: C
Name of Employer: Not employed
Occupation: Not employed
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 264.00

Date of Receipt: 09 / 24 / 2025
Transaction ID : AB73D1D7057D04560BF5
Amount of Each Receipt this Period: 24.00
☐ Memo Item
Earmark: ActBlue (non-directed)

B.
Full Name (Last, First, Middle Initial): ActBlue
Mailing Address 14 Arrow St
Ste 11
City: Cambridge | State: MA | Zip Code: 02138-5106
FEC ID number of contributing federal political committee: C C00401224
Name of Employer:
Occupation:
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 26909.14

Date of Receipt: 09 / 24 / 2025
Transaction ID : A6008B48858904E7EBE6
Amount of Each Receipt this Period: 24.00
☒ Memo Item
Intermediary
Total Earmarked through conduit. PAC limit not affected.

C.
Full Name (Last, First, Middle Initial): Lessne, Dana, , ,
Mailing Address 12617 Broleman Rd
City: Orlando | State: FL | Zip Code: 32832
FEC ID number of contributing federal political committee: C
Name of Employer: self
Occupation: Counselor
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 233.31

Date of Receipt: 07 / 04 / 2025
Transaction ID : A559C987A334D47C4A62
Amount of Each Receipt this Period: 33.33
☐ Memo Item
Earmark: ActBlue (non-directed)

SUBTOTAL of Receipts This Page (optional) ▶ 57.33

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

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NAME OF COMMITTEE (In Full)
Committee to Elect Alan Grayson

A.
Full Name (Last, First, Middle Initial)
ActBlue
Mailing Address 14 Arrow St
Ste 11
City: Cambridge | State: MA | Zip Code: 02138-5106
FEC ID number of contributing federal political committee: C C00401224
Name of Employer:
Occupation:
Receipt For: 2026
☒ Primary ☐ General
☐ Other (specify) ▼
Election Cycle-to-Date ▼ 26909.14

Date of Receipt: 07 / 04 / 2025
Transaction ID : A01C32464CF8D4E34BDB
Amount of Each Receipt this Period: 33.33
☒ Memo Item
Intermediary
Total Earmarked through conduit. PAC limit not affected.

B.
Full Name (Last, First, Middle Initial)
Lessne, Dana, , ,
Mailing Address 12617 Broleman Rd
City: Orlando | State: FL | Zip Code: 32832
FEC ID number of contributing federal political committee: C
Name of Employer: self
Occupation: Counselor
Receipt For: 2026
☒ Primary ☐ General
☐ Other (specify) ▼
Election Cycle-to-Date ▼ 266.64

Date of Receipt: 08 / 04 / 2025
Transaction ID : A0DCA0BC632E040059E8
Amount of Each Receipt this Period: 33.33
☐ Memo Item
Earmark: ActBlue (non-directed)

C.
Full Name (Last, First, Middle Initial)
ActBlue
Mailing Address 14 Arrow St
Ste 11
City: Cambridge | State: MA | Zip Code: 02138-5106
FEC ID number of contributing federal political committee: C C00401224
Name of Employer:
Occupation:
Receipt For: 2026
☒ Primary ☐ General
☐ Other (specify) ▼
Election Cycle-to-Date ▼ 26909.14

Date of Receipt: 08 / 04 / 2025
Transaction ID : A1757D79EF2EE40949E5
Amount of Each Receipt this Period: 33.33
☒ Memo Item
Intermediary
Total Earmarked through conduit. PAC limit not affected.

SUBTOTAL of Receipts This Page (optional) ▶ 33.33

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)
☒ 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)
Committee to Elect Alan Grayson

A.
Full Name (Last, First, Middle Initial)
Lessne, Dana, , ,
Mailing Address 12617 Broleman Rd
City: Orlando | State: FL | Zip Code: 32832
FEC ID number of contributing federal political committee: C
Name of Employer: self
Occupation: Counselor
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 299.97

Date of Receipt: 09 / 04 / 2025
Transaction ID : A498F4620C9A742818A0
Amount of Each Receipt this Period: 33.33
☐ Memo Item
Earmark: ActBlue (non-directed)

B.
Full Name (Last, First, Middle Initial)
ActBlue
Mailing Address 14 Arrow St
Ste 11
City: Cambridge | State: MA | Zip Code: 02138-5106
FEC ID number of contributing federal political committee: C C00401224
Name of Employer:
Occupation:
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 26909.14

Date of Receipt: 09 / 04 / 2025
Transaction ID : AE199F1379E294B00B25
Amount of Each Receipt this Period: 33.33
☒ Memo Item
Intermediary
Total Earmarked through conduit. PAC limit not affected.

C.
Full Name (Last, First, Middle Initial)
Lewis, Bruce, , ,
Mailing Address 2409 Faircross St
City: Torrance | State: CA | Zip Code: 90505-7028
FEC ID number of contributing federal political committee: C
Name of Employer: Apollo Inspection Service Inc.
Occupation: Construction Inspector
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 225.00

Date of Receipt: 08 / 30 / 2025
Transaction ID : A5816D62B07F14C0284D
Amount of Each Receipt this Period: 25.00
☐ Memo Item
Earmark: ActBlue (non-directed)

SUBTOTAL of Receipts This Page (optional) ▶ 58.33

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

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NAME OF COMMITTEE (In Full)
Committee to Elect Alan Grayson

A.
Full Name (Last, First, Middle Initial)
ActBlue
Mailing Address 14 Arrow St
Ste 11
City: Cambridge | State: MA | Zip Code: 02138-5106
FEC ID number of contributing federal political committee: C C00401224
Name of Employer:
Occupation:
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 26909.14

Date of Receipt: 08 / 30 / 2025
Transaction ID : AC4E87EAA3AAC4A179A1
Amount of Each Receipt this Period: 25.00
☒ Memo Item
Intermediary
Total Earmarked through conduit. PAC limit not affected.

B.
Full Name (Last, First, Middle Initial)
Lewis, Bruce, , ,
Mailing Address 2409 Faircross St
City: Torrance | State: CA | Zip Code: 90505-7028
FEC ID number of contributing federal political committee: C
Name of Employer: Apollo Inspection Service Inc.
Occupation: Construction Inspector
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 250.00

Date of Receipt: 09 / 30 / 2025
Transaction ID : A3B9CDCAC70C742CE94D
Amount of Each Receipt this Period: 25.00
☐ Memo Item
Earmark: ActBlue (non-directed)

C.
Full Name (Last, First, Middle Initial)
ActBlue
Mailing Address 14 Arrow St
Ste 11
City: Cambridge | State: MA | Zip Code: 02138-5106
FEC ID number of contributing federal political committee: C C00401224
Name of Employer:
Occupation:
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 26909.14

Date of Receipt: 09 / 30 / 2025
Transaction ID : A86A779A3EF9043A7A66
Amount of Each Receipt this Period: 25.00
☒ Memo Item
Intermediary
Total Earmarked through conduit. PAC limit not affected.

SUBTOTAL of Receipts This Page (optional) ▶ 25.00

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

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NAME OF COMMITTEE (In Full)
Committee to Elect Alan Grayson

A.
Full Name (Last, First, Middle Initial)
Lindstrom, Daniel, , ,
Mailing Address 504 Saxon Ct
City: Nashville | State: TN | Zip Code: 37205
FEC ID number of contributing federal political committee: C
Name of Employer: Not employed
Occupation: Not employed
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 240.00

Date of Receipt: 07 / 11 / 2025
Transaction ID : ACDB11EEE2C6748E9800
Amount of Each Receipt this Period: 30.00
☐ Memo Item
Earmark: ActBlue (non-directed)

B.
Full Name (Last, First, Middle Initial)
ActBlue
Mailing Address 14 Arrow St
Ste 11
City: Cambridge | State: MA | Zip Code: 02138-5106
FEC ID number of contributing federal political committee: C C00401224
Name of Employer:
Occupation:
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 26909.14

Date of Receipt: 07 / 11 / 2025
Transaction ID : A02C944602BFB4616A73
Amount of Each Receipt this Period: 30.00
☒ Memo Item
Intermediary
Total Earmarked through conduit. PAC limit not affected.

C.
Full Name (Last, First, Middle Initial)
Lindstrom, Daniel, , ,
Mailing Address 504 Saxon Ct
City: Nashville | State: TN | Zip Code: 37205
FEC ID number of contributing federal political committee: C
Name of Employer: Not employed
Occupation: Not employed
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 270.00

Date of Receipt: 08 / 11 / 2025
Transaction ID : ACA222DCBED854071ABB
Amount of Each Receipt this Period: 30.00
☐ Memo Item
Earmark: ActBlue (non-directed)

SUBTOTAL of Receipts This Page (optional) ▶ 60.00

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

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NAME OF COMMITTEE (In Full)
Committee to Elect Alan Grayson

A.
Full Name (Last, First, Middle Initial)
ActBlue
Mailing Address 14 Arrow St
Ste 11
City: Cambridge | State: MA | Zip Code: 02138-5106
FEC ID number of contributing federal political committee: C C00401224
Name of Employer:
Occupation:
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 26909.14

Date of Receipt: 08 / 11 / 2025
Transaction ID : AC87CD37D45EF42B0B2B
Amount of Each Receipt this Period: 30.00
☒ Memo Item
Intermediary
Total Earmarked through conduit. PAC limit not affected.

B.
Full Name (Last, First, Middle Initial)
Lindstrom, Daniel, , ,
Mailing Address 504 Saxon Ct
City: Nashville | State: TN | Zip Code: 37205
FEC ID number of contributing federal political committee: C
Name of Employer: Not employed
Occupation: Not employed
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 300.00

Date of Receipt: 09 / 11 / 2025
Transaction ID : A5094EFE250B64E429D1
Amount of Each Receipt this Period: 30.00
☐ Memo Item
Earmark: ActBlue (non-directed)

C.
Full Name (Last, First, Middle Initial)
ActBlue
Mailing Address 14 Arrow St
Ste 11
City: Cambridge | State: MA | Zip Code: 02138-5106
FEC ID number of contributing federal political committee: C C00401224
Name of Employer:
Occupation:
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 26909.14

Date of Receipt: 09 / 11 / 2025
Transaction ID : A3A492F730BFE4A0DB7E
Amount of Each Receipt this Period: 30.00
☒ Memo Item
Intermediary
Total Earmarked through conduit. PAC limit not affected.

SUBTOTAL of Receipts This Page (optional) ▶ 30.00

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

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NAME OF COMMITTEE (In Full)
Committee to Elect Alan Grayson

A.
Full Name (Last, First, Middle Initial)
Masson, Bobette, , ,
Mailing Address 1 Stuyvesant Oval - 5C
City: New York | State: NY | Zip Code: 10009
FEC ID number of contributing federal political committee: C
Name of Employer: Not employed | Occupation: Not employed
Receipt For: 2026
☒ Primary ☐ General
☐ Other (specify) ▼
Election Cycle-to-Date ▼ 321.92

Date of Receipt: 07 / 10 / 2025
Transaction ID : ADE5F44E1F9B04762A15
Amount of Each Receipt this Period: 20.24
☐ Memo Item
Earmark: ActBlue (non-directed)

B.
Full Name (Last, First, Middle Initial)
ActBlue
Mailing Address 14 Arrow St
Ste 11
City: Cambridge | State: MA | Zip Code: 02138-5106
FEC ID number of contributing federal political committee: C C00401224
Name of Employer: | Occupation:
Receipt For: 2026
☒ Primary ☐ General
☐ Other (specify) ▼
Election Cycle-to-Date ▼ 26909.14

Date of Receipt: 07 / 10 / 2025
Transaction ID : A7AAA098D648D462EA82
Amount of Each Receipt this Period: 20.24
☒ Memo Item
Intermediary
Total Earmarked through conduit. PAC limit not affected.

C.
Full Name (Last, First, Middle Initial)
Masson, Bobette, , ,
Mailing Address 1 Stuyvesant Oval - 5C
City: New York | State: NY | Zip Code: 10009
FEC ID number of contributing federal political committee: C
Name of Employer: Not employed | Occupation: Not employed
Receipt For: 2026
☒ Primary ☐ General
☐ Other (specify) ▼
Election Cycle-to-Date ▼ 341.92

Date of Receipt: 07 / 23 / 2025
Transaction ID : A2EF5889CED864E9C87E
Amount of Each Receipt this Period: 20.00
☐ Memo Item
Earmark: ActBlue (non-directed)

SUBTOTAL of Receipts This Page (optional) ▶ 40.24

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

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NAME OF COMMITTEE (In Full)
Committee to Elect Alan Grayson

A.
Full Name (Last, First, Middle Initial)
ActBlue
Mailing Address 14 Arrow St
Ste 11
City: Cambridge | State: MA | Zip Code: 02138-5106
FEC ID number of contributing federal political committee: C C00401224
Name of Employer:
Occupation:
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 26909.14

Date of Receipt: 07 / 23 / 2025
Transaction ID : A9AE6D455F95141748E3
Amount of Each Receipt this Period: 20.00
☒ Memo Item
Intermediary
Total Earmarked through conduit. PAC limit not affected.

B.
Full Name (Last, First, Middle Initial)
Masson, Bobette, , ,
Mailing Address 1 Stuyvesant Oval - 5C
City: New York | State: NY | Zip Code: 10009
FEC ID number of contributing federal political committee: C
Name of Employer: Not employed
Occupation: Not employed
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 362.16

Date of Receipt: 08 / 10 / 2025
Transaction ID : A98868EDBE52E41589AD
Amount of Each Receipt this Period: 20.24
☐ Memo Item
Earmark: ActBlue (non-directed)

C.
Full Name (Last, First, Middle Initial)
ActBlue
Mailing Address 14 Arrow St
Ste 11
City: Cambridge | State: MA | Zip Code: 02138-5106
FEC ID number of contributing federal political committee: C C00401224
Name of Employer:
Occupation:
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 26909.14

Date of Receipt: 08 / 10 / 2025
Transaction ID : A8EB8A457411140D6AE3
Amount of Each Receipt this Period: 20.24
☒ Memo Item
Intermediary
Total Earmarked through conduit. PAC limit not affected.

SUBTOTAL of Receipts This Page (optional) ▶ 20.24

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

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NAME OF COMMITTEE (In Full)
Committee to Elect Alan Grayson

A.
Full Name (Last, First, Middle Initial)
Masson, Bobette, , ,
Mailing Address 1 Stuyvesant Oval - 5C
City: New York | State: NY | Zip Code: 10009
FEC ID number of contributing federal political committee: C
Name of Employer: Not employed | Occupation: Not employed
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 382.16

Date of Receipt: 08 / 23 / 2025
Transaction ID : A7C9608E45BFC4C5C9E1
Amount of Each Receipt this Period: 20.00
☐ Memo Item
Earmark: ActBlue (non-directed)

B.
Full Name (Last, First, Middle Initial)
ActBlue
Mailing Address 14 Arrow St
Ste 11
City: Cambridge | State: MA | Zip Code: 02138-5106
FEC ID number of contributing federal political committee: C C00401224
Name of Employer: | Occupation:
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 26909.14

Date of Receipt: 08 / 23 / 2025
Transaction ID : A5E2EDE9185F342899B5
Amount of Each Receipt this Period: 20.00
☒ Memo Item
Intermediary
Total Earmarked through conduit. PAC limit not affected.

C.
Full Name (Last, First, Middle Initial)
Masson, Bobette, , ,
Mailing Address 1 Stuyvesant Oval - 5C
City: New York | State: NY | Zip Code: 10009
FEC ID number of contributing federal political committee: C
Name of Employer: Not employed | Occupation: Not employed
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 402.40

Date of Receipt: 09 / 10 / 2025
Transaction ID : ABE5F267ED5E64FB8A98
Amount of Each Receipt this Period: 20.24
☐ Memo Item
Earmark: ActBlue (non-directed)

SUBTOTAL of Receipts This Page (optional) ▶ 40.24

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

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NAME OF COMMITTEE (In Full)
Committee to Elect Alan Grayson

A.
Full Name (Last, First, Middle Initial)
ActBlue
Mailing Address 14 Arrow St
Ste 11
City: Cambridge | State: MA | Zip Code: 02138-5106
FEC ID number of contributing federal political committee: C C00401224
Name of Employer:
Occupation:
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 26909.14

Date of Receipt: 09 / 10 / 2025
Transaction ID : AA02DB6E688E74334974
Amount of Each Receipt this Period: 20.24
☒ Memo Item
Intermediary
Total Earmarked through conduit. PAC limit not affected.

B.
Full Name (Last, First, Middle Initial)
Masson, Bobette, , ,
Mailing Address 1 Stuyvesant Oval - 5C
City: New York | State: NY | Zip Code: 10009
FEC ID number of contributing federal political committee: C
Name of Employer: Not employed
Occupation: Not employed
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 422.40

Date of Receipt: 09 / 23 / 2025
Transaction ID : A5827A9F89E014FC9A0D
Amount of Each Receipt this Period: 20.00
☐ Memo Item
Earmark: ActBlue (non-directed)

C.
Full Name (Last, First, Middle Initial)
ActBlue
Mailing Address 14 Arrow St
Ste 11
City: Cambridge | State: MA | Zip Code: 02138-5106
FEC ID number of contributing federal political committee: C C00401224
Name of Employer:
Occupation:
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 26909.14

Date of Receipt: 09 / 23 / 2025
Transaction ID : A3FF9C960A27D43FD98E
Amount of Each Receipt this Period: 20.00
☒ Memo Item
Intermediary
Total Earmarked through conduit. PAC limit not affected.

SUBTOTAL of Receipts This Page (optional) ▶ 20.00

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

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NAME OF COMMITTEE (In Full)
Committee to Elect Alan Grayson

A.
Full Name (Last, First, Middle Initial)
Meyer Simon, Diane, , ,
Mailing Address 1570 East Mountain Drive
City: Santa Barbara | State: CA | Zip Code: 93108
FEC ID number of contributing federal political committee: C
Name of Employer: Global Green USA
Occupation: Environmental Consultant
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 202.20

Date of Receipt: 09 / 14 / 2025
Transaction ID : A3A6A14DA171E4D5B87F
Amount of Each Receipt this Period: 20.22
☐ Memo Item
Earmark: ActBlue (non-directed)

B.
Full Name (Last, First, Middle Initial)
ActBlue
Mailing Address 14 Arrow St
Ste 11
City: Cambridge | State: MA | Zip Code: 02138-5106
FEC ID number of contributing federal political committee: C C00401224
Name of Employer:
Occupation:
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 26909.14

Date of Receipt: 09 / 14 / 2025
Transaction ID : A69DCB54BE4264CB5AE9
Amount of Each Receipt this Period: 20.22
☒ Memo Item
Intermediary
Total Earmarked through conduit. PAC limit not affected.

C.
Full Name (Last, First, Middle Initial)
Nickerson, Norma, , ,
Mailing Address 11025 highway 441 s
City: micanopy | State: FL | Zip Code: 32667
FEC ID number of contributing federal political committee: C
Name of Employer: Not employed
Occupation: Not employed
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 216.00

Date of Receipt: 09 / 02 / 2025
Transaction ID : A199236107AB642F9AE1
Amount of Each Receipt this Period: 24.00
☐ Memo Item
Earmark: ActBlue (non-directed)

SUBTOTAL of Receipts This Page (optional) ▶ 44.22

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

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NAME OF COMMITTEE (In Full)
Committee to Elect Alan Grayson

A.
Full Name (Last, First, Middle Initial)
ActBlue
Mailing Address 14 Arrow St
Ste 11
City: Cambridge | State: MA | Zip Code: 02138-5106
FEC ID number of contributing federal political committee: C C00401224
Name of Employer:
Occupation:
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 26909.14

Date of Receipt: 09 / 02 / 2025
Transaction ID : A87BD4B4F54A945C7B7B
Amount of Each Receipt this Period: 24.00
☒ Memo Item
Intermediary
Total Earmarked through conduit. PAC limit not affected.

B.
Full Name (Last, First, Middle Initial)
Parmeter, Sharilyn, , ,
Mailing Address P.O.Box33
City: Duncans Mills | State: CA | Zip Code: 95430
FEC ID number of contributing federal political committee: C
Name of Employer: Not employed
Occupation: Not employed
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 460.00

Date of Receipt: 07 / 03 / 2025
Transaction ID : AEFEFD87D10F54111938
Amount of Each Receipt this Period: 10.00
☐ Memo Item
Earmark: ActBlue (non-directed)

C.
Full Name (Last, First, Middle Initial)
ActBlue
Mailing Address 14 Arrow St
Ste 11
City: Cambridge | State: MA | Zip Code: 02138-5106
FEC ID number of contributing federal political committee: C C00401224
Name of Employer:
Occupation:
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 26909.14

Date of Receipt: 07 / 03 / 2025
Transaction ID : A91C9BCD582B548D794F
Amount of Each Receipt this Period: 10.00
☒ Memo Item
Intermediary
Total Earmarked through conduit. PAC limit not affected.

SUBTOTAL of Receipts This Page (optional) ▶ 10.00

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

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NAME OF COMMITTEE (In Full)
Committee to Elect Alan Grayson

A.
Full Name (Last, First, Middle Initial)
Parmeter, Sharilyn, , ,
Mailing Address P.O.Box33
City: Duncans Mills | State: CA | Zip Code: 95430
FEC ID number of contributing federal political committee: C
Name of Employer: Not employed | Occupation: Not employed
Receipt For: 2026 ☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 470.00

Date of Receipt: 07 / 06 / 2025
Transaction ID : AC5FD1435D9D44EDE941
Amount of Each Receipt this Period: 10.00
☐ Memo Item
Earmark: ActBlue (non-directed)

B.
Full Name (Last, First, Middle Initial)
ActBlue
Mailing Address 14 Arrow St Ste 11
City: Cambridge | State: MA | Zip Code: 02138-5106
FEC ID number of contributing federal political committee: C C00401224
Name of Employer: | Occupation:
Receipt For: 2026 ☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 26909.14

Date of Receipt: 07 / 06 / 2025
Transaction ID : A6412B3563BD34A4881B
Amount of Each Receipt this Period: 10.00
☒ Memo Item
Intermediary
Total Earmarked through conduit. PAC limit not affected.

C.
Full Name (Last, First, Middle Initial)
Parmeter, Sharilyn, , ,
Mailing Address P.O.Box33
City: Duncans Mills | State: CA | Zip Code: 95430
FEC ID number of contributing federal political committee: C
Name of Employer: Not employed | Occupation: Not employed
Receipt For: 2026 ☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 480.00

Date of Receipt: 07 / 17 / 2025
Transaction ID : AA871A7616DD243EDA4D
Amount of Each Receipt this Period: 10.00
☐ Memo Item
Earmark: ActBlue (non-directed)

SUBTOTAL of Receipts This Page (optional) ▶ 20.00

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)
☒ 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)
Committee to Elect Alan Grayson

A.
Full Name (Last, First, Middle Initial)
ActBlue
Mailing Address 14 Arrow St
Ste 11
City: Cambridge | State: MA | Zip Code: 02138-5106
FEC ID number of contributing federal political committee: C C00401224
Name of Employer:
Occupation:
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 26909.14

Date of Receipt: 07 / 17 / 2025
Transaction ID : ABFA53429452E4D48A98
Amount of Each Receipt this Period: 10.00
☒ Memo Item
Intermediary
Total Earmarked through conduit. PAC limit not affected.

B.
Full Name (Last, First, Middle Initial)
Parmeter, Sharilyn, , ,
Mailing Address P.O.Box33
City: Duncans Mills | State: CA | Zip Code: 95430
FEC ID number of contributing federal political committee: C
Name of Employer: Not employed
Occupation: Not employed
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 490.00

Date of Receipt: 07 / 18 / 2025
Transaction ID : A74A6E08F6885411BBED
Amount of Each Receipt this Period: 10.00
☐ Memo Item
Earmark: ActBlue (non-directed)

C.
Full Name (Last, First, Middle Initial)
ActBlue
Mailing Address 14 Arrow St
Ste 11
City: Cambridge | State: MA | Zip Code: 02138-5106
FEC ID number of contributing federal political committee: C C00401224
Name of Employer:
Occupation:
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 26909.14

Date of Receipt: 07 / 18 / 2025
Transaction ID : A091E7573D3EC4645B46
Amount of Each Receipt this Period: 10.00
☒ Memo Item
Intermediary
Total Earmarked through conduit. PAC limit not affected.

SUBTOTAL of Receipts This Page (optional) ▶ 10.00

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

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NAME OF COMMITTEE (In Full)
Committee to Elect Alan Grayson

A.
Full Name (Last, First, Middle Initial)
Parmeter, Sharilyn, , ,
Mailing Address P.O.Box33
City: Duncans Mills | State: CA | Zip Code: 95430
FEC ID number of contributing federal political committee: C
Name of Employer: Not employed | Occupation: Not employed
Receipt For: 2026
☒ Primary ☐ General
☐ Other (specify) ▼
Election Cycle-to-Date ▼ 500.00

Date of Receipt: 07 / 22 / 2025
Transaction ID : A21D3FDAB64C6416BA5F
Amount of Each Receipt this Period: 10.00
☐ Memo Item
Earmark: ActBlue (non-directed)

B.
Full Name (Last, First, Middle Initial)
ActBlue
Mailing Address 14 Arrow St
Ste 11
City: Cambridge | State: MA | Zip Code: 02138-5106
FEC ID number of contributing federal political committee: C C00401224
Name of Employer: | Occupation:
Receipt For: 2026
☒ Primary ☐ General
☐ Other (specify) ▼
Election Cycle-to-Date ▼ 26909.14

Date of Receipt: 07 / 22 / 2025
Transaction ID : AAF2179A94B914EC49EA
Amount of Each Receipt this Period: 10.00
☒ Memo Item
Intermediary
Total Earmarked through conduit. PAC limit not affected.

C.
Full Name (Last, First, Middle Initial)
Parmeter, Sharilyn, , ,
Mailing Address P.O.Box33
City: Duncans Mills | State: CA | Zip Code: 95430
FEC ID number of contributing federal political committee: C
Name of Employer: Not employed | Occupation: Not employed
Receipt For: 2026
☒ Primary ☐ General
☐ Other (specify) ▼
Election Cycle-to-Date ▼ 510.00

Date of Receipt: 07 / 26 / 2025
Transaction ID : A0C0539C717C74903B25
Amount of Each Receipt this Period: 10.00
☐ Memo Item
Earmark: ActBlue (non-directed)

SUBTOTAL of Receipts This Page (optional) ▶ 20.00

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

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NAME OF COMMITTEE (In Full)
Committee to Elect Alan Grayson

A.
Full Name (Last, First, Middle Initial)
ActBlue
Mailing Address 14 Arrow St
Ste 11
City: Cambridge | State: MA | Zip Code: 02138-5106
FEC ID number of contributing federal political committee: C C00401224
Name of Employer:
Occupation:
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 26909.14

Date of Receipt: 07 / 26 / 2025
Transaction ID : A176885B749874A6796A
Amount of Each Receipt this Period: 10.00
☒ Memo Item
Intermediary
Total Earmarked through conduit. PAC limit not affected.

B.
Full Name (Last, First, Middle Initial)
Parmeter, Sharilyn, , ,
Mailing Address P.O.Box33
City: Duncans Mills | State: CA | Zip Code: 95430
FEC ID number of contributing federal political committee: C
Name of Employer: Not employed
Occupation: Not employed
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 520.00

Date of Receipt: 08 / 03 / 2025
Transaction ID : AB0CF9E5512404457899
Amount of Each Receipt this Period: 10.00
☐ Memo Item
Earmark: ActBlue (non-directed)

C.
Full Name (Last, First, Middle Initial)
ActBlue
Mailing Address 14 Arrow St
Ste 11
City: Cambridge | State: MA | Zip Code: 02138-5106
FEC ID number of contributing federal political committee: C C00401224
Name of Employer:
Occupation:
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 26909.14

Date of Receipt: 08 / 03 / 2025
Transaction ID : A82643371A7DA4F71977
Amount of Each Receipt this Period: 10.00
☒ Memo Item
Intermediary
Total Earmarked through conduit. PAC limit not affected.

SUBTOTAL of Receipts This Page (optional) ▶ 10.00

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)
☒ 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)
Committee to Elect Alan Grayson

A.
Full Name (Last, First, Middle Initial)
Parmeter, Sharilyn, , ,
Mailing Address P.O.Box33
City: Duncans Mills | State: CA | Zip Code: 95430
FEC ID number of contributing federal political committee: C
Name of Employer: Not employed | Occupation: Not employed
Receipt For: 2026 ☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 530.00

Date of Receipt: 08 / 06 / 2025
Transaction ID : AE10C674992124AB5A93
Amount of Each Receipt this Period: 10.00
☐ Memo Item
Earmark: ActBlue (non-directed)

B.
Full Name (Last, First, Middle Initial)
ActBlue
Mailing Address 14 Arrow St Ste 11
City: Cambridge | State: MA | Zip Code: 02138-5106
FEC ID number of contributing federal political committee: C C00401224
Name of Employer: | Occupation:
Receipt For: 2026 ☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 26909.14

Date of Receipt: 08 / 06 / 2025
Transaction ID : AFD26363F4F4B4105B6A
Amount of Each Receipt this Period: 10.00
☒ Memo Item
Intermediary
Total Earmarked through conduit. PAC limit not affected.

C.
Full Name (Last, First, Middle Initial)
Parmeter, Sharilyn, , ,
Mailing Address P.O.Box33
City: Duncans Mills | State: CA | Zip Code: 95430
FEC ID number of contributing federal political committee: C
Name of Employer: Not employed | Occupation: Not employed
Receipt For: 2026 ☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 540.00

Date of Receipt: 08 / 17 / 2025
Transaction ID : AAD0BCFD04EA64EB0B67
Amount of Each Receipt this Period: 10.00
☐ Memo Item
Earmark: ActBlue (non-directed)

SUBTOTAL of Receipts This Page (optional) ▶ 20.00

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

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NAME OF COMMITTEE (In Full)
Committee to Elect Alan Grayson

A.
Full Name (Last, First, Middle Initial)
ActBlue
Mailing Address 14 Arrow St
Ste 11
City: Cambridge | State: MA | Zip Code: 02138-5106
FEC ID number of contributing federal political committee: C C00401224
Name of Employer:
Occupation:
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 26909.14

Date of Receipt: 08 / 17 / 2025
Transaction ID : A5D8A60A79F084CCA8A0
Amount of Each Receipt this Period: 10.00
☒ Memo Item
Intermediary
Total Earmarked through conduit. PAC limit not affected.

B.
Full Name (Last, First, Middle Initial)
Parmeter, Sharilyn, , ,
Mailing Address P.O.Box33
City: Duncans Mills | State: CA | Zip Code: 95430
FEC ID number of contributing federal political committee: C
Name of Employer: Not employed
Occupation: Not employed
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 550.00

Date of Receipt: 08 / 18 / 2025
Transaction ID : AD9264F64B4AB4C44950
Amount of Each Receipt this Period: 10.00
☐ Memo Item
Earmark: ActBlue (non-directed)

C.
Full Name (Last, First, Middle Initial)
ActBlue
Mailing Address 14 Arrow St
Ste 11
City: Cambridge | State: MA | Zip Code: 02138-5106
FEC ID number of contributing federal political committee: C C00401224
Name of Employer:
Occupation:
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 26909.14

Date of Receipt: 08 / 18 / 2025
Transaction ID : AFEB31EE7B1CD4093B51
Amount of Each Receipt this Period: 10.00
☒ Memo Item
Intermediary
Total Earmarked through conduit. PAC limit not affected.

SUBTOTAL of Receipts This Page (optional) ▶ 10.00

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

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NAME OF COMMITTEE (In Full)
Committee to Elect Alan Grayson

A.
Full Name (Last, First, Middle Initial)
Parmeter, Sharilyn, , ,
Mailing Address P.O.Box33
City: Duncans Mills | State: CA | Zip Code: 95430
FEC ID number of contributing federal political committee: C
Name of Employer: Not employed | Occupation: Not employed
Receipt For: 2026 ☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 560.00

Date of Receipt: 08 / 22 / 2025
Transaction ID : AB555D682B4EB46BD8B4
Amount of Each Receipt this Period: 10.00
☐ Memo Item
Earmark: ActBlue (non-directed)

B.
Full Name (Last, First, Middle Initial)
ActBlue
Mailing Address 14 Arrow St
Ste 11
City: Cambridge | State: MA | Zip Code: 02138-5106
FEC ID number of contributing federal political committee: C C00401224
Name of Employer: | Occupation:
Receipt For: 2026 ☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 26909.14

Date of Receipt: 08 / 22 / 2025
Transaction ID : AA7623BC85C094CCF820
Amount of Each Receipt this Period: 10.00
☒ Memo Item
Intermediary
Total Earmarked through conduit. PAC limit not affected.

C.
Full Name (Last, First, Middle Initial)
Parmeter, Sharilyn, , ,
Mailing Address P.O.Box33
City: Duncans Mills | State: CA | Zip Code: 95430
FEC ID number of contributing federal political committee: C
Name of Employer: Not employed | Occupation: Not employed
Receipt For: 2026 ☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 570.00

Date of Receipt: 08 / 26 / 2025
Transaction ID : A05697C1D1E88476BAEC
Amount of Each Receipt this Period: 10.00
☐ Memo Item
Earmark: ActBlue (non-directed)

SUBTOTAL of Receipts This Page (optional) ▶ 20.00

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

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NAME OF COMMITTEE (In Full)
Committee to Elect Alan Grayson

A.
Full Name (Last, First, Middle Initial)
ActBlue
Mailing Address 14 Arrow St
Ste 11
City: Cambridge | State: MA | Zip Code: 02138-5106
FEC ID number of contributing federal political committee: C C00401224
Name of Employer:
Occupation:
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 26909.14

Date of Receipt: 08 / 26 / 2025
Transaction ID : A55137D43494547EAB0D
Amount of Each Receipt this Period: 10.00
☒ Memo Item
Intermediary
Total Earmarked through conduit. PAC limit not affected.

B.
Full Name (Last, First, Middle Initial)
Parmeter, Sharilyn, , ,
Mailing Address P.O.Box33
City: Duncans Mills | State: CA | Zip Code: 95430
FEC ID number of contributing federal political committee: C
Name of Employer: Not employed
Occupation: Not employed
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 580.00

Date of Receipt: 09 / 03 / 2025
Transaction ID : AFDB2D969A7A145288B2
Amount of Each Receipt this Period: 10.00
☐ Memo Item
Earmark: ActBlue (non-directed)

C.
Full Name (Last, First, Middle Initial)
ActBlue
Mailing Address 14 Arrow St
Ste 11
City: Cambridge | State: MA | Zip Code: 02138-5106
FEC ID number of contributing federal political committee: C C00401224
Name of Employer:
Occupation:
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 26909.14

Date of Receipt: 09 / 03 / 2025
Transaction ID : A2C673E22F13A4BA199D
Amount of Each Receipt this Period: 10.00
☒ Memo Item
Intermediary
Total Earmarked through conduit. PAC limit not affected.

SUBTOTAL of Receipts This Page (optional) ▶ 10.00

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

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NAME OF COMMITTEE (In Full)
Committee to Elect Alan Grayson

A.
Full Name (Last, First, Middle Initial)
Parmeter, Sharilyn, , ,
Mailing Address P.O.Box33
City: Duncans Mills | State: CA | Zip Code: 95430
FEC ID number of contributing federal political committee: C
Name of Employer: Not employed | Occupation: Not employed
Receipt For: 2026
☒ Primary ☐ General
☐ Other (specify) ▼
Election Cycle-to-Date ▼ 590.00

Date of Receipt: 09 / 06 / 2025
Transaction ID : A39D9F90D4DC64D12834
Amount of Each Receipt this Period: 10.00
☐ Memo Item
Earmark: ActBlue (non-directed)

B.
Full Name (Last, First, Middle Initial)
ActBlue
Mailing Address 14 Arrow St
Ste 11
City: Cambridge | State: MA | Zip Code: 02138-5106
FEC ID number of contributing federal political committee: C C00401224
Name of Employer: | Occupation:
Receipt For: 2026
☒ Primary ☐ General
☐ Other (specify) ▼
Election Cycle-to-Date ▼ 26909.14

Date of Receipt: 09 / 06 / 2025
Transaction ID : A960F980A8FA14144B8F
Amount of Each Receipt this Period: 10.00
☒ Memo Item
Intermediary
Total Earmarked through conduit. PAC limit not affected.

C.
Full Name (Last, First, Middle Initial)
Parmeter, Sharilyn, , ,
Mailing Address P.O.Box33
City: Duncans Mills | State: CA | Zip Code: 95430
FEC ID number of contributing federal political committee: C
Name of Employer: Not employed | Occupation: Not employed
Receipt For: 2026
☒ Primary ☐ General
☐ Other (specify) ▼
Election Cycle-to-Date ▼ 600.00

Date of Receipt: 09 / 17 / 2025
Transaction ID : A2CEC79841C734C61B54
Amount of Each Receipt this Period: 10.00
☐ Memo Item
Earmark: ActBlue (non-directed)

SUBTOTAL of Receipts This Page (optional) ▶ 20.00

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

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NAME OF COMMITTEE (In Full)
Committee to Elect Alan Grayson

A.
Full Name (Last, First, Middle Initial)
ActBlue
Mailing Address 14 Arrow St
Ste 11
City: Cambridge | State: MA | Zip Code: 02138-5106
FEC ID number of contributing federal political committee: C C00401224
Name of Employer:
Occupation:
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 26909.14

Date of Receipt: 09 / 17 / 2025
Transaction ID : AF9B952116C974FE7AC5
Amount of Each Receipt this Period: 10.00
☒ Memo Item
Intermediary
Total Earmarked through conduit. PAC limit not affected.

B.
Full Name (Last, First, Middle Initial)
Parmeter, Sharilyn, , ,
Mailing Address P.O.Box33
City: Duncans Mills | State: CA | Zip Code: 95430
FEC ID number of contributing federal political committee: C
Name of Employer: Not employed
Occupation: Not employed
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 610.00

Date of Receipt: 09 / 18 / 2025
Transaction ID : A1EF3EBDC2E744CD8B8F
Amount of Each Receipt this Period: 10.00
☐ Memo Item
Earmark: ActBlue (non-directed)

C.
Full Name (Last, First, Middle Initial)
ActBlue
Mailing Address 14 Arrow St
Ste 11
City: Cambridge | State: MA | Zip Code: 02138-5106
FEC ID number of contributing federal political committee: C C00401224
Name of Employer:
Occupation:
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 26909.14

Date of Receipt: 09 / 18 / 2025
Transaction ID : ABD17888A83994BF4920
Amount of Each Receipt this Period: 10.00
☒ Memo Item
Intermediary
Total Earmarked through conduit. PAC limit not affected.

SUBTOTAL of Receipts This Page (optional) ▶ 10.00

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

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NAME OF COMMITTEE (In Full)
Committee to Elect Alan Grayson

A.
Full Name (Last, First, Middle Initial)
Parmeter, Sharilyn, , ,
Mailing Address P.O.Box33
City: Duncans Mills | State: CA | Zip Code: 95430
FEC ID number of contributing federal political committee: C
Name of Employer: Not employed | Occupation: Not employed
Receipt For: 2026 ☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 620.00

Date of Receipt: 09 / 22 / 2025
Transaction ID : AFCFB62419E744585BB1
Amount of Each Receipt this Period: 10.00
☐ Memo Item
Earmark: ActBlue (non-directed)

B.
Full Name (Last, First, Middle Initial)
ActBlue
Mailing Address 14 Arrow St Ste 11
City: Cambridge | State: MA | Zip Code: 02138-5106
FEC ID number of contributing federal political committee: C C00401224
Name of Employer: | Occupation:
Receipt For: 2026 ☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 26909.14

Date of Receipt: 09 / 22 / 2025
Transaction ID : A54A06AB784C744F0BE6
Amount of Each Receipt this Period: 10.00
☒ Memo Item
Intermediary
Total Earmarked through conduit. PAC limit not affected.

C.
Full Name (Last, First, Middle Initial)
Parmeter, Sharilyn, , ,
Mailing Address P.O.Box33
City: Duncans Mills | State: CA | Zip Code: 95430
FEC ID number of contributing federal political committee: C
Name of Employer: Not employed | Occupation: Not employed
Receipt For: 2026 ☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 630.00

Date of Receipt: 09 / 26 / 2025
Transaction ID : A4B572C74F1944F658C0
Amount of Each Receipt this Period: 10.00
☐ Memo Item
Earmark: ActBlue (non-directed)

SUBTOTAL of Receipts This Page (optional) ▶ 20.00

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

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NAME OF COMMITTEE (In Full)
Committee to Elect Alan Grayson

A.
Full Name (Last, First, Middle Initial)
ActBlue
Mailing Address 14 Arrow St
Ste 11
City: Cambridge | State: MA | Zip Code: 02138-5106
FEC ID number of contributing federal political committee: C C00401224
Name of Employer:
Occupation:
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 26909.14

Date of Receipt: 09 / 26 / 2025
Transaction ID : A765D8C42D5924A58B0E
Amount of Each Receipt this Period: 10.00
☒ Memo Item
Intermediary
Total Earmarked through conduit. PAC limit not affected.

B.
Full Name (Last, First, Middle Initial)
Pollock, Paul, , ,
Mailing Address P.O.B. 251422
City: Los Angeles | State: CA | Zip Code: 90025
FEC ID number of contributing federal political committee: C
Name of Employer: Not employed
Occupation: Not employed
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 225.00

Date of Receipt: 07 / 17 / 2025
Transaction ID : A97D69D2574C84666AB7
Amount of Each Receipt this Period: 25.00
☐ Memo Item
Earmark: ActBlue (non-directed)

C.
Full Name (Last, First, Middle Initial)
ActBlue
Mailing Address 14 Arrow St
Ste 11
City: Cambridge | State: MA | Zip Code: 02138-5106
FEC ID number of contributing federal political committee: C C00401224
Name of Employer:
Occupation:
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 26909.14

Date of Receipt: 07 / 17 / 2025
Transaction ID : AF4D93EAE0496412D938
Amount of Each Receipt this Period: 25.00
☒ Memo Item
Intermediary
Total Earmarked through conduit. PAC limit not affected.

SUBTOTAL of Receipts This Page (optional) ▶ 25.00

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

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NAME OF COMMITTEE (In Full)
Committee to Elect Alan Grayson

A.
Full Name (Last, First, Middle Initial)
Pollock, Paul, , ,
Mailing Address P.O.B. 251422
City: Los Angeles | State: CA | Zip Code: 90025
FEC ID number of contributing federal political committee: C
Name of Employer: Not employed
Occupation: Not employed
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 250.00

Date of Receipt: 08 / 17 / 2025
Transaction ID : A3BD2971439D9437BBE3
Amount of Each Receipt this Period: 25.00
☐ Memo Item
Earmark: ActBlue (non-directed)

B.
Full Name (Last, First, Middle Initial)
ActBlue
Mailing Address 14 Arrow St
Ste 11
City: Cambridge | State: MA | Zip Code: 02138-5106
FEC ID number of contributing federal political committee: C C00401224
Name of Employer:
Occupation:
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 26909.14

Date of Receipt: 08 / 17 / 2025
Transaction ID : AE8E87E8006AC418DA65
Amount of Each Receipt this Period: 25.00
☒ Memo Item
Intermediary
Total Earmarked through conduit. PAC limit not affected.

C.
Full Name (Last, First, Middle Initial)
Pollock, Paul, , ,
Mailing Address P.O.B. 251422
City: Los Angeles | State: CA | Zip Code: 90025
FEC ID number of contributing federal political committee: C
Name of Employer: Not employed
Occupation: Not employed
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 275.00

Date of Receipt: 09 / 17 / 2025
Transaction ID : A62B250F9292C496A824
Amount of Each Receipt this Period: 25.00
☐ Memo Item
Earmark: ActBlue (non-directed)

SUBTOTAL of Receipts This Page (optional) ▶ 50.00

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

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NAME OF COMMITTEE (In Full)
Committee to Elect Alan Grayson

A.
Full Name (Last, First, Middle Initial)
ActBlue
Mailing Address 14 Arrow St
Ste 11
City: Cambridge | State: MA | Zip Code: 02138-5106
FEC ID number of contributing federal political committee: C C00401224
Name of Employer:
Occupation:
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 26909.14

Date of Receipt: 09 / 17 / 2025
Transaction ID : ACEAD0A54A2694330B43
Amount of Each Receipt this Period: 25.00
☒ Memo Item
Intermediary
Total Earmarked through conduit. PAC limit not affected.

B.
Full Name (Last, First, Middle Initial)
Raymond, Bonnie, , ,
Mailing Address 92 Chopps Cross Rd
City: Woolwich | State: ME | Zip Code: 04579-4130
FEC ID number of contributing federal political committee: C
Name of Employer: Not employed
Occupation: Not employed
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 202.40

Date of Receipt: 08 / 21 / 2025
Transaction ID : A8183E0BCCF75425498B
Amount of Each Receipt this Period: 20.24
☐ Memo Item
Earmark: ActBlue (non-directed)

C.
Full Name (Last, First, Middle Initial)
ActBlue
Mailing Address 14 Arrow St
Ste 11
City: Cambridge | State: MA | Zip Code: 02138-5106
FEC ID number of contributing federal political committee: C C00401224
Name of Employer:
Occupation:
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 26909.14

Date of Receipt: 08 / 21 / 2025
Transaction ID : AE59F8AC9A3D746328A9
Amount of Each Receipt this Period: 20.24
☒ Memo Item
Intermediary
Total Earmarked through conduit. PAC limit not affected.

SUBTOTAL of Receipts This Page (optional) ▶ 20.24

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

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NAME OF COMMITTEE (In Full)
Committee to Elect Alan Grayson

A.
Full Name (Last, First, Middle Initial)
Raymond, Bonnie, , ,
Mailing Address 92 Chopps Cross Rd
City: Woolwich | State: ME | Zip Code: 04579-4130
FEC ID number of contributing federal political committee: C
Name of Employer: Not employed
Occupation: Not employed
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 222.64

Date of Receipt: 09 / 21 / 2025
Transaction ID : A25D37707FBA84230AAA
Amount of Each Receipt this Period: 20.24
☐ Memo Item
Earmark: ActBlue (non-directed)

B.
Full Name (Last, First, Middle Initial)
ActBlue
Mailing Address 14 Arrow St
Ste 11
City: Cambridge | State: MA | Zip Code: 02138-5106
FEC ID number of contributing federal political committee: C C00401224
Name of Employer:
Occupation:
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 26909.14

Date of Receipt: 09 / 21 / 2025
Transaction ID : A062E552ED16B46E4A2E
Amount of Each Receipt this Period: 20.24
☒ Memo Item
Intermediary
Total Earmarked through conduit. PAC limit not affected.

C.
Full Name (Last, First, Middle Initial)
scroggins, frank, , ,
Mailing Address 600 s. dixie hwy # 329
City: west palm beach | State: FL | Zip Code: 33401
FEC ID number of contributing federal political committee: C
Name of Employer: newbridge securities
Occupation: bond trader
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 202.40

Date of Receipt: 09 / 26 / 2025
Transaction ID : A1EFD35B36D6549B99D4
Amount of Each Receipt this Period: 20.24
☐ Memo Item
Earmark: ActBlue (non-directed)

SUBTOTAL of Receipts This Page (optional) ▶ 40.48

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

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NAME OF COMMITTEE (In Full)
Committee to Elect Alan Grayson

A.
Full Name (Last, First, Middle Initial)
ActBlue
Mailing Address 14 Arrow St
Ste 11
City: Cambridge | State: MA | Zip Code: 02138-5106
FEC ID number of contributing federal political committee: C C00401224
Name of Employer:
Occupation:
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 26909.14

Date of Receipt: 09 / 26 / 2025
Transaction ID : A6515492D932648199E3
Amount of Each Receipt this Period: 20.24
☒ Memo Item
Intermediary
Total Earmarked through conduit. PAC limit not affected.

B.
Full Name (Last, First, Middle Initial)
Seelye, Alexandra, , ,
Mailing Address 1612 25th street
City: Everett | State: WA | Zip Code: 98201
FEC ID number of contributing federal political committee: C
Name of Employer: Not employed
Occupation: Not employed
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 205.00

Date of Receipt: 09 / 16 / 2025
Transaction ID : AE881C3D36E474DF3AC5
Amount of Each Receipt this Period: 5.00
☐ Memo Item
Earmark: ActBlue (non-directed)

C.
Full Name (Last, First, Middle Initial)
ActBlue
Mailing Address 14 Arrow St
Ste 11
City: Cambridge | State: MA | Zip Code: 02138-5106
FEC ID number of contributing federal political committee: C C00401224
Name of Employer:
Occupation:
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 26909.14

Date of Receipt: 09 / 16 / 2025
Transaction ID : A432A36C6B886406DBEA
Amount of Each Receipt this Period: 5.00
☒ Memo Item
Intermediary
Total Earmarked through conduit. PAC limit not affected.

SUBTOTAL of Receipts This Page (optional) ▶ 5.00

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

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NAME OF COMMITTEE (In Full)
Committee to Elect Alan Grayson

A.
Full Name (Last, First, Middle Initial)
Sibley, Sally, , ,
Mailing Address 3604 Landon Court
City: Fairfax | State: VA | Zip Code: 22031
FEC ID number of contributing federal political committee: C
Name of Employer: Not employed
Occupation: Not employed
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 202.40

Date of Receipt: 09 / 12 / 2025
Transaction ID : A7A27CF4864AE4262902
Amount of Each Receipt this Period: 20.24
☐ Memo Item
Earmark: ActBlue (non-directed)

B.
Full Name (Last, First, Middle Initial)
ActBlue
Mailing Address 14 Arrow St
Ste 11
City: Cambridge | State: MA | Zip Code: 02138-5106
FEC ID number of contributing federal political committee: C C00401224
Name of Employer:
Occupation:
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 26909.14

Date of Receipt: 09 / 12 / 2025
Transaction ID : AE8A3D5BAFF1348EF990
Amount of Each Receipt this Period: 20.24
☒ Memo Item
Intermediary
Total Earmarked through conduit. PAC limit not affected.

C.
Full Name (Last, First, Middle Initial)
Solomon, Louis, , ,
Mailing Address 7902 SW 45 th Lane
City: Gainesville | State: FL | Zip Code: 32608
FEC ID number of contributing federal political committee: C
Name of Employer: UF
Occupation: physician
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 750.00

Date of Receipt: 07 / 01 / 2025
Transaction ID : A8B789BC824C64CB4951
Amount of Each Receipt this Period: 50.00
☐ Memo Item
Earmark: ActBlue (non-directed)

SUBTOTAL of Receipts This Page (optional) ▶ 70.24

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

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NAME OF COMMITTEE (In Full)
Committee to Elect Alan Grayson

A.
Full Name (Last, First, Middle Initial)
ActBlue
Mailing Address 14 Arrow St
Ste 11
City: Cambridge | State: MA | Zip Code: 02138-5106
FEC ID number of contributing federal political committee: C C00401224
Name of Employer:
Occupation:
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 26909.14

Date of Receipt: 07 / 01 / 2025
Transaction ID : A229A38D599D4415DA83
Amount of Each Receipt this Period: 50.00
☒ Memo Item
Intermediary
Total Earmarked through conduit. PAC limit not affected.

B.
Full Name (Last, First, Middle Initial)
Solomon, Louis, , ,
Mailing Address 7902 SW 45 th Lane
City: Gainesville | State: FL | Zip Code: 32608
FEC ID number of contributing federal political committee: C
Name of Employer: UF
Occupation: physician
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 800.00

Date of Receipt: 07 / 24 / 2025
Transaction ID : A313B75D8C0824CC59E1
Amount of Each Receipt this Period: 50.00
☐ Memo Item
Earmark: ActBlue (non-directed)

C.
Full Name (Last, First, Middle Initial)
ActBlue
Mailing Address 14 Arrow St
Ste 11
City: Cambridge | State: MA | Zip Code: 02138-5106
FEC ID number of contributing federal political committee: C C00401224
Name of Employer:
Occupation:
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 26909.14

Date of Receipt: 07 / 24 / 2025
Transaction ID : A635A8BCCCAAE48B880B
Amount of Each Receipt this Period: 50.00
☒ Memo Item
Intermediary
Total Earmarked through conduit. PAC limit not affected.

SUBTOTAL of Receipts This Page (optional) ▶ 50.00

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

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NAME OF COMMITTEE (In Full)
Committee to Elect Alan Grayson

A.
Full Name (Last, First, Middle Initial): Solomon, Louis, , ,
Mailing Address 7902 SW 45 th Lane
City: Gainesville | State: FL | Zip Code: 32608
FEC ID number of contributing federal political committee: C
Name of Employer: UF
Occupation: physician
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 850.00

Date of Receipt: 08 / 01 / 2025
Transaction ID : A746F5FA331D94F0DA3D
Amount of Each Receipt this Period: 50.00
☐ Memo Item
Earmark: ActBlue (non-directed)

B.
Full Name (Last, First, Middle Initial): ActBlue
Mailing Address 14 Arrow St
Ste 11
City: Cambridge | State: MA | Zip Code: 02138-5106
FEC ID number of contributing federal political committee: C C00401224
Name of Employer:
Occupation:
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 26909.14

Date of Receipt: 08 / 01 / 2025
Transaction ID : A355C7F16E448482E903
Amount of Each Receipt this Period: 50.00
☒ Memo Item
Intermediary
Total Earmarked through conduit. PAC limit not affected.

C.
Full Name (Last, First, Middle Initial): Solomon, Louis, , ,
Mailing Address 7902 SW 45 th Lane
City: Gainesville | State: FL | Zip Code: 32608
FEC ID number of contributing federal political committee: C
Name of Employer: UF
Occupation: physician
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 900.00

Date of Receipt: 08 / 24 / 2025
Transaction ID : AD4B534044FA1432F89A
Amount of Each Receipt this Period: 50.00
☐ Memo Item
Earmark: ActBlue (non-directed)

SUBTOTAL of Receipts This Page (optional) ▶ 100.00

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

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NAME OF COMMITTEE (In Full)
Committee to Elect Alan Grayson

A.
Full Name (Last, First, Middle Initial)
ActBlue
Mailing Address 14 Arrow St
Ste 11
City: Cambridge | State: MA | Zip Code: 02138-5106
FEC ID number of contributing federal political committee: C C00401224
Name of Employer:
Occupation:
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 26909.14

Date of Receipt: 08 / 24 / 2025
Transaction ID : ADAD6B0DB0D854BE38CB
Amount of Each Receipt this Period: 50.00
☒ Memo Item
Intermediary
Total Earmarked through conduit. PAC limit not affected.

B.
Full Name (Last, First, Middle Initial)
Solomon, Louis, , ,
Mailing Address 7902 SW 45 th Lane
City: Gainesville | State: FL | Zip Code: 32608
FEC ID number of contributing federal political committee: C
Name of Employer: UF
Occupation: physician
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 950.00

Date of Receipt: 09 / 01 / 2025
Transaction ID : AEAD00B0C5D4E465CB2B
Amount of Each Receipt this Period: 50.00
☐ Memo Item
Earmark: ActBlue (non-directed)

C.
Full Name (Last, First, Middle Initial)
ActBlue
Mailing Address 14 Arrow St
Ste 11
City: Cambridge | State: MA | Zip Code: 02138-5106
FEC ID number of contributing federal political committee: C C00401224
Name of Employer:
Occupation:
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 26909.14

Date of Receipt: 09 / 01 / 2025
Transaction ID : A39905C52F58B4AFCB61
Amount of Each Receipt this Period: 50.00
☒ Memo Item
Intermediary
Total Earmarked through conduit. PAC limit not affected.

SUBTOTAL of Receipts This Page (optional) ▶ 50.00

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

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NAME OF COMMITTEE (In Full)
Committee to Elect Alan Grayson

A.
Full Name (Last, First, Middle Initial): Solomon, Louis, , ,
Mailing Address 7902 SW 45 th Lane
City: Gainesville | State: FL | Zip Code: 32608
FEC ID number of contributing federal political committee: C
Name of Employer: UF
Occupation: physician
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 1000.00

Date of Receipt: 09 / 24 / 2025
Transaction ID : AE82BA2520068409EAB4
Amount of Each Receipt this Period: 50.00
☐ Memo Item
Earmark: ActBlue (non-directed)

B.
Full Name (Last, First, Middle Initial): ActBlue
Mailing Address 14 Arrow St
Ste 11
City: Cambridge | State: MA | Zip Code: 02138-5106
FEC ID number of contributing federal political committee: C C00401224
Name of Employer:
Occupation:
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 26909.14

Date of Receipt: 09 / 24 / 2025
Transaction ID : A8989DA03C9404D4DAB2
Amount of Each Receipt this Period: 50.00
☒ Memo Item
Intermediary
Total Earmarked through conduit. PAC limit not affected.

C.
Full Name (Last, First, Middle Initial): Taliesin, Ceridwen, , ,
Mailing Address 205 Deer Park Ave.
City: Temple Terrace | State: FL | Zip Code: 33617
FEC ID number of contributing federal political committee: C
Name of Employer: Not employed
Occupation: Not employed
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 202.40

Date of Receipt: 08 / 15 / 2025
Transaction ID : AECFC98A0CDE049D3923
Amount of Each Receipt this Period: 20.24
☐ Memo Item
Earmark: ActBlue (non-directed)

SUBTOTAL of Receipts This Page (optional) ▶ 70.24

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

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NAME OF COMMITTEE (In Full)
Committee to Elect Alan Grayson

A.
Full Name (Last, First, Middle Initial)
ActBlue
Mailing Address 14 Arrow St
Ste 11
City: Cambridge | State: MA | Zip Code: 02138-5106
FEC ID number of contributing federal political committee: C C00401224
Name of Employer:
Occupation:
Receipt For: 2026
☒ Primary ☐ General
☐ Other (specify) ▼
Election Cycle-to-Date ▼
26909.14

Date of Receipt: 08 / 15 / 2025
Transaction ID : AC179685D6A8149AAB8F
Amount of Each Receipt this Period: 20.24
☒ Memo Item
Intermediary
Total Earmarked through conduit. PAC limit not affected.

B.
Full Name (Last, First, Middle Initial)
Taliesin, Ceridwen, , ,
Mailing Address 205 Deer Park Ave.
City: Temple Terrace | State: FL | Zip Code: 33617
FEC ID number of contributing federal political committee: C
Name of Employer: Not employed
Occupation: Not employed
Receipt For: 2026
☒ Primary ☐ General
☐ Other (specify) ▼
Election Cycle-to-Date ▼
222.64

Date of Receipt: 09 / 15 / 2025
Transaction ID : AE1CBA0D77F834672A41
Amount of Each Receipt this Period: 20.24
☐ Memo Item
Earmark: ActBlue (non-directed)

C.
Full Name (Last, First, Middle Initial)
ActBlue
Mailing Address 14 Arrow St
Ste 11
City: Cambridge | State: MA | Zip Code: 02138-5106
FEC ID number of contributing federal political committee: C C00401224
Name of Employer:
Occupation:
Receipt For: 2026
☒ Primary ☐ General
☐ Other (specify) ▼
Election Cycle-to-Date ▼
26909.14

Date of Receipt: 09 / 15 / 2025
Transaction ID : A9865797563E8458EA4C
Amount of Each Receipt this Period: 20.24
☒ Memo Item
Intermediary
Total Earmarked through conduit. PAC limit not affected.

SUBTOTAL of Receipts This Page (optional) ▶ 20.24

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

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NAME OF COMMITTEE (In Full)
Committee to Elect Alan Grayson

A.
Full Name (Last, First, Middle Initial)
Tzoumas Montori, Marsha, , ,
Mailing Address P.O. Box 467
City: Russell | State: MA | Zip Code: 01071
FEC ID number of contributing federal political committee: C
Name of Employer: Not employed | Occupation: Not employed
Receipt For: 2026 ☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 216.00

Date of Receipt: 08 / 09 / 2025
Transaction ID : A74A7201782E64949ADE
Amount of Each Receipt this Period: 24.00
☐ Memo Item
Earmark: ActBlue (non-directed)

B.
Full Name (Last, First, Middle Initial)
ActBlue
Mailing Address 14 Arrow St
Ste 11
City: Cambridge | State: MA | Zip Code: 02138-5106
FEC ID number of contributing federal political committee: C C00401224
Name of Employer: | Occupation:
Receipt For: 2026 ☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 26909.14

Date of Receipt: 08 / 09 / 2025
Transaction ID : A9F63068DC57E410BB08
Amount of Each Receipt this Period: 24.00
☒ Memo Item
Intermediary
Total Earmarked through conduit. PAC limit not affected.

C.
Full Name (Last, First, Middle Initial)
Tzoumas Montori, Marsha, , ,
Mailing Address P.O. Box 467
City: Russell | State: MA | Zip Code: 01071
FEC ID number of contributing federal political committee: C
Name of Employer: Not employed | Occupation: Not employed
Receipt For: 2026 ☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 240.00

Date of Receipt: 09 / 09 / 2025
Transaction ID : A28130EA5FC264D728FA
Amount of Each Receipt this Period: 24.00
☐ Memo Item
Earmark: ActBlue (non-directed)

SUBTOTAL of Receipts This Page (optional) ▶ 48.00

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

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NAME OF COMMITTEE (In Full)
Committee to Elect Alan Grayson

A.
Full Name (Last, First, Middle Initial)
ActBlue
Mailing Address 14 Arrow St
Ste 11
City: Cambridge | State: MA | Zip Code: 02138-5106
FEC ID number of contributing federal political committee: C C00401224
Name of Employer | Occupation
Receipt For: 2026
☒ Primary ☐ General
☐ Other (specify) ▼
Election Cycle-to-Date ▼ 26909.14

Date of Receipt: 09 / 09 / 2025
Transaction ID : A7740D813F12F4E4A993
Amount of Each Receipt this Period: 24.00
☒ Memo Item
Intermediary
Total Earmarked through conduit. PAC limit not affected.

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
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
Amount of Each Receipt this Period
☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 0.00

TOTAL This Period (last page this line number only) ▶ 3125.91

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

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NAME OF COMMITTEE (In Full)
Committee to Elect Alan Grayson

A.
Full Name (Last, First, Middle Initial)
Guts Political Action Committee a/k/a True Blue Democrats
Mailing Address 5062 S 108th St
285
City: Omaha | State: NE | Zip Code: 68137-2314

FEC ID number of contributing federal political committee: C C00481978

Name of Employer | Occupation

Receipt For: 2026
☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
5000.00

Date of Receipt: M M 07 / D D 10 / Y Y Y Y 2025

Transaction ID : A0C306845BFF14E31A87

Amount of Each Receipt this Period
5000.00

☐ Memo Item

Contribution

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

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

Amount of Each Receipt this Period

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 5000.00

TOTAL This Period (last page this line number only) ▶ 5000.00

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

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NAME OF COMMITTEE (In Full)
Committee to Elect Alan Grayson

A.
Full Name (Last, First, Middle Initial): Grayson, Alan Mark, , ,
Mailing Address: 870 N Miramar Ave, Box 242
City: Indialantic | State: FL | Zip Code: 32903-3054
FEC ID number of contributing federal political committee: C S2FL00581
Name of Employer: Self | Occupation: Candidate
Receipt For: 2026 ☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 85643.64

Date of Receipt: 07 / 31 / 2025
Transaction ID : AD21FA4E52BFF4B2FA06
Amount of Each Receipt this Period: 10337.50
☐ Memo Item
Loan received from personal funds

B.
Full Name (Last, First, Middle Initial): Grayson, Alan Mark, , ,
Mailing Address: 870 N Miramar Ave, Box 242
City: Indialantic | State: FL | Zip Code: 32903-3054
FEC ID number of contributing federal political committee: C S2FL00581
Name of Employer: Self | Occupation: Candidate
Receipt For: 2026 ☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 94704.13

Date of Receipt: 08 / 31 / 2025
Transaction ID : A63DD56256A5943FE809
Amount of Each Receipt this Period: 9060.49
☐ Memo Item
Loan received from personal funds

C.
Full Name (Last, First, Middle Initial): Grayson, Alan Mark, , ,
Mailing Address: 870 N Miramar Ave, Box 242
City: Indialantic | State: FL | Zip Code: 32903-3054
FEC ID number of contributing federal political committee: C S2FL00581
Name of Employer: Self | Occupation: Candidate
Receipt For: 2026 ☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 103978.11

Date of Receipt: 09 / 30 / 2025
Transaction ID : AC2C84444B6984696A62
Amount of Each Receipt this Period: 9273.98
☐ Memo Item
Loan received from personal funds

SUBTOTAL of Receipts This Page (optional) ▶ 28671.97

TOTAL This Period (last page this line number only) ▶ 28671.97

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
☒ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)
Committee to Elect Alan Grayson

A.
Full Name (Last, First, Middle Initial)
ActBlue

Mailing Address 14 Arrow St
Ste 11

City: Cambridge | State: MA | Zip Code: 02138-5106

Purpose of Disbursement: Bankcard processing fees
Category/Type: 003

Candidate Name: ActBlue

Office Sought: ☐ House ☐ Senate ☐ President
State: District:

Disbursement For: 2026
☒ Primary ☐ General ☐ Other (specify)

Date of Disbursement: 07 / 31 / 2025

FEC Identification Number: C C00401224

Amount of Each Disbursement this Period: 63.38

Transaction ID : B857C89857CB7431BBDA

☐ Memo Item

B.
Full Name (Last, First, Middle Initial)
ActBlue

Mailing Address 14 Arrow St
Ste 11

City: Cambridge | State: MA | Zip Code: 02138-5106

Purpose of Disbursement: Bankcard processing fees
Category/Type: 003

Candidate Name: ActBlue

Office Sought: ☐ House ☐ Senate ☐ President
State: District:

Disbursement For: 2026
☒ Primary ☐ General ☐ Other (specify)

Date of Disbursement: 08 / 31 / 2025

FEC Identification Number: C C00401224

Amount of Each Disbursement this Period: 82.19

Transaction ID : B8553E4648F374689947

☐ Memo Item

C.
Full Name (Last, First, Middle Initial)
ActBlue

Mailing Address 14 Arrow St
Ste 11

City: Cambridge | State: MA | Zip Code: 02138-5106

Purpose of Disbursement: Bankcard processing fees
Category/Type: 003

Candidate Name: ActBlue

Office Sought: ☐ House ☐ Senate ☐ President
State: District:

Disbursement For: 2026
☒ Primary ☐ General ☐ Other (specify)

Date of Disbursement: 09 / 30 / 2025

FEC Identification Number: C C00401224

Amount of Each Disbursement this Period: 68.17

Transaction ID : BFEFF1B798263408F827

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 213.74

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

Image# 202601309794992257

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
☒ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)
Committee to Elect Alan Grayson

A. Full Name (Last, First, Middle Initial)
Aristotle

Mailing Address 205 Pennsylvania Ave, SE

City: Washington | State: DC | Zip Code: 20003-1164

Purpose of Disbursement: Compliance software

Category/Type: 001

Candidate Name

Office Sought: ☐ House ☐ Senate ☐ President
State: District:

Disbursement For: 2026
☒ Primary ☐ General ☐ Other (specify)

Date of Disbursement: 01 / 08 / 2025

FEC Identification Number: C

Amount of Each Disbursement this Period: 2000.00

Transaction ID : BC2C646A3217444A0B7A

☒ Memo Item

B. Full Name (Last, First, Middle Initial)
Aristotle

Mailing Address 205 Pennsylvania Ave, SE

City: Washington | State: DC | Zip Code: 20003-1164

Purpose of Disbursement: Compliance software

Category/Type: 001

Candidate Name

Office Sought: ☐ House ☐ Senate ☐ President
State: District:

Disbursement For: 2026
☒ Primary ☐ General ☐ Other (specify)

Date of Disbursement: 02 / 08 / 2025

FEC Identification Number: C

Amount of Each Disbursement this Period: 2000.00

Transaction ID : B2D3BF998B8CE4945A07

☒ Memo Item

C. Full Name (Last, First, Middle Initial)
Aristotle

Mailing Address 205 Pennsylvania Ave, SE

City: Washington | State: DC | Zip Code: 20003-1164

Purpose of Disbursement: Compliance software

Category/Type: 001

Candidate Name

Office Sought: ☐ House ☐ Senate ☐ President
State: District:

Disbursement For: 2026
☒ Primary ☐ General ☐ Other (specify)

Date of Disbursement: 03 / 08 / 2025

FEC Identification Number: C

Amount of Each Disbursement this Period: 6000.00

Transaction ID : B2CC32D2EC6AB4AD0944

☒ Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 0.00

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

Image# 202601309794992258

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
[X] 17 [ ] 18 [ ] 19a [ ] 19b
[ ] 20a [ ] 20b [ ] 20c [ ] 21

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NAME OF COMMITTEE (In Full)
Committee to Elect Alan Grayson

A. Full Name (Last, First, Middle Initial)
Aristotle

Mailing Address 205 Pennsylvania Ave, SE

City: Washington | State: DC | Zip Code: 20003-1164

Purpose of Disbursement: Compliance software

Category/Type: 001

Candidate Name

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: 2026
[X] Primary [ ] General [ ] Other (specify)

Date of Disbursement: 05 / 08 / 2025

FEC Identification Number: C

Amount of Each Disbursement this Period: 450.00

Transaction ID : BF92EDF7C798D415AB47

[X] Memo Item

B. Full Name (Last, First, Middle Initial)
Aristotle

Mailing Address 205 Pennsylvania Ave, SE

City: Washington | State: DC | Zip Code: 20003-1164

Purpose of Disbursement: Compliance software

Category/Type: 001

Candidate Name

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: 2026
[X] Primary [ ] General [ ] Other (specify)

Date of Disbursement: 09 / 08 / 2025

FEC Identification Number: C

Amount of Each Disbursement this Period: 450.00

Transaction ID : B8ACFBBAE62D64C14B52

[X] Memo Item

C. Full Name (Last, First, Middle Initial)
Alliant Visa

Mailing Address PO Box 1666

City: Des Plaines | State: IL | Zip Code: 60017-1666

Purpose of Disbursement: CC Interest

Category/Type: 001

Candidate Name

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: 2026
[X] Primary [ ] General [ ] Other (specify)

Date of Disbursement: 07 / 08 / 2025

FEC Identification Number: C

Amount of Each Disbursement this Period: 238.92

Transaction ID : B291CCDA9F04F4FA2A54

[ ] Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 238.92

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 Page

FOR LINE NUMBER: (check only one)
☒ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)
Committee to Elect Alan Grayson

A. Full Name (Last, First, Middle Initial)
Alliant Visa

Mailing Address PO Box 1666

City: Des Plaines | State: IL | Zip Code: 60017-1666

Purpose of Disbursement: Outdoor advertising

Category/Type: 004

Candidate Name

Office Sought: ☐ House ☐ Senate ☐ President
State: District:

Disbursement For: 2022
☒ Primary ☐ General ☐ Other (specify)

Date of Disbursement: 07 / 08 / 2025

FEC Identification Number: C

Amount of Each Disbursement this Period: 316.08

Transaction ID : BCB33113B482347BF94A

☐ Memo Item

B. Full Name (Last, First, Middle Initial)
Alliant Visa

Mailing Address PO Box 1666

City: Des Plaines | State: IL | Zip Code: 60017-1666

Purpose of Disbursement: CC Interest

Category/Type: 001

Candidate Name

Office Sought: ☐ House ☐ Senate ☐ President
State: District:

Disbursement For: 2026
☒ Primary ☐ General ☐ Other (specify)

Date of Disbursement: 08 / 07 / 2025

FEC Identification Number: C

Amount of Each Disbursement this Period: 234.66

Transaction ID : B911ED51692FE41A8819

☐ Memo Item

C. Full Name (Last, First, Middle Initial)
Alliant Visa

Mailing Address PO Box 1666

City: Des Plaines | State: IL | Zip Code: 60017-1666

Purpose of Disbursement: Outdoor advertising

Category/Type: 004

Candidate Name

Office Sought: ☐ House ☐ Senate ☐ President
State: District:

Disbursement For: 2022
☒ Primary ☐ General ☐ Other (specify)

Date of Disbursement: 08 / 07 / 2025

FEC Identification Number: C

Amount of Each Disbursement this Period: 310.34

Transaction ID : B9F3076EC201241ABAE6

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 861.08

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 Page

FOR LINE NUMBER: (check only one)
☒ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)
Committee to Elect Alan Grayson

A.
Full Name (Last, First, Middle Initial)
Alliant Visa
Mailing Address PO Box 1666
City: Des Plaines | State: IL | Zip Code: 60017-1666
Purpose of Disbursement: CC Interest
Category/Type: 001
Candidate Name
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: 2026
☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 09 / 08 / 2025
FEC Identification Number: C
Amount of Each Disbursement this Period: 232.71
Transaction ID : B3C935754E8D24B9DAE2
☐ Memo Item

B.
Full Name (Last, First, Middle Initial)
Alliant Visa
Mailing Address PO Box 1666
City: Des Plaines | State: IL | Zip Code: 60017-1666
Purpose of Disbursement: Outdoor advertising
Category/Type: 004
Candidate Name
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: 2022
☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 09 / 08 / 2025
FEC Identification Number: C
Amount of Each Disbursement this Period: 316.29
Transaction ID : B67BEB79E877745C188B
☐ Memo Item

C.
Full Name (Last, First, Middle Initial)
American Express Business Green
Mailing Address PO Box 650448
City: Dallas | State: TX | Zip Code: 75265-0448
Purpose of Disbursement: Credit Card: See Below
Category/Type: 001
Candidate Name
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: 2026
☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 07 / 08 / 2025
FEC Identification Number: C
Amount of Each Disbursement this Period: 532.73
Transaction ID : B96AA9BF0AACA4A84A32
☐ Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 1081.73

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

Image# 202601309794992261

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
☒ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)
Committee to Elect Alan Grayson

A. Full Name (Last, First, Middle Initial)
Public Storage

Mailing Address 1510 Spring Hill Road

City: Mc Lean | State: VA | Zip Code: 22102-3011

Purpose of Disbursement: Storage Expense

Category/Type: 001

Candidate Name

Office Sought: ☐ House ☐ Senate ☐ President
State: District:

Disbursement For: 2026
☒ Primary ☐ General ☐ Other (specify)

Date of Disbursement: 07 / 08 / 2025

FEC Identification Number: C

Amount of Each Disbursement this Period: 398.45

Transaction ID : B0492B08A409841738E3

☒ Memo Item

B. Full Name (Last, First, Middle Initial)
American Express Business Green

Mailing Address PO Box 650448

City: Dallas | State: TX | Zip Code: 75265-0448

Purpose of Disbursement: Credit Card: See Below

Category/Type: 001

Candidate Name

Office Sought: ☐ House ☐ Senate ☐ President
State: District:

Disbursement For: 2026
☒ Primary ☐ General ☐ Other (specify)

Date of Disbursement: 08 / 07 / 2025

FEC Identification Number: C

Amount of Each Disbursement this Period: 412.85

Transaction ID : BD9E02EC689184AC79BB

☐ Memo Item

C. Full Name (Last, First, Middle Initial)
Public Storage

Mailing Address 1510 Spring Hill Road

City: Mc Lean | State: VA | Zip Code: 22102-3011

Purpose of Disbursement: Storage Expense

Category/Type: 001

Candidate Name

Office Sought: ☐ House ☐ Senate ☐ President
State: District:

Disbursement For: 2026
☒ Primary ☐ General ☐ Other (specify)

Date of Disbursement: 08 / 07 / 2025

FEC Identification Number: C

Amount of Each Disbursement this Period: 398.45

Transaction ID : BAD68005EED974FE98CE

☒ Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 412.85

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 Page

FOR LINE NUMBER: (check only one)
☒ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)
Committee to Elect Alan Grayson

A. Full Name (Last, First, Middle Initial)
American Express Business Green

Mailing Address PO Box 650448

City: Dallas | State: TX | Zip Code: 75265-0448

Purpose of Disbursement: Credit Card: See Below

Category/Type: 001

Candidate Name

Office Sought: ☐ House ☐ Senate ☐ President
State: District:

Disbursement For: 2026
☒ Primary ☐ General ☐ Other (specify)

Date of Disbursement: 09 / 08 / 2025

FEC Identification Number: C

Amount of Each Disbursement this Period: 414.62

Transaction ID : B9775DAF2F7694744A27

☐ Memo Item

B. Full Name (Last, First, Middle Initial)
Public Storage

Mailing Address 1510 Spring Hill Road

City: Mc Lean | State: VA | Zip Code: 22102-3011

Purpose of Disbursement: Storage Expense

Category/Type: 001

Candidate Name

Office Sought: ☐ House ☐ Senate ☐ President
State: District:

Disbursement For: 2026
☒ Primary ☐ General ☐ Other (specify)

Date of Disbursement: 09 / 08 / 2025

FEC Identification Number: C

Amount of Each Disbursement this Period: 398.45

Transaction ID : BEF3FF301C8404D4980F

☒ Memo Item

C. Full Name (Last, First, Middle Initial)
American Express Gold 2

Mailing Address PO Box 650448

City: Dallas | State: TX | Zip Code: 75265-0448

Purpose of Disbursement: CREDIT CARD: See charges below

Category/Type: 001

Candidate Name

Office Sought: ☐ House ☐ Senate ☐ President
State: District:

Disbursement For: 2026
☒ Primary ☐ General ☐ Other (specify)

Date of Disbursement: 07 / 19 / 2025

FEC Identification Number: C

Amount of Each Disbursement this Period: 53.93

Transaction ID : B9575EDE336AE4FF2AA7

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 468.55

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 Page

FOR LINE NUMBER: (check only one)
☒ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)
Committee to Elect Alan Grayson

A.
Full Name (Last, First, Middle Initial)
American Express Green
Mailing Address P.O. Box 650448
City: Dallas | State: TX | Zip Code: 75265-0448
Purpose of Disbursement: CREDIT CARD: SEE BELOW
Category/Type: 001
Candidate Name
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: 2026 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 07 / 19 / 2025
FEC Identification Number: C
Amount of Each Disbursement this Period: 53.93
Transaction ID : B6EF20237773A4C8F923
☐ Memo Item

B.
Full Name (Last, First, Middle Initial)
Bank of America Flying Blue
Mailing Address PO Box 660710
City: Dallas | State: TX | Zip Code: 75266-0710
Purpose of Disbursement: CC Interest
Category/Type: 001
Candidate Name
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: 2026 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 07 / 19 / 2025
FEC Identification Number: C
Amount of Each Disbursement this Period: 459.68
Transaction ID : BFFD209127C694DC9B22
☐ Memo Item

C.
Full Name (Last, First, Middle Initial)
Bank of America Flying Blue
Mailing Address PO Box 660710
City: Dallas | State: TX | Zip Code: 75266-0710
Purpose of Disbursement: Outdoor advertising
Category/Type: 001
Candidate Name
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: 2022 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 07 / 19 / 2025
FEC Identification Number: C
Amount of Each Disbursement this Period: 258.32
Transaction ID : BF18B419E57BF4D3C82E
☐ Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 771.93

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

Image# 202601309794992264

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
☒ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)
Committee to Elect Alan Grayson

A. Full Name (Last, First, Middle Initial)
Bank of America Flying Blue

Mailing Address PO Box 660710

City: Dallas | State: TX | Zip Code: 75266-0710

Purpose of Disbursement: CC Interest and fees

Category/Type: 001

Candidate Name

Office Sought: ☐ House ☐ Senate ☐ President
State: District:

Disbursement For: 2026
☒ Primary ☐ General ☐ Other (specify)

Date of Disbursement: 08 / 18 / 2025

FEC Identification Number: C

Amount of Each Disbursement this Period: 480.93

Transaction ID : B5E5A4FB5122E470E91F

☐ Memo Item

B. Full Name (Last, First, Middle Initial)
Bank of America Flying Blue

Mailing Address PO Box 660710

City: Dallas | State: TX | Zip Code: 75266-0710

Purpose of Disbursement: Outdoor advertising

Category/Type: 001

Candidate Name

Office Sought: ☐ House ☐ Senate ☐ President
State: District:

Disbursement For: 2022
☒ Primary ☐ General ☐ Other (specify)

Date of Disbursement: 08 / 18 / 2025

FEC Identification Number: C

Amount of Each Disbursement this Period: 256.07

Transaction ID : B53D5534340FB40CD8D7

☐ Memo Item

C. Full Name (Last, First, Middle Initial)
Bank of America Flying Blue

Mailing Address PO Box 660710

City: Dallas | State: TX | Zip Code: 75266-0710

Purpose of Disbursement: CC Interest

Category/Type: 001

Candidate Name

Office Sought: ☐ House ☐ Senate ☐ President
State: District:

Disbursement For: 2026
☒ Primary ☐ General ☐ Other (specify)

Date of Disbursement: 09 / 18 / 2025

FEC Identification Number: C

Amount of Each Disbursement this Period: 451.15

Transaction ID : B38B59C336FD54F6CAEC

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 1188.15

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 Page

FOR LINE NUMBER: (check only one)
☒ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)
Committee to Elect Alan Grayson

A.
Full Name (Last, First, Middle Initial)
Bank of America Flying Blue
Mailing Address PO Box 660710
City: Dallas | State: TX | Zip Code: 75266-0710
Purpose of Disbursement: Outdoor advertising
Category/Type: 001
Candidate Name
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: 2022
☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 09 / 18 / 2025
FEC Identification Number: C
Amount of Each Disbursement this Period: 252.85
Transaction ID : B0B1D8B7307B0441F9BD
☐ Memo Item

B.
Full Name (Last, First, Middle Initial)
Bank Of America Free Spirit
Mailing Address PO Box 851001
City: Dallas | State: TX | Zip Code: 75285-1001
Purpose of Disbursement: CC Interest
Category/Type: 001
Candidate Name
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: 2026
☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 07 / 19 / 2025
FEC Identification Number: C
Amount of Each Disbursement this Period: 277.63
Transaction ID : B775867206FBA4CADBDA
☐ Memo Item

C.
Full Name (Last, First, Middle Initial)
Bank Of America Free Spirit
Mailing Address PO Box 851001
City: Dallas | State: TX | Zip Code: 75285-1001
Purpose of Disbursement: Billboards
Category/Type: 001
Candidate Name
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: 2022
☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 07 / 19 / 2025
FEC Identification Number: C
Amount of Each Disbursement this Period: 162.37
Transaction ID : BD5F0359766A24F2D9D0
☐ Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 692.85

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

Image# 202601309794992266

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
☒ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)
Committee to Elect Alan Grayson

A. Full Name (Last, First, Middle Initial)
Bank Of America Free Spirit

Mailing Address PO Box 851001

City: Dallas | State: TX | Zip Code: 75285-1001

Purpose of Disbursement: CC Interest

Category/Type: 001

Candidate Name

Office Sought: ☐ House ☐ Senate ☐ President
State: District:

Disbursement For: 2026
☒ Primary ☐ General ☐ Other (specify)

Date of Disbursement: 08 / 19 / 2025

FEC Identification Number: C

Amount of Each Disbursement this Period: 266.25

Transaction ID : BE6C1DF926D5144A98C3

☐ Memo Item

B. Full Name (Last, First, Middle Initial)
Bank Of America Free Spirit

Mailing Address PO Box 851001

City: Dallas | State: TX | Zip Code: 75285-1001

Purpose of Disbursement: Billboards

Category/Type: 001

Candidate Name

Office Sought: ☐ House ☐ Senate ☐ President
State: District:

Disbursement For: 2022
☒ Primary ☐ General ☐ Other (specify)

Date of Disbursement: 08 / 19 / 2025

FEC Identification Number: C

Amount of Each Disbursement this Period: 160.75

Transaction ID : BB81F08CF46C444AA9FD

☐ Memo Item

C. Full Name (Last, First, Middle Initial)
Bank Of America Free Spirit

Mailing Address PO Box 851001

City: Dallas | State: TX | Zip Code: 75285-1001

Purpose of Disbursement: CC Interest

Category/Type: 001

Candidate Name

Office Sought: ☐ House ☐ Senate ☐ President
State: District:

Disbursement For: 2026
☒ Primary ☐ General ☐ Other (specify)

Date of Disbursement: 09 / 18 / 2025

FEC Identification Number: C

Amount of Each Disbursement this Period: 272.36

Transaction ID : BD0B46716442D4A51A37

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 699.36

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 Page

FOR LINE NUMBER: (check only one)
☒ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)
Committee to Elect Alan Grayson

A.
Full Name (Last, First, Middle Initial)
Bank Of America Free Spirit
Mailing Address PO Box 851001
City: Dallas | State: TX | Zip Code: 75285-1001
Purpose of Disbursement: Billboards
Category/Type: 001
Candidate Name
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: 2022
☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 09 / 18 / 2025
FEC Identification Number: C
Amount of Each Disbursement this Period: 158.64
Transaction ID : BB78A769027534E8490C
☐ Memo Item

B.
Full Name (Last, First, Middle Initial)
BofA Virgin Atlantic
Mailing Address PO Box 660710
City: Dallas | State: TX | Zip Code: 75266-3240
Purpose of Disbursement: CC Interest
Category/Type: 001
Candidate Name
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: 2026
☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 07 / 09 / 2025
FEC Identification Number: C
Amount of Each Disbursement this Period: 227.05
Transaction ID : BC195FB439FE844779DD
☐ Memo Item

C.
Full Name (Last, First, Middle Initial)
BofA Virgin Atlantic
Mailing Address PO Box 660710
City: Dallas | State: TX | Zip Code: 75266-3240
Purpose of Disbursement: Outdoor advertising
Category/Type: 004
Candidate Name
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: 2022
☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 07 / 09 / 2025
FEC Identification Number: C
Amount of Each Disbursement this Period: 156.95
Transaction ID : B325ACE4F264C40ABAE1
☐ Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 542.64

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 Page

FOR LINE NUMBER: (check only one)
☒ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)
Committee to Elect Alan Grayson

A.
Full Name (Last, First, Middle Initial)
BofA Virgin Atlantic
Mailing Address PO Box 660710
City: Dallas | State: TX | Zip Code: 75266-3240
Purpose of Disbursement: CC Interest
Category/Type: 001
Candidate Name
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: 2026
☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 08 / 07 / 2025
FEC Identification Number: C
Amount of Each Disbursement this Period: 217.71
Transaction ID : B0D6B0B0C30DB47EB950
☐ Memo Item

B.
Full Name (Last, First, Middle Initial)
BofA Virgin Atlantic
Mailing Address PO Box 660710
City: Dallas | State: TX | Zip Code: 75266-3240
Purpose of Disbursement: Outdoor advertisiing
Category/Type: 004
Candidate Name
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: 2022
☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 08 / 07 / 2025
FEC Identification Number: C
Amount of Each Disbursement this Period: 155.29
Transaction ID : B60FB76F0588B48B9AEC
☐ Memo Item

C.
Full Name (Last, First, Middle Initial)
BofA Virgin Atlantic
Mailing Address PO Box 660710
City: Dallas | State: TX | Zip Code: 75266-3240
Purpose of Disbursement: CC Interest
Category/Type: 001
Candidate Name
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: 2026
☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 09 / 08 / 2025
FEC Identification Number: C
Amount of Each Disbursement this Period: 222.38
Transaction ID : BD88481716B4543B3A25
☐ Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 595.38

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 Page

FOR LINE NUMBER: (check only one)
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☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)
Committee to Elect Alan Grayson

A. Full Name (Last, First, Middle Initial)
BofA Virgin Atlantic

Mailing Address PO Box 660710

City: Dallas | State: TX | Zip Code: 75266-3240

Purpose of Disbursement: Outdoor advertisiing

Category/Type: 004

Candidate Name

Office Sought: ☐ House ☐ Senate ☐ President
State: District:

Disbursement For: 2022
☒ Primary ☐ General ☐ Other (specify)

Date of Disbursement: 09 / 08 / 2025

FEC Identification Number: C

Amount of Each Disbursement this Period: 154.62

Transaction ID : BF6B99F5BCDE749C8848

☐ Memo Item

B. Full Name (Last, First, Middle Initial)
Sexton PAC Consulting

Mailing Address 5120 Paw Paw Rd

City: Cambridge | State: MD | Zip Code: 21613-3640

Purpose of Disbursement: Compliance Services

Category/Type: 001

Candidate Name

Office Sought: ☐ House ☐ Senate ☐ President
State: District:

Disbursement For: 2026
☒ Primary ☐ General ☐ Other (specify)

Date of Disbursement: 03 / 08 / 2025

FEC Identification Number: C

Amount of Each Disbursement this Period: 3000.00

Transaction ID : BD8999F6C26D04FC88D6

☒ Memo Item

C. Full Name (Last, First, Middle Initial)
British Airways Chase

Mailing Address PO Box 6294

City: Carol Stream | State: IL | Zip Code: 60197-6294

Purpose of Disbursement: CC Interest

Category/Type: 001

Candidate Name

Office Sought: ☐ House ☐ Senate ☐ President
State: District:

Disbursement For: 2026
☒ Primary ☐ General ☐ Other (specify)

Date of Disbursement: 07 / 08 / 2025

FEC Identification Number: C

Amount of Each Disbursement this Period: 900.16

Transaction ID : B1FC5B3A4C7854A3EB38

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 1054.78

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 Page

FOR LINE NUMBER: (check only one)
☒ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)
Committee to Elect Alan Grayson

A.
Full Name (Last, First, Middle Initial)
British Airways Chase
Mailing Address PO Box 6294
City: Carol Stream | State: IL | Zip Code: 60197-6294
Purpose of Disbursement: Outdoor advertising
Candidate Name
Category/ Type:
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: 2022 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 07 / 08 / 2025
FEC Identification Number: C
Amount of Each Disbursement this Period: 486.84
Transaction ID : B279D3DAB472C42D1B36
☐ Memo Item

B.
Full Name (Last, First, Middle Initial)
British Airways Chase
Mailing Address PO Box 6294
City: Carol Stream | State: IL | Zip Code: 60197-6294
Purpose of Disbursement: CC Interest
Candidate Name
Category/ Type: 001
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: 2026 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 08 / 07 / 2025
FEC Identification Number: C
Amount of Each Disbursement this Period: 862.34
Transaction ID : B3E0CF6CC0CC04D71AA0
☐ Memo Item

C.
Full Name (Last, First, Middle Initial)
British Airways Chase
Mailing Address PO Box 6294
City: Carol Stream | State: IL | Zip Code: 60197-6294
Purpose of Disbursement: Outdoor advertising
Candidate Name
Category/ Type:
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: 2022 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 08 / 07 / 2025
FEC Identification Number: C
Amount of Each Disbursement this Period: 509.66
Transaction ID : BDE33D2C71DCF41DA897
☐ Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 1858.84

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 Page

FOR LINE NUMBER: (check only one)
☒ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)
Committee to Elect Alan Grayson

A.
Full Name (Last, First, Middle Initial)
British Airways Chase
Mailing Address PO Box 6294
City: Carol Stream | State: IL | Zip Code: 60197-6294
Purpose of Disbursement: CC Interest
Category/Type: 001
Candidate Name:
Office Sought: ☐ House ☐ Senate ☐ President
Disbursement For: 2026
☒ Primary ☐ General ☐ Other (specify)
State: District:
Date of Disbursement: 09 / 08 / 2025
FEC Identification Number: C
Amount of Each Disbursement this Period: 933.18
Transaction ID : B9D1F132B0EC040CAA98
☐ Memo Item

B.
Full Name (Last, First, Middle Initial)
British Airways Chase
Mailing Address PO Box 6294
City: Carol Stream | State: IL | Zip Code: 60197-6294
Purpose of Disbursement: Outdoor advertising
Category/Type:
Candidate Name:
Office Sought: ☐ House ☐ Senate ☐ President
Disbursement For: 2022
☒ Primary ☐ General ☐ Other (specify)
State: District:
Date of Disbursement: 09 / 08 / 2025
FEC Identification Number: C
Amount of Each Disbursement this Period: 535.82
Transaction ID : B2B8729B19F0F4E5EB1F
☐ Memo Item

C.
Full Name (Last, First, Middle Initial)
Chase Amazon Visa
Mailing Address PO Box 6294
City: Carol Stream | State: IL | Zip Code: 60197-6294
Purpose of Disbursement: Amazon services
Category/Type: 001
Candidate Name:
Office Sought: ☐ House ☐ Senate ☐ President
Disbursement For: 2026
☒ Primary ☐ General ☐ Other (specify)
State: District:
Date of Disbursement: 07 / 15 / 2025
FEC Identification Number: C
Amount of Each Disbursement this Period: 13.50
Transaction ID : B8FC0DC20F1554AF7A41
☐ Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 1482.50

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 Page

FOR LINE NUMBER: (check only one)
☒ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)
Committee to Elect Alan Grayson

A.
Full Name (Last, First, Middle Initial)
Chase Amazon Visa
Mailing Address PO Box 6294
City: Carol Stream | State: IL | Zip Code: 60197-6294
Purpose of Disbursement: CC Interest
Category/Type: 001
Candidate Name
Office Sought: ☐ House ☐ Senate ☐ President
Disbursement For: 2026
☒ Primary ☐ General ☐ Other (specify)
State: District:
Date of Disbursement: 07 / 15 / 2025
FEC Identification Number: C
Amount of Each Disbursement this Period: 526.39
Transaction ID : BD6FA72DDFA0D43959BC
☐ Memo Item

B.
Full Name (Last, First, Middle Initial)
Chase Amazon Visa
Mailing Address PO Box 6294
City: Carol Stream | State: IL | Zip Code: 60197-6294
Purpose of Disbursement: Outdoor advertising
Category/Type: 001
Candidate Name
Office Sought: ☐ House ☐ Senate ☐ President
Disbursement For: 2022
☒ Primary ☐ General ☐ Other (specify)
State: District:
Date of Disbursement: 07 / 15 / 2025
FEC Identification Number: C
Amount of Each Disbursement this Period: 316.11
Transaction ID : BD25B2844F25348DC8AE
☐ Memo Item

C.
Full Name (Last, First, Middle Initial)
Chase Amazon Visa
Mailing Address PO Box 6294
City: Carol Stream | State: IL | Zip Code: 60197-6294
Purpose of Disbursement: Amazon services
Category/Type: 001
Candidate Name
Office Sought: ☐ House ☐ Senate ☐ President
Disbursement For: 2026
☒ Primary ☐ General ☐ Other (specify)
State: District:
Date of Disbursement: 08 / 15 / 2025
FEC Identification Number: C
Amount of Each Disbursement this Period: 13.50
Transaction ID : B30ABCD449DD44B79ACC
☐ Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 856.00

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 Page

FOR LINE NUMBER: (check only one)
☒ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)
Committee to Elect Alan Grayson

A.
Full Name (Last, First, Middle Initial)
Chase Amazon Visa
Mailing Address PO Box 6294
City: Carol Stream | State: IL | Zip Code: 60197-6294
Purpose of Disbursement: CC Interest
Category/Type: 001
Candidate Name
Office Sought: ☐ House ☐ Senate ☐ President
Disbursement For: 2026
☒ Primary ☐ General ☐ Other (specify)
State: District:
Date of Disbursement: 08 / 15 / 2025
FEC Identification Number: C
Amount of Each Disbursement this Period: 532.51
Transaction ID : BA2D39ADFB08F46DFB2F
☐ Memo Item

B.
Full Name (Last, First, Middle Initial)
Chase Amazon Visa
Mailing Address PO Box 6294
City: Carol Stream | State: IL | Zip Code: 60197-6294
Purpose of Disbursement: Outdoor advertising
Category/Type: 001
Candidate Name
Office Sought: ☐ House ☐ Senate ☐ President
Disbursement For: 2022
☒ Primary ☐ General ☐ Other (specify)
State: District:
Date of Disbursement: 08 / 15 / 2025
FEC Identification Number: C
Amount of Each Disbursement this Period: 284.99
Transaction ID : B4DCBEAF53D364131A5F
☐ Memo Item

C.
Full Name (Last, First, Middle Initial)
Chase Amazon Visa
Mailing Address PO Box 6294
City: Carol Stream | State: IL | Zip Code: 60197-6294
Purpose of Disbursement: CC Interest
Category/Type: 001
Candidate Name
Office Sought: ☐ House ☐ Senate ☐ President
Disbursement For: 2026
☒ Primary ☐ General ☐ Other (specify)
State: District:
Date of Disbursement: 09 / 13 / 2025
FEC Identification Number: C
Amount of Each Disbursement this Period: 516.24
Transaction ID : B9876523501814FBF9FE
☐ Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 1333.74

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 Page

FOR LINE NUMBER: (check only one)
☒ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)
Committee to Elect Alan Grayson

A.
Full Name (Last, First, Middle Initial)
Chase Amazon Visa
Mailing Address PO Box 6294
City: Carol Stream | State: IL | Zip Code: 60197-6294
Purpose of Disbursement: Outdoor advertising
Category/Type: 001
Candidate Name
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: 2022
☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 09 / 13 / 2025
FEC Identification Number: C
Amount of Each Disbursement this Period: 310.26
Transaction ID : B917C8C7FF65648D6BBE
☐ Memo Item

B.
Full Name (Last, First, Middle Initial)
Chase Amazon Visa
Mailing Address PO Box 6294
City: Carol Stream | State: IL | Zip Code: 60197-6294
Purpose of Disbursement: Amazon services
Category/Type: 001
Candidate Name
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: 2026
☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 09 / 13 / 2025
FEC Identification Number: C
Amount of Each Disbursement this Period: 13.50
Transaction ID : B20E9B5ED468247B7A56
☐ Memo Item

C.
Full Name (Last, First, Middle Initial)
Chase United
Mailing Address PO Box 6294
City: Carol Stream | State: IL | Zip Code: 60197-6294
Purpose of Disbursement: Credit card interest
Category/Type: 001
Candidate Name
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: 2026
☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 07 / 27 / 2025
FEC Identification Number: C
Amount of Each Disbursement this Period: 1254.77
Transaction ID : BA4357F54AFA94FB39DE
☐ Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 1578.53

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 Page

FOR LINE NUMBER: (check only one)
☒ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)
Committee to Elect Alan Grayson

A.
Full Name (Last, First, Middle Initial)
Chase United
Mailing Address PO Box 6294
City: Carol Stream | State: IL | Zip Code: 60197-6294
Purpose of Disbursement: Printing
Category/Type: 004
Candidate Name
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: 2022
☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 07 / 27 / 2025
FEC Identification Number: C
Amount of Each Disbursement this Period: 744.23
Transaction ID : BCF02FC12ED134862966
☐ Memo Item

B.
Full Name (Last, First, Middle Initial)
Chase United
Mailing Address PO Box 6294
City: Carol Stream | State: IL | Zip Code: 60197-6294
Purpose of Disbursement: CC Interest
Category/Type: 001
Candidate Name
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: 2026
☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 08 / 27 / 2025
FEC Identification Number: C
Amount of Each Disbursement this Period: 1283.42
Transaction ID : B8A5FBAF56C184716A6D
☐ Memo Item

C.
Full Name (Last, First, Middle Initial)
Chase United
Mailing Address PO Box 6294
City: Carol Stream | State: IL | Zip Code: 60197-6294
Purpose of Disbursement: Printing
Category/Type: 004
Candidate Name
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: 2022
☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 08 / 27 / 2025
FEC Identification Number: C
Amount of Each Disbursement this Period: 736.58
Transaction ID : B7F75467731FE4E5D934
☐ Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 2764.23

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 Page

FOR LINE NUMBER: (check only one)
☒ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)
Committee to Elect Alan Grayson

A.
Full Name (Last, First, Middle Initial)
Chase United
Mailing Address PO Box 6294
City: Carol Stream | State: IL | Zip Code: 60197-6294
Purpose of Disbursement: Printing
Category/Type: 004
Candidate Name
Office Sought: ☐ House ☐ Senate ☐ President
Disbursement For: 2022 ☒ Primary ☐ General ☐ Other (specify)
State: District:
Date of Disbursement: 09 / 22 / 2025
FEC Identification Number: C
Amount of Each Disbursement this Period: 739.18
Transaction ID : B444AAEE4D9DD4740BD5
☐ Memo Item

B.
Full Name (Last, First, Middle Initial)
Chase United
Mailing Address PO Box 6294
City: Carol Stream | State: IL | Zip Code: 60197-6294
Purpose of Disbursement: CC Interest
Category/Type: 001
Candidate Name
Office Sought: ☐ House ☐ Senate ☐ President
Disbursement For: 2026 ☒ Primary ☐ General ☐ Other (specify)
State: District:
Date of Disbursement: 09 / 27 / 2025
FEC Identification Number: C
Amount of Each Disbursement this Period: 1259.82
Transaction ID : B1A551C0F71D64803BE0
☐ Memo Item

C.
Full Name (Last, First, Middle Initial)
Citi Bank Double Cash
Mailing Address PO Box 6062
City: Sioux Falls | State: SD | Zip Code: 57117-6062
Purpose of Disbursement: CC Interest
Category/Type: 001
Candidate Name
Office Sought: ☐ House ☐ Senate ☐ President
Disbursement For: 2026 ☒ Primary ☐ General ☐ Other (specify)
State: District:
Date of Disbursement: 07 / 03 / 2025
FEC Identification Number: C
Amount of Each Disbursement this Period: 643.46
Transaction ID : B97F9928E44AB4CAEA1D
☐ Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 2642.46

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 Page

FOR LINE NUMBER: (check only one)
☒ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)
Committee to Elect Alan Grayson

A. Full Name (Last, First, Middle Initial)
Citi Bank Double Cash

Mailing Address PO Box 6062

City: Sioux Falls | State: SD | Zip Code: 57117-6062

Purpose of Disbursement: Billboards

Category/Type: 004

Candidate Name

Office Sought: ☐ House ☐ Senate ☐ President
State: District:

Disbursement For: 2022
☒ Primary ☐ General ☐ Other (specify)

Date of Disbursement: 07 / 03 / 2025

FEC Identification Number: C

Amount of Each Disbursement this Period: 1358.17

Transaction ID : BBAE82FE6723F475EA45

☐ Memo Item

B. Full Name (Last, First, Middle Initial)
Citi Bank Double Cash

Mailing Address PO Box 6062

City: Sioux Falls | State: SD | Zip Code: 57117-6062

Purpose of Disbursement: CC Interest

Category/Type: 001

Candidate Name

Office Sought: ☐ House ☐ Senate ☐ President
State: District:

Disbursement For: 2026
☒ Primary ☐ General ☐ Other (specify)

Date of Disbursement: 08 / 07 / 2025

FEC Identification Number: C

Amount of Each Disbursement this Period: 593.75

Transaction ID : B5B37927CBCFA450BAD2

☐ Memo Item

C. Full Name (Last, First, Middle Initial)
Citi Bank Double Cash

Mailing Address PO Box 6062

City: Sioux Falls | State: SD | Zip Code: 57117-6062

Purpose of Disbursement: Billboards

Category/Type: 004

Candidate Name

Office Sought: ☐ House ☐ Senate ☐ President
State: District:

Disbursement For: 2022
☒ Primary ☐ General ☐ Other (specify)

Date of Disbursement: 08 / 07 / 2025

FEC Identification Number: C

Amount of Each Disbursement this Period: 341.00

Transaction ID : B0251A714656B4585854

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 2292.92

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 Page

FOR LINE NUMBER: (check only one)
☒ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)
Committee to Elect Alan Grayson

A.
Full Name (Last, First, Middle Initial)
Citi Bank Double Cash
Mailing Address PO Box 6062
City: Sioux Falls | State: SD | Zip Code: 57117-6062
Purpose of Disbursement: CC Interest
Category/Type: 001
Candidate Name
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: 2026
☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 09 / 08 / 2025
FEC Identification Number: C
Amount of Each Disbursement this Period: 659.92
Transaction ID : BECBC8E1DA0E94A1DA59
☐ Memo Item

B.
Full Name (Last, First, Middle Initial)
Citi Bank Double Cash
Mailing Address PO Box 6062
City: Sioux Falls | State: SD | Zip Code: 57117-6062
Purpose of Disbursement: Billboards
Category/Type: 004
Candidate Name
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: 2022
☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 09 / 08 / 2025
FEC Identification Number: C
Amount of Each Disbursement this Period: 338.00
Transaction ID : B8125F13CA07648CB972
☐ Memo Item

C.
Full Name (Last, First, Middle Initial)
Aristotle
Mailing Address 205 Pennsylvania Ave, SE
City: Washington | State: DC | Zip Code: 20003-1164
Purpose of Disbursement: Compliance software
Category/Type: 001
Candidate Name
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: 2026
☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 03 / 22 / 2025
FEC Identification Number: C
Amount of Each Disbursement this Period: 3050.00
Transaction ID : B2004CB14F4AA4832B17
☒ Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 997.92

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

Image# 202601309794992279

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
☒ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)
Committee to Elect Alan Grayson

A. Full Name (Last, First, Middle Initial)
Aristotle

Mailing Address 205 Pennsylvania Ave, SE

City: Washington | State: DC | Zip Code: 20003-1164

Purpose of Disbursement: Compliance software

Category/Type: 001

Candidate Name

Office Sought: ☐ House ☐ Senate ☐ President
State: District:

Disbursement For: 2026
☒ Primary ☐ General ☐ Other (specify)

Date of Disbursement: 09 / 22 / 2025

FEC Identification Number: C

Amount of Each Disbursement this Period: 1050.00

Transaction ID : B9A38F3DCDF774AD6846

☒ Memo Item

B. Full Name (Last, First, Middle Initial)
Citi Prestige

Mailing Address PO Box 6004

City: Sioux Falls | State: SD | Zip Code: 57117-6004

Purpose of Disbursement: CC Interest

Category/Type: 001

Candidate Name

Office Sought: ☐ House ☐ Senate ☐ President
State: District:

Disbursement For: 2026
☒ Primary ☐ General ☐ Other (specify)

Date of Disbursement: 07 / 22 / 2025

FEC Identification Number: C

Amount of Each Disbursement this Period: 499.14

Transaction ID : B335C716CB6854FF4AE5

☐ Memo Item

C. Full Name (Last, First, Middle Initial)
Citi Prestige

Mailing Address PO Box 6004

City: Sioux Falls | State: SD | Zip Code: 57117-6004

Purpose of Disbursement: Printing/Advertising

Category/Type:

Candidate Name

Office Sought: ☐ House ☐ Senate ☐ President
State: District:

Disbursement For: 2022
☒ Primary ☐ General ☐ Other (specify)

Date of Disbursement: 07 / 22 / 2025

FEC Identification Number: C

Amount of Each Disbursement this Period: 235.00

Transaction ID : BC145FE80579849E798B

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 734.14

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 Page

FOR LINE NUMBER: (check only one)
☒ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)
Committee to Elect Alan Grayson

A. Full Name (Last, First, Middle Initial)
Citi Prestige

Mailing Address PO Box 6004

City: Sioux Falls | State: SD | Zip Code: 57117-6004

Purpose of Disbursement: CC Interest

Category/Type: 001

Candidate Name

Office Sought: ☐ House ☐ Senate ☐ President
State: District:

Disbursement For: 2026
☒ Primary ☐ General ☐ Other (specify)

Date of Disbursement: 08 / 22 / 2025

FEC Identification Number: C

Amount of Each Disbursement this Period: 478.89

Transaction ID : B77DF19BCB8C240808E8

☐ Memo Item

B. Full Name (Last, First, Middle Initial)
Citi Prestige

Mailing Address PO Box 6004

City: Sioux Falls | State: SD | Zip Code: 57117-6004

Purpose of Disbursement: Printing/advertising

Category/Type:

Candidate Name

Office Sought: ☐ House ☐ Senate ☐ President
State: District:

Disbursement For: 2022
☒ Primary ☐ General ☐ Other (specify)

Date of Disbursement: 08 / 22 / 2025

FEC Identification Number: C

Amount of Each Disbursement this Period: 232.00

Transaction ID : B355EF27DC1E84FB197B

☐ Memo Item

C. Full Name (Last, First, Middle Initial)
Citi Prestige

Mailing Address PO Box 6004

City: Sioux Falls | State: SD | Zip Code: 57117-6004

Purpose of Disbursement: CC Interest

Category/Type: 001

Candidate Name

Office Sought: ☐ House ☐ Senate ☐ President
State: District:

Disbursement For: 2026
☒ Primary ☐ General ☐ Other (specify)

Date of Disbursement: 09 / 22 / 2025

FEC Identification Number: C

Amount of Each Disbursement this Period: 560.44

Transaction ID : BF07F14C6DCE3427790E

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 1271.33

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

Image# 202601309794992281

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
☒ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)
Committee to Elect Alan Grayson

A. Full Name (Last, First, Middle Initial)
Citi Prestige

Mailing Address PO Box 6004

City: Sioux Falls | State: SD | Zip Code: 57117-6004

Purpose of Disbursement: Printing/advertising

Candidate Name

Category/ Type:

Office Sought: ☐ House ☐ Senate ☐ President
State: District:

Disbursement For: 2022
☒ Primary ☐ General ☐ Other (specify)

Date of Disbursement: 09 / 22 / 2025

FEC Identification Number: C

Amount of Each Disbursement this Period: 241.00

Transaction ID : BDEB411B5B7D7457AB7F

☐ Memo Item

B. Full Name (Last, First, Middle Initial)
Sexton PAC Consulting

Mailing Address 5120 Paw Paw Rd

City: Cambridge | State: MD | Zip Code: 21613-3640

Purpose of Disbursement: Compliance Services

Category/ Type: 001

Candidate Name

Office Sought: ☐ House ☐ Senate ☐ President
State: District:

Disbursement For: 2026
☒ Primary ☐ General ☐ Other (specify)

Date of Disbursement: 02 / 11 / 2025

FEC Identification Number: C

Amount of Each Disbursement this Period: 3000.00

Transaction ID : B785556AA2CB042039A6

☒ Memo Item

C. Full Name (Last, First, Middle Initial)
Coastal Community X1 Card

Mailing Address Credit Card Division
PO Box 12220

City: Everett | State: WA | Zip Code: 98206-2220

Purpose of Disbursement: CC Interest

Category/ Type: 001

Candidate Name

Office Sought: ☐ House ☐ Senate ☐ President
State: District:

Disbursement For: 2026
☒ Primary ☐ General ☐ Other (specify)

Date of Disbursement: 07 / 11 / 2025

FEC Identification Number: C

Amount of Each Disbursement this Period: 505.37

Transaction ID : BBAFA30779FA24824B92

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 746.37

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

Image# 202601309794992282

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
☒ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)
Committee to Elect Alan Grayson

A. Full Name (Last, First, Middle Initial)
Coastal Community X1 Card

Mailing Address Credit Card Division
PO Box 12220

City: Everett | State: WA | Zip Code: 98206-2220

Purpose of Disbursement: Outdoor advertisiing

Category/Type: 001

Candidate Name

Office Sought: ☐ House ☐ Senate ☐ President
State: District:

Disbursement For: 2022
☒ Primary ☐ General ☐ Other (specify)

Date of Disbursement: 07 / 11 / 2025

FEC Identification Number: C

Amount of Each Disbursement this Period: 341.63

Transaction ID : BC479EBA8E74644658AC

☐ Memo Item

B. Full Name (Last, First, Middle Initial)
Coastal Community X1 Card

Mailing Address Credit Card Division
PO Box 12220

City: Everett | State: WA | Zip Code: 98206-2220

Purpose of Disbursement: CC Interest

Category/Type: 001

Candidate Name

Office Sought: ☐ House ☐ Senate ☐ President
State: District:

Disbursement For: 2026
☒ Primary ☐ General ☐ Other (specify)

Date of Disbursement: 08 / 10 / 2025

FEC Identification Number: C

Amount of Each Disbursement this Period: 495.29

Transaction ID : B42B922BF9AC54E199A1

☐ Memo Item

C. Full Name (Last, First, Middle Initial)
Coastal Community X1 Card

Mailing Address Credit Card Division
PO Box 12220

City: Everett | State: WA | Zip Code: 98206-2220

Purpose of Disbursement: Outdoor advertising

Category/Type: 001

Candidate Name

Office Sought: ☐ House ☐ Senate ☐ President
State: District:

Disbursement For: 2022
☒ Primary ☐ General ☐ Other (specify)

Date of Disbursement: 08 / 10 / 2025

FEC Identification Number: C

Amount of Each Disbursement this Period: 326.71

Transaction ID : BB7DBEACF94A744C08A3

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 1163.63

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 Page

FOR LINE NUMBER: (check only one)
☒ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)
Committee to Elect Alan Grayson

A. Full Name (Last, First, Middle Initial)
Coastal Community X1 Card

Mailing Address Credit Card Division
PO Box 12220

City: Everett | State: WA | Zip Code: 98206-2220

Purpose of Disbursement: CC Interest

Category/Type: 001

Candidate Name:

Office Sought: ☐ House ☐ Senate ☐ President
State: District:

Disbursement For: 2026
☒ Primary ☐ General ☐ Other (specify)

Date of Disbursement: 09 / 10 / 2025

FEC Identification Number: C

Amount of Each Disbursement this Period: 490.55

Transaction ID : BF64CF41F225A4F549FF

☐ Memo Item

B. Full Name (Last, First, Middle Initial)
Coastal Community X1 Card

Mailing Address Credit Card Division
PO Box 12220

City: Everett | State: WA | Zip Code: 98206-2220

Purpose of Disbursement: Outdoor advertising

Category/Type: 001

Candidate Name:

Office Sought: ☐ House ☐ Senate ☐ President
State: District:

Disbursement For: 2022
☒ Primary ☐ General ☐ Other (specify)

Date of Disbursement: 09 / 10 / 2025

FEC Identification Number: C

Amount of Each Disbursement this Period: 338.45

Transaction ID : B13F682EE17F04B439EE

☐ Memo Item

C. Full Name (Last, First, Middle Initial)
Discover It Card

Mailing Address PO Box 6103

City: Carol Stream | State: IL | Zip Code: 60197-6103

Purpose of Disbursement: CC Interest

Category/Type: 001

Candidate Name:

Office Sought: ☐ House ☐ Senate ☐ President
State: District:

Disbursement For: 2026
☒ Primary ☐ General ☐ Other (specify)

Date of Disbursement: 07 / 28 / 2025

FEC Identification Number: C

Amount of Each Disbursement this Period: 187.09

Transaction ID : BBE86EAFF395E4C5CB92

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 1016.09

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 Page

FOR LINE NUMBER: (check only one)
☒ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)
Committee to Elect Alan Grayson

A. Full Name (Last, First, Middle Initial)
Discover It Card

Mailing Address PO Box 6103

City: Carol Stream | State: IL | Zip Code: 60197-6103

Purpose of Disbursement: Digital advertising

Candidate Name

Category/ Type:

Office Sought: ☐ House ☐ Senate ☐ President
State: District:

Disbursement For: 2024
☒ Primary ☐ General ☐ Other (specify)

Date of Disbursement: 07 / 28 / 2025

FEC Identification Number: C

Amount of Each Disbursement this Period: 90.91

Transaction ID : B680A9B2B2B0F4ADCA8B

☐ Memo Item

B. Full Name (Last, First, Middle Initial)
Discover It Card

Mailing Address PO Box 6103

City: Carol Stream | State: IL | Zip Code: 60197-6103

Purpose of Disbursement: CC Interest

Candidate Name

Category/ Type: 001

Office Sought: ☐ House ☐ Senate ☐ President
State: District:

Disbursement For: 2026
☒ Primary ☐ General ☐ Other (specify)

Date of Disbursement: 08 / 27 / 2025

FEC Identification Number: C

Amount of Each Disbursement this Period: 191.98

Transaction ID : BC4A6239EB85340CD8B0

☐ Memo Item

C. Full Name (Last, First, Middle Initial)
Discover It Card

Mailing Address PO Box 6103

City: Carol Stream | State: IL | Zip Code: 60197-6103

Purpose of Disbursement: Digital advertising

Candidate Name

Category/ Type:

Office Sought: ☐ House ☐ Senate ☐ President
State: District:

Disbursement For: 2024
☒ Primary ☐ General ☐ Other (specify)

Date of Disbursement: 08 / 27 / 2025

FEC Identification Number: C

Amount of Each Disbursement this Period: 84.02

Transaction ID : BE0CDC6A0448E4C88B7C

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 366.91

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

Image# 202601309794992285

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
☒ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)
Committee to Elect Alan Grayson

A. Full Name (Last, First, Middle Initial)
Discover It Card

Mailing Address PO Box 6103

City: Carol Stream | State: IL | Zip Code: 60197-6103

Purpose of Disbursement: CC Interest

Category/Type: 001

Candidate Name

Office Sought: ☐ House ☐ Senate ☐ President
State: District:

Disbursement For: 2026
☒ Primary ☐ General ☐ Other (specify)

Date of Disbursement: 09 / 27 / 2025

FEC Identification Number: C

Amount of Each Disbursement this Period: 190.67

Transaction ID : BC36269792F6748F2BF7

☐ Memo Item

B. Full Name (Last, First, Middle Initial)
Discover It Card

Mailing Address PO Box 6103

City: Carol Stream | State: IL | Zip Code: 60197-6103

Purpose of Disbursement: Digital advertising

Category/Type:

Candidate Name

Office Sought: ☐ House ☐ Senate ☐ President
State: District:

Disbursement For: 2024
☒ Primary ☐ General ☐ Other (specify)

Date of Disbursement: 09 / 27 / 2025

FEC Identification Number: C

Amount of Each Disbursement this Period: 84.33

Transaction ID : B6E991B8107EE4F6CAF9

☐ Memo Item

C. Full Name (Last, First, Middle Initial)
USAlliance Visa

Mailing Address PO Box 4517

City: Carol Stream | State: IL | Zip Code: 60197-4517

Purpose of Disbursement: Outdoor advertising

Category/Type: 001

Candidate Name

Office Sought: ☐ House ☐ Senate ☐ President
State: District:

Disbursement For: 2022
☒ Primary ☐ General ☐ Other (specify)

Date of Disbursement: 07 / 23 / 2025

FEC Identification Number: C

Amount of Each Disbursement this Period: 128.97

Transaction ID : B352A66E360954D6A81D

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 403.97

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 Page

FOR LINE NUMBER: (check only one)
☒ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)
Committee to Elect Alan Grayson

A.
Full Name (Last, First, Middle Initial)
USAlliance Visa
Mailing Address PO Box 4517
City: Carol Stream | State: IL | Zip Code: 60197-4517
Purpose of Disbursement: outdoor advertising
Category/Type: 001
Candidate Name
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: 2022
☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 08 / 23 / 2025
FEC Identification Number: C
Amount of Each Disbursement this Period: 118.70
Transaction ID : B33835706040E491DA05
☐ Memo Item

B.
Full Name (Last, First, Middle Initial)
USAlliance Visa
Mailing Address PO Box 4517
City: Carol Stream | State: IL | Zip Code: 60197-4517
Purpose of Disbursement: CC Interest expense
Category/Type: 001
Candidate Name
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: 2026
☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 09 / 22 / 2025
FEC Identification Number: C
Amount of Each Disbursement this Period: 309.58
Transaction ID : BDD10D773DF1E416C8F4
☐ Memo Item

C.
Full Name (Last, First, Middle Initial)
USAlliance Visa
Mailing Address PO Box 4517
City: Carol Stream | State: IL | Zip Code: 60197-4517
Purpose of Disbursement: Outdoor advertising
Category/Type: 001
Candidate Name
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: 2022
☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 09 / 22 / 2025
FEC Identification Number: C
Amount of Each Disbursement this Period: 309.58
Transaction ID : B4C3D5CEACF2A4E3CB50
☐ Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 737.86

TOTAL This Period (last page this line number only) ▶ 31069.40

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Committee to Elect Alan Grayson

A.
Full Name (Last, First, Middle Initial)
Grayson, Alan Mark, , ,

Mailing Address 870 N Miramar Ave
Box 242

City: Indialantic | State: FL | Zip Code: 32903-3054

Purpose of Disbursement: Loan Repayment: Loan Received

Candidate Name: Grayson, Alan Mark, , ,

Category/ Type:

Office Sought: ☐ House ☒ Senate ☐ President
State: FL District:

Disbursement For: 2022
☒ Primary ☐ General ☐ Other (specify)

Date of Disbursement: 07 / 11 / 2025

FEC Identification Number: C C00424713

Amount of Each Disbursement this Period: 8000.00

Transaction ID : BBDC917EED3874191936

☐ Memo Item

B.
Full Name (Last, First, Middle Initial)
Grayson, Alan Mark, , ,

Mailing Address 870 N Miramar Ave
Box 242

City: Indialantic | State: FL | Zip Code: 32903-3054

Purpose of Disbursement: Loan Repayment: Loan Received

Candidate Name: Grayson, Alan Mark, , ,

Category/ Type:

Office Sought: ☐ House ☒ Senate ☐ President
State: FL District:

Disbursement For: 2022
☒ Primary ☐ General ☐ Other (specify)

Date of Disbursement: 08 / 07 / 2025

FEC Identification Number: C C00424713

Amount of Each Disbursement this Period: 1900.00

Transaction ID : B711E0B9D43434984A72

☐ Memo Item

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

Mailing Address

City | State | Zip Code

Purpose of Disbursement

Candidate Name

Category/ Type:

Office Sought: ☐ House ☐ Senate ☐ President
State: District:

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

Date of Disbursement: M M / D D / Y Y Y Y

FEC Identification Number: C

Amount of Each Disbursement this Period:

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 9900.00

TOTAL This Period (last page this line number only) ▶ 9900.00

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one)
- [X] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)
Committee to Elect Alan Grayson

Transaction ID : CAE9FEE7CD2184278B08

LOAN SOURCE Full Name (Last, First, Middle Initial)
Grayson, Alan Mark, , ,

☐ Memo Item

Election: 2024
- [X] Primary
- [ ] General
- [ ] Other (specify) ▼

Mailing Address
870 N Miramar Ave
Box 242

City	State	ZIP Code
Indialantic	FL	32903-3054

[X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
819.00	0.00	819.00

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
05/11/2023	None	12.00 % (apr)	☐ Yes ☒ No

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

1. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶	819.00
TOTALS This Period (last page in this line only) ▶	

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

Image# 202601309794992289

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one) ☒ 13a ☐ 13b

NAME OF COMMITTEE (In Full)

Committee to Elect Alan Grayson

Transaction ID : CC2C84444B6984696A62

LOAN SOURCE Full Name (Last, First, Middle Initial)

☐ Memo Item

Grayson, Alan Mark, , ,

Mailing Address
870 N Miramar Ave
Box 242

City: Indialantic | State: FL | ZIP Code: 32903-3054

Election: 2026
☒ Primary
☐ General
☐ Other (specify) ▼

☒ Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
9273.98	0.00	9273.98

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
09/30/2025	None	12.00 % (apr)	☐ Yes ☒ No

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

1. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶ 9273.98

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

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

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one)
- [X] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)

Committee to Elect Alan Grayson

Transaction ID : CA9E8A74C30A546FF835

LOAN SOURCE Full Name (Last, First, Middle Initial)

Grayson, Alan Mark, , ,

☐ Memo Item

Election: 2022
- [X] Primary
- [ ] General
- [ ] Other (specify) ▼

Mailing Address
870 N Miramar Ave
Box 242

City	State	ZIP Code
Indialantic	FL	32903-3054

[X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
2715.00	0.00	2715.00

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
11/27/2022	None	12.00 % (apr)	☐ Yes ☒ No

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

1. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶	2715.00
TOTALS This Period (last page in this line only) ▶	

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

Image# 202601309794992291

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one) [X] 13a [ ] 13b

NAME OF COMMITTEE (In Full)

Committee to Elect Alan Grayson

Transaction ID : CFA50A833E67B47F59F4

LOAN SOURCE Full Name (Last, First, Middle Initial)

Grayson, Alan Mark, , ,

[ ] Memo Item

Election: 2024
[X] Primary
[ ] General
[ ] Other (specify) ▼

Mailing Address
870 N Miramar Ave
Box 242

City	State	ZIP Code
Indialantic	FL	32903-3054

[X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
515.00	0.00	515.00

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
01/09/2023	None	12.00 % (apr)	[ ] Yes [X] No

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

1. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶	515.00
TOTALS This Period (last page in this line only) ▶	

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

Image# 202601309794992292

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one) [X] 13a [ ] 13b

NAME OF COMMITTEE (In Full)

Committee to Elect Alan Grayson

Transaction ID : CB27F73EA11D1482980A

LOAN SOURCE Full Name (Last, First, Middle Initial)

Grayson, Alan Mark, , ,

[ ] Memo Item

Election: 2024
[X] Primary
[ ] General
[ ] Other (specify) ▼

Mailing Address
870 N Miramar Ave
Box 242

City: Indialantic | State: FL | ZIP Code: 32903-3054

[X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
551.00	0.00	551.00

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
12/19/2023	None	12.00 % (apr)	[ ] Yes [X] No

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

1. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶ 551.00

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

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

Image# 202601309794992293

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one) [X] 13a [ ] 13b

NAME OF COMMITTEE (In Full)

Committee to Elect Alan Grayson

Transaction ID : C055ACC3CA40A4363941

LOAN SOURCE Full Name (Last, First, Middle Initial)

[ ] Memo Item

Grayson, Alan Mark, , ,

Mailing Address
870 N Miramar Ave
Box 242

City: Indialantic | State: FL | ZIP Code: 32903-3054

Election: 2024
[X] Primary
[ ] General
[ ] Other (specify) ▼

[X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
483.00	0.00	483.00

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
12/09/2023	None	12.00 % (apr)	[ ] Yes [X] No

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

1. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶ 483.00

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

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

Image# 202601309794992294

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one)
- [X] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)
Committee to Elect Alan Grayson

Transaction ID : CE2633519C8EC4FC29E2

LOAN SOURCE Full Name (Last, First, Middle Initial)
Grayson, Alan Mark, , ,

☐ Memo Item

Mailing Address
870 N Miramar Ave
Box 242

City	State	ZIP Code
Indialantic	FL	32903-3054

Election: 2014
- [ ] Primary
- [X] General
- [ ] Other (specify) ▼

[X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
175806.72	52278.00	123528.72

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
09/26/2014	None	12.00 % (apr)	☐ Yes ☒ No

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

1. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶	123528.72
TOTALS This Period (last page in this line only) ▶	

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

Image# 202601309794992295

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one) [X] 13a [ ] 13b

NAME OF COMMITTEE (In Full)

Committee to Elect Alan Grayson

Transaction ID : CB9A1B81C3A1A452D858

LOAN SOURCE Full Name (Last, First, Middle Initial)

Grayson, Alan Mark, , ,

[ ] Memo Item

Election: 2022
[X] Primary
[ ] General
[ ] Other (specify) ▼

Mailing Address
870 N Miramar Ave
Box 242

City	State	ZIP Code
Indialantic	FL	32903-3054

[X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
2654.00	0.00	2654.00

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
10/27/2022	None	12.00 % (apr)	[ ] Yes [X] No

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

1. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶ 2654.00

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

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

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one)
- [X] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)

Committee to Elect Alan Grayson

Transaction ID : C94B280A7778C42F094B

LOAN SOURCE Full Name (Last, First, Middle Initial)

Grayson, Alan Mark, , ,

[ ] Memo Item

Mailing Address
870 N Miramar Ave
Box 242

City	State	ZIP Code
Indialantic	FL	32903-3054

Election: 2022
- [X] Primary
- [ ] General
- [ ] Other (specify) ▼

[X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
45.00	0.00	45.00

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
12/03/2022	None	12.00 % (apr)	[ ] Yes [X] No

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

1. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶ 45.00

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

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

Image# 202601309794992297

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one)
- [X] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)

Committee to Elect Alan Grayson

Transaction ID : C365D5A3C91754187B53

LOAN SOURCE Full Name (Last, First, Middle Initial)

Grayson, Alan Mark, , ,

[ ] Memo Item

Mailing Address
870 N Miramar Ave
Box 242

City	State	ZIP Code
Indialantic	FL	32903-3054

Election: 2024
- [X] Primary
- [ ] General
- [ ] Other (specify) ▼

[X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
329.00	0.00	329.00

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
09/26/2023	None	12.00 % (apr)	[ ] Yes [X] No

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

1. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶	329.00
TOTALS This Period (last page in this line only) ▶	

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

Image# 202601309794992298

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one) [X] 13a [ ] 13b

NAME OF COMMITTEE (In Full)

Committee to Elect Alan Grayson

Transaction ID : C511E9327729441DA89F

LOAN SOURCE Full Name (Last, First, Middle Initial)

[ ] Memo Item

Grayson, Alan Mark, , ,

Mailing Address
870 N Miramar Ave
Box 242

City: Indialantic | State: FL | ZIP Code: 32903-3054

Election: 2024
[X] Primary
[ ] General
[ ] Other (specify) ▼

[X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
818.00	0.00	818.00

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
07/11/2023	None	12.00 % (apr)	[ ] Yes [X] No

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

1. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶ 818.00

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

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

Image# 202601309794992299

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one)
- [X] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)

Committee to Elect Alan Grayson

Transaction ID : C8F871FA60FD04C14A9C

LOAN SOURCE Full Name (Last, First, Middle Initial)

Grayson, Alan Mark, , ,

- [ ] Memo Item

Election: 2024
- [X] Primary
- [ ] General
- [ ] Other (specify) ▼

Mailing Address
870 N Miramar Ave
Box 242

City	State	ZIP Code
Indialantic	FL	32903-3054

- [X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
506.00	0.00	506.00

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
08/22/2023	None	12.00 % (apr)	[ ] Yes [X] No

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

1. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶ 506.00

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

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

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one)
- [X] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)
Committee to Elect Alan Grayson

Transaction ID : C8A5E109E4D9448FAB68

LOAN SOURCE Full Name (Last, First, Middle Initial)
Grayson, Alan Mark, , ,

- [ ] Memo Item

Election: 2024
- [X] Primary
- [ ] General
- [ ] Other (specify) ▼

Mailing Address
870 N Miramar Ave
Box 242

City	State	ZIP Code
Indialantic	FL	32903-3054

- [X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
488.00	0.00	488.00

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
09/23/2023	None	12.00 % (apr)	[ ] Yes [X] No

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

1. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶	488.00
TOTALS This Period (last page in this line only) ▶	

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

Image# 202601309794992301

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one)
- [X] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)
Committee to Elect Alan Grayson

Transaction ID : C85296F96708C4696A68

LOAN SOURCE Full Name (Last, First, Middle Initial)
Grayson, Alan Mark, , ,

[ ] Memo Item

Mailing Address
870 N Miramar Ave
Box 242

City: Indialantic | State: FL | ZIP Code: 32903-3054

Election: 2024
- [X] Primary
- [ ] General
- [ ] Other (specify) ▼

[X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
1029.00	0.00	1029.00

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
11/06/2023	None	12.00 % (apr)	[ ] Yes [X] No

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

1. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶	1029.00
TOTALS This Period (last page in this line only) ▶	

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

Image# 202601309794992302

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one)
- [X] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)

Committee to Elect Alan Grayson

Transaction ID : CBB2D1E04D4C049B8BA2

LOAN SOURCE Full Name (Last, First, Middle Initial)

Grayson, Alan Mark, , ,

- [ ] Memo Item

Election: 2010
- [X] Primary
- [ ] General
- [ ] Other (specify) ▼

Mailing Address
870 N Miramar Ave
Box 242

City	State	ZIP Code
Indialantic	FL	32903-3054

- [X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
20000.00	0.00	20000.00

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
11/17/2008	None	12.00 % (apr)	[ ] Yes [X] No

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

1. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶	20000.00
TOTALS This Period (last page in this line only) ▶	

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

Image# 202601309794992303

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one)
- [X] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)
Committee to Elect Alan Grayson

Transaction ID : CA6323F4B58E84BCA9AD

LOAN SOURCE Full Name (Last, First, Middle Initial)
Grayson, Alan Mark, , ,

- [ ] Memo Item

Election: 2024
- [X] Primary
- [ ] General
- [ ] Other (specify) ▼

Mailing Address
870 N Miramar Ave
Box 242

City	State	ZIP Code
Indialantic	FL	32903-3054

- [X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
156.00	0.00	156.00

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
11/04/2023	None	12.00 % (apr)	[ ] Yes [X] No

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

1. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶	156.00
TOTALS This Period (last page in this line only) ▶	

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

Image# 202601309794992304

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one) [X] 13a [ ] 13b

NAME OF COMMITTEE (In Full)

Committee to Elect Alan Grayson

Transaction ID : CD727287C2A644FC8AC3

LOAN SOURCE Full Name (Last, First, Middle Initial)

Grayson, Alan Mark, , ,

[ ] Memo Item

Election: 2024
[X] Primary
[ ] General
[ ] Other (specify) ▼

Mailing Address
870 N Miramar Ave
Box 242

City	State	ZIP Code
Indialantic	FL	32903-3054

[X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
1116.00	0.00	1116.00

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
03/06/2023	None	12.00 % (apr)	[ ] Yes [X] No

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

1. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶ 1116.00

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

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

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one)
- [X] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)
Committee to Elect Alan Grayson

Transaction ID : CB712F337A7D74E75B46

LOAN SOURCE Full Name (Last, First, Middle Initial)
Grayson, Alan Mark, , ,

- [ ] Memo Item

Election: 2024
- [X] Primary
- [ ] General
- [ ] Other (specify) ▼

Mailing Address
870 N Miramar Ave
Box 242

City	State	ZIP Code
Indialantic	FL	32903-3054

- [X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
888.00	0.00	888.00

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
07/15/2023	None	12.00 % (apr)	[ ] Yes [X] No

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

1. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶	888.00
TOTALS This Period (last page in this line only) ▶	

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

Image# 202601309794992306

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one)
- [X] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)
Committee to Elect Alan Grayson

Transaction ID : C413B086AB6AD4EA3B22

LOAN SOURCE Full Name (Last, First, Middle Initial)
Grayson, Alan Mark, , ,

- [ ] Memo Item

Election: 2022
- [X] Primary
- [ ] General
- [ ] Other (specify) ▼

Mailing Address
870 N Miramar Ave
Box 242

City	State	ZIP Code
Indialantic	FL	32903-3054

- [X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
500.00	0.00	500.00

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
09/02/2022	None	12.00 % (apr)	[ ] Yes [X] No

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

1. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶	500.00
TOTALS This Period (last page in this line only) ▶	

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

Image# 202601309794992307

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one)
- [X] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)

Committee to Elect Alan Grayson

Transaction ID : CFD0E16CF535E4237870

LOAN SOURCE Full Name (Last, First, Middle Initial)

Grayson, Alan Mark, , ,

- [ ] Memo Item

Election: 2024
- [X] Primary
- [ ] General
- [ ] Other (specify) ▼

Mailing Address
870 N Miramar Ave
Box 242

City	State	ZIP Code
Indialantic	FL	32903-3054

- [X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
1065.39	0.00	1065.39

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
03/09/2023	None	12.00 % (apr)	[ ] Yes [X] No

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

1. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶	1065.39
TOTALS This Period (last page in this line only) ▶	

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

Image# 202601309794992308

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one)
- [X] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)

Committee to Elect Alan Grayson

Transaction ID : CFB7B251FEC4449A5895

LOAN SOURCE Full Name (Last, First, Middle Initial)

Grayson, Alan Mark, , ,

[ ] Memo Item

Mailing Address
870 N Miramar Ave
Box 242

City: Indialantic | State: FL | ZIP Code: 32903-3054

Election: 2010
- [ ] Primary
- [X] General
- [ ] Other (specify) ▼

[X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
50000.00	0.00	50000.00

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
10/19/2010	None	12.00 % (apr)	[ ] Yes [X] No

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

1. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶ 50000.00

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

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

Image# 202601309794992309

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one)
- [X] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)

Committee to Elect Alan Grayson

Transaction ID : C0E095A6FB0704E7A807

LOAN SOURCE Full Name (Last, First, Middle Initial)

Grayson, Alan Mark, , ,

- [ ] Memo Item

Election: 2024
- [X] Primary
- [ ] General
- [ ] Other (specify) ▼

Mailing Address
870 N Miramar Ave
Box 242

City	State	ZIP Code
Indialantic	FL	32903-3054

- [X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
511.00	0.00	511.00

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
09/09/2023	None	12.00 % (apr)	[ ] Yes [X] No

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

1. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶	511.00
TOTALS This Period (last page in this line only) ▶	

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

Image# 202601309794992310

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one)
- [X] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)
Committee to Elect Alan Grayson

Transaction ID : CF1E403A9615B45E2B68

LOAN SOURCE Full Name (Last, First, Middle Initial)
Grayson, Alan Mark, , ,

- [ ] Memo Item

Mailing Address
870 N Miramar Ave
Box 242

City: Indialantic | State: FL | ZIP Code: 32903-3054

Election: 2024
- [X] Primary
- [ ] General
- [ ] Other (specify) ▼

- [X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
501.00	0.00	501.00

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
04/23/2023	None	12.00 % (apr)	[ ] Yes [X] No

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

1. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶ 501.00

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

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

Image# 202601309794992311

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one)
- [X] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)

Committee to Elect Alan Grayson

Transaction ID : C83C79A08454D418DB86

LOAN SOURCE Full Name (Last, First, Middle Initial)

Grayson, Alan Mark, , ,

- [ ] Memo Item

Election: 2024
- [X] Primary
- [ ] General
- [ ] Other (specify) ▼

Mailing Address
870 N Miramar Ave
Box 242

City	State	ZIP Code
Indialantic	FL	32903-3054

- [X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
291.00	0.00	291.00

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
08/28/2023	None	12.00 % (apr)	[ ] Yes [X] No

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

1. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶	291.00
TOTALS This Period (last page in this line only) ▶	

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

Image# 202601309794992312

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one)
- [X] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)

Committee to Elect Alan Grayson

Transaction ID : CEFD202B1531744B2990

LOAN SOURCE Full Name (Last, First, Middle Initial)

Grayson, Alan Mark, , ,

[ ] Memo Item

Mailing Address
870 N Miramar Ave
Box 242

City	State	ZIP Code
Indialantic	FL	32903-3054

Election: 2022
- [X] Primary
- [ ] General
- [ ] Other (specify) ▼

[X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
250000.00	17400.00	232600.00

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
06/25/2021	None	12.00 % (apr)	[ ] Yes [X] No

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

1. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶	232600.00
TOTALS This Period (last page in this line only) ▶	

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

Image# 202601309794992313

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one)
- [X] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)

Committee to Elect Alan Grayson

Transaction ID : C8F9E3A1011424CFB84A

LOAN SOURCE Full Name (Last, First, Middle Initial)

Grayson, Alan Mark, , ,

- [ ] Memo Item

Election: 2024
- [X] Primary
- [ ] General
- [ ] Other (specify) ▼

Mailing Address
870 N Miramar Ave
Box 242

City	State	ZIP Code
Indialantic	FL	32903-3054

- [X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
510.00	0.00	510.00

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
01/24/2023	None	12.00 % (apr)	[ ] Yes [X] No

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

1. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶	510.00
TOTALS This Period (last page in this line only) ▶	

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

Image# 202601309794992314

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one)
- [X] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)

Committee to Elect Alan Grayson

Transaction ID : CD230EDB9C8CB40EB833

LOAN SOURCE Full Name (Last, First, Middle Initial)

Grayson, Alan Mark, , ,

- [ ] Memo Item

Election: 2022
- [X] Primary
- [ ] General
- [ ] Other (specify) ▼

Mailing Address
870 N Miramar Ave
Box 242

City	State	ZIP Code
Indialantic	FL	32903-3054

- [X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
305.00	0.00	305.00

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
11/28/2022	None	12.00 % (apr)	[ ] Yes [X] No

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

1. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶	305.00
TOTALS This Period (last page in this line only) ▶	

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

Image# 202601309794992315

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one) [X] 13a [ ] 13b

NAME OF COMMITTEE (In Full)

Committee to Elect Alan Grayson

Transaction ID : C1A136ABC9A5F44FB92E

LOAN SOURCE Full Name (Last, First, Middle Initial)

[ ] Memo Item

Grayson, Alan Mark, , ,

Mailing Address
870 N Miramar Ave
Box 242

City: Indialantic | State: FL | ZIP Code: 32903-3054

Election: 2024
[X] Primary
[ ] General
[ ] Other (specify) ▼

[X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
770.66	0.00	770.66

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
10/22/2023	None	12.00 % (apr)	[ ] Yes [X] No

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

1. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶ 770.66

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

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

Image# 202601309794992316

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one)
- [X] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)

Committee to Elect Alan Grayson

Transaction ID : CBB75DBFF89AB4A7AA64

LOAN SOURCE Full Name (Last, First, Middle Initial)

Grayson, Alan Mark, , ,

- [ ] Memo Item

Election: 2020
- [X] Primary
- [ ] General
- [ ] Other (specify) ▼

Mailing Address
870 N Miramar Ave
Box 242

City	State	ZIP Code
Indialantic	FL	32903-3054

- [X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
1241.94	0.00	1241.94

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
10/15/2019	None	12.00 % (apr)	[ ] Yes [X] No

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

1. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶	1241.94
TOTALS This Period (last page in this line only) ▶	

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

Image# 202601309794992317

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one)
- [X] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)

Committee to Elect Alan Grayson

Transaction ID : C12ADE71689974F30868

LOAN SOURCE Full Name (Last, First, Middle Initial)

Grayson, Alan Mark, , ,

- [ ] Memo Item

Election: 2024
- [X] Primary
- [ ] General
- [ ] Other (specify) ▼

Mailing Address
870 N Miramar Ave
Box 242

City	State	ZIP Code
Indialantic	FL	32903-3054

- [X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
2505.00	0.00	2505.00

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
12/27/2023	None	12.00 % (apr)	[ ] Yes [X] No

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

1. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶	2505.00
TOTALS This Period (last page in this line only) ▶	

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

Image# 202601309794992318

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one)
- [X] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)

Committee to Elect Alan Grayson

Transaction ID : C194CED4B646C41AA87A

LOAN SOURCE Full Name (Last, First, Middle Initial)

Grayson, Alan Mark, , ,

- [ ] Memo Item

Election: 2024
- [X] Primary
- [ ] General
- [ ] Other (specify) ▼

Mailing Address
870 N Miramar Ave
Box 242

City	State	ZIP Code
Indialantic	FL	32903-3054

- [X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
562.00	0.00	562.00

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
10/19/2023	None	12.00 % (apr)	[ ] Yes [X] No

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

1. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶	562.00
TOTALS This Period (last page in this line only) ▶	

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

Image# 202601309794992319

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one)
- [X] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)

Committee to Elect Alan Grayson

Transaction ID : CC8CCAF600699480F865

LOAN SOURCE Full Name (Last, First, Middle Initial)

Grayson, Alan Mark, , ,

- [ ] Memo Item

Election: 2024
- [X] Primary
- [ ] General
- [ ] Other (specify) ▼

Mailing Address
870 N Miramar Ave
Box 242

City	State	ZIP Code
Indialantic	FL	32903-3054

- [X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
291.00	0.00	291.00

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
11/28/2023	None	12.00 % (apr)	[ ] Yes [X] No

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

1. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶	291.00
TOTALS This Period (last page in this line only) ▶	

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

Image# 202601309794992320

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one)
- [X] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)
Committee to Elect Alan Grayson

Transaction ID : C2F8BAC7014F04284B25

LOAN SOURCE Full Name (Last, First, Middle Initial)
Grayson, Alan Mark, , ,

- [ ] Memo Item

Mailing Address
870 N Miramar Ave
Box 242

City	State	ZIP Code
Indialantic	FL	32903-3054

Election: 2024
- [X] Primary
- [ ] General
- [ ] Other (specify) ▼

- [X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
837.00	0.00	837.00

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
02/10/2023	None	12.00 % (apr)	[ ] Yes [X] No

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

1. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶ 837.00

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

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

Image# 202601309794992321

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one)
- [X] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)

Committee to Elect Alan Grayson

Transaction ID : C7FDAD4C10BD746B3A08

LOAN SOURCE Full Name (Last, First, Middle Initial)

Grayson, Alan Mark, , ,

- [ ] Memo Item

Election: 2024
- [X] Primary
- [ ] General
- [ ] Other (specify) ▼

Mailing Address
870 N Miramar Ave
Box 242

City	State	ZIP Code
Indialantic	FL	32903-3054

- [X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
2570.00	0.00	2570.00

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
03/27/2023	None	12.00 % (apr)	[ ] Yes [X] No

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

1. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶	2570.00
TOTALS This Period (last page in this line only) ▶	

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

Image# 202601309794992322

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one)
- [X] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)

Committee to Elect Alan Grayson

Transaction ID : C892D4648D36949E5A4F

LOAN SOURCE Full Name (Last, First, Middle Initial)

Grayson, Alan Mark, , ,

- [ ] Memo Item

Election: 2024
- [X] Primary
- [ ] General
- [ ] Other (specify) ▼

Mailing Address
870 N Miramar Ave
Box 242

City	State	ZIP Code
Indialantic	FL	32903-3054

- [X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
829.00	0.00	829.00

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
03/11/2023	None	12.00 % (apr)	[ ] Yes [X] No

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

1. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶	829.00
TOTALS This Period (last page in this line only) ▶	

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

Image# 202601309794992323

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one)
- [X] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)

Committee to Elect Alan Grayson

Transaction ID : CF69B182C82D340BC87C

LOAN SOURCE Full Name (Last, First, Middle Initial)

Grayson, Alan Mark, , ,

- [ ] Memo Item

Election: 2024
- [X] Primary
- [ ] General
- [ ] Other (specify) ▼

Mailing Address
870 N Miramar Ave
Box 242

City	State	ZIP Code
Indialantic	FL	32903-3054

- [X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
2730.00	0.00	2730.00

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
04/27/2023	None	12.00 % (apr)	[ ] Yes [X] No

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

1. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶	2730.00
TOTALS This Period (last page in this line only) ▶	

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

Image# 202601309794992324

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one) ☒ 13a ☐ 13b

NAME OF COMMITTEE (In Full)

Committee to Elect Alan Grayson

Transaction ID : CFB74B5665DCB4FD1975

LOAN SOURCE Full Name (Last, First, Middle Initial)

☐ Memo Item

Grayson, Alan Mark, , ,

Mailing Address
870 N Miramar Ave
Box 242

City: Indialantic | State: FL | ZIP Code: 32903-3054

Election: 2022
☒ Primary
☐ General
☐ Other (specify) ▼

☒ Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
816.00	0.00	816.00

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
12/11/2022	None	12.00 % (apr)	☐ Yes ☒ No

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

1. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶ 816.00

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

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

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one)
- [X] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)

Committee to Elect Alan Grayson

Transaction ID : C851B413DBE174AFFA35

LOAN SOURCE Full Name (Last, First, Middle Initial)

Grayson, Alan Mark, , ,

[ ] Memo Item

Election: 2006
- [X] Primary
- [ ] General
- [ ] Other (specify) ▼

Mailing Address
870 N Miramar Ave
Box 242

City	State	ZIP Code
Indialantic	FL	32903-3054

[X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
25000.00	0.00	25000.00

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
09/07/2006	None	12.00 % (apr)	[ ] Yes [X] No

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

1. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶	25000.00
TOTALS This Period (last page in this line only) ▶	

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

Image# 202601309794992326

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one)
- [X] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)

Committee to Elect Alan Grayson

Transaction ID : CD5A4F62292B24B28B20

LOAN SOURCE Full Name (Last, First, Middle Initial)

Grayson, Alan Mark, , ,

- [ ] Memo Item

Election: 2024
- [X] Primary
- [ ] General
- [ ] Other (specify) ▼

Mailing Address
870 N Miramar Ave
Box 242

City	State	ZIP Code
Indialantic	FL	32903-3054

- [X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
784.00	0.00	784.00

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
12/11/2023	None	12.00 % (apr)	[ ] Yes [X] No

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

1. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶	784.00
TOTALS This Period (last page in this line only) ▶	

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

Image# 202601309794992327

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one)
- [X] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)
Committee to Elect Alan Grayson

Transaction ID : C0C772C00B032471E8D1

LOAN SOURCE Full Name (Last, First, Middle Initial)
Grayson, Alan Mark, , ,

- [ ] Memo Item

Mailing Address
870 N Miramar Ave
Box 242

City	State	ZIP Code
Indialantic	FL	32903-3054

Election: 2022
- [X] Primary
- [ ] General
- [ ] Other (specify) ▼

- [X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
1171.00	0.00	1171.00

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
11/23/2022	None	12.00 % (apr)	[ ] Yes [X] No

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

1. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶	1171.00
TOTALS This Period (last page in this line only) ▶	

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

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one)
- [X] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)

Committee to Elect Alan Grayson

Transaction ID : CD6C044952BA8484D964

LOAN SOURCE Full Name (Last, First, Middle Initial)

Grayson, Alan Mark, , ,

[ ] Memo Item

Election: 2024
- [X] Primary
- [ ] General
- [ ] Other (specify) ▼

Mailing Address
870 N Miramar Ave
Box 242

City	State	ZIP Code
Indialantic	FL	32903-3054

[X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
1420.00	0.00	1420.00

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
06/05/2023	None	12.00 % (apr)	[ ] Yes [X] No

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

1. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶	1420.00
TOTALS This Period (last page in this line only) ▶	

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

Image# 202601309794992329

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one)
- [X] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)

Committee to Elect Alan Grayson

Transaction ID : C5359D21E2E7E4929B09

LOAN SOURCE Full Name (Last, First, Middle Initial)

Grayson, Alan Mark, , ,

- [ ] Memo Item

Election: 2024
- [X] Primary
- [ ] General
- [ ] Other (specify) ▼

Mailing Address
870 N Miramar Ave
Box 242

City	State	ZIP Code
Indialantic	FL	32903-3054

- [X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
7500.00	0.00	7500.00

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
07/06/2023	None	12.00 % (apr)	[ ] Yes [X] No

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

1. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶	7500.00
TOTALS This Period (last page in this line only) ▶	

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

Image# 202601309794992330

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one)
- [X] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)

Committee to Elect Alan Grayson

Transaction ID : C74F62F5BE1BB4AD09FD

LOAN SOURCE Full Name (Last, First, Middle Initial)

Grayson, Alan Mark, , ,

- [ ] Memo Item

Election: 2024
- [X] Primary
- [ ] General
- [ ] Other (specify) ▼

Mailing Address
870 N Miramar Ave
Box 242

City	State	ZIP Code
Indialantic	FL	32903-3054

- [X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
530.00	0.00	530.00

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
08/08/2023	None	12.00 % (apr)	[ ] Yes [X] No

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

1. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶	530.00
TOTALS This Period (last page in this line only) ▶	

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

Image# 202601309794992331

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one) [X] 13a [ ] 13b

NAME OF COMMITTEE (In Full)

Committee to Elect Alan Grayson

Transaction ID : CEA0D2DF879DE4CDF929

LOAN SOURCE Full Name (Last, First, Middle Initial)

[ ] Memo Item

Grayson, Alan Mark, , ,

Election: 2024
[X] Primary
[ ] General
[ ] Other (specify) ▼

Mailing Address
870 N Miramar Ave
Box 242

City	State	ZIP Code
Indialantic	FL	32903-3054

[X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
1651.00	0.00	1651.00

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
11/08/2023	None	12.00 % (apr)	[ ] Yes [X] No

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

1. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶ 1651.00

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

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

Image# 202601309794992332

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one)
- [X] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)
Committee to Elect Alan Grayson

Transaction ID : CE4CF7F77B73D4924872

LOAN SOURCE Full Name (Last, First, Middle Initial)
Grayson, Alan Mark, , ,

- [ ] Memo Item

Election: 2022
- [X] Primary
- [ ] General
- [ ] Other (specify) ▼

Mailing Address
870 N Miramar Ave
Box 242

City	State	ZIP Code
Indialantic	FL	32903-3054

- [X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
71.00	0.00	71.00

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
12/10/2022	None	12.00 % (apr)	[ ] Yes [X] No

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

1. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶	71.00
TOTALS This Period (last page in this line only) ▶	

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

Image# 202601309794992333

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one) ☒ 13a ☐ 13b

NAME OF COMMITTEE (In Full)

Committee to Elect Alan Grayson

Transaction ID : C4C6281CD992741AA941

LOAN SOURCE Full Name (Last, First, Middle Initial)

☐ Memo Item

Grayson, Alan Mark, , ,

Mailing Address
870 N Miramar Ave
Box 242

City: Indialantic | State: FL | ZIP Code: 32903-3054

Election: 2024
☒ Primary
☐ General
☐ Other (specify) ▼

☒ Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
170.00	0.00	170.00

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
03/10/2023	None	12.00 % (apr)	☐ Yes ☒ No

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

1. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶ 170.00

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

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

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one)
- [X] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)

Committee to Elect Alan Grayson

Transaction ID : CA7E49336C6E74F38846

LOAN SOURCE Full Name (Last, First, Middle Initial)

Grayson, Alan Mark, , ,

[ ] Memo Item

Mailing Address
870 N Miramar Ave
Box 242

City	State	ZIP Code
Indialantic	FL	32903-3054

Election: 2024
- [X] Primary
- [ ] General
- [ ] Other (specify) ▼

[X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
2111.00	0.00	2111.00

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
01/10/2023	None	12.00 % (apr)	[ ] Yes [X] No

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

1. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶	2111.00
TOTALS This Period (last page in this line only) ▶	

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

Image# 202601309794992335

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one) [X] 13a [ ] 13b

NAME OF COMMITTEE (In Full)

Committee to Elect Alan Grayson

Transaction ID : C259D42E27E214FA0A51

LOAN SOURCE Full Name (Last, First, Middle Initial)

Grayson, Alan Mark, , ,

[ ] Memo Item

Election: 2024
[X] Primary
[ ] General
[ ] Other (specify) ▼

Mailing Address
870 N Miramar Ave
Box 242

City: Indialantic | State: FL | ZIP Code: 32903-3054

[X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
943.41	0.00	943.41

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
01/22/2023	None	12.00 % (apr)	[ ] Yes [X] No

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

1. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶	943.41
TOTALS This Period (last page in this line only) ▶	

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

Image# 202601309794992336

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one)
- [X] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)
Committee to Elect Alan Grayson

Transaction ID : CA67C2994F2704A4D9C6

LOAN SOURCE Full Name (Last, First, Middle Initial)
Grayson, Alan Mark, , ,

- [ ] Memo Item

Election: 2024
- [X] Primary
- [ ] General
- [ ] Other (specify) ▼

Mailing Address
870 N Miramar Ave
Box 242

City	State	ZIP Code
Indialantic	FL	32903-3054

- [X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
2030.16	0.00	2030.16

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
05/18/2023	None	12.00 % (apr)	[ ] Yes [X] No

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

1. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶	2030.16
TOTALS This Period (last page in this line only) ▶	

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

Image# 202601309794992337

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one)
- [X] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)

Committee to Elect Alan Grayson

Transaction ID : C99F7EF059B274BB99D5

LOAN SOURCE Full Name (Last, First, Middle Initial)

Grayson, Alan Mark, , ,

- [ ] Memo Item

Election: 2020
- [X] Primary
- [ ] General
- [ ] Other (specify) ▼

Mailing Address
870 N Miramar Ave
Box 242

City	State	ZIP Code
Indialantic	FL	32903-3054

- [X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
100.00	0.00	100.00

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
10/02/2019	None	12.00 % (apr)	[ ] Yes [X] No

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

1. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶	100.00
TOTALS This Period (last page in this line only) ▶	

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

Image# 202601309794992338

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one)
- [X] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)

Committee to Elect Alan Grayson

Transaction ID : C9417C65EBD6E458F85F

LOAN SOURCE Full Name (Last, First, Middle Initial)

Grayson, Alan Mark, , ,

- [ ] Memo Item

Election: 2024
- [X] Primary
- [ ] General
- [ ] Other (specify) ▼

Mailing Address
870 N Miramar Ave
Box 242

City	State	ZIP Code
Indialantic	FL	32903-3054

- [X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
910.00	0.00	910.00

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
10/15/2023	None	12.00 % (apr)	[ ] Yes [X] No

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

1. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶	910.00
TOTALS This Period (last page in this line only) ▶	

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

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one) [X] 13a [ ] 13b

NAME OF COMMITTEE (In Full)
Committee to Elect Alan Grayson

Transaction ID : C494702F0A0834D2D8A0

LOAN SOURCE Full Name (Last, First, Middle Initial)
Grayson, Alan Mark, , ,

[ ] Memo Item

Election: 2024
[X] Primary
[ ] General
[ ] Other (specify) ▼

Mailing Address
870 N Miramar Ave
Box 242

City: Indialantic | State: FL | ZIP Code: 32903-3054

[X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
964.00	0.00	964.00

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
08/18/2023	None	12.00 % (apr)	[ ] Yes [X] No

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

1. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶ 964.00

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

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

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one)
- [X] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)

Committee to Elect Alan Grayson

Transaction ID : C9BB4A6E0EE6743158AE

LOAN SOURCE Full Name (Last, First, Middle Initial)

Grayson, Alan Mark, , ,

- [ ] Memo Item

Election: 2024
- [X] Primary
- [ ] General
- [ ] Other (specify) ▼

Mailing Address
870 N Miramar Ave
Box 242

City	State	ZIP Code
Indialantic	FL	32903-3054

- [X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
521.00	0.00	521.00

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
08/08/2023	None	12.00 % (apr)	[ ] Yes [X] No

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

1. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶	521.00
TOTALS This Period (last page in this line only) ▶	

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

Image# 202601309794992341

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one)
- [X] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)

Committee to Elect Alan Grayson

Transaction ID : C616EE49144B844AFBF1

LOAN SOURCE Full Name (Last, First, Middle Initial)

Grayson, Alan Mark, , ,

- [ ] Memo Item

Election: 2008
- [X] Primary
- [ ] General
- [ ] Other (specify) ▼

Mailing Address
870 N Miramar Ave
Box 242

City	State	ZIP Code
Indialantic	FL	32903-3054

- [X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
50000.00	0.00	50000.00

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
05/09/2008	None	12.00 % (apr)	[ ] Yes [X] No

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

1. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶ 50000.00

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

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

Image# 202601309794992342

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one)
- [X] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)

Committee to Elect Alan Grayson

Transaction ID : C1FDEA6B8DBB346D7A2A

LOAN SOURCE Full Name (Last, First, Middle Initial)

Grayson, Alan Mark, , ,

☐ Memo Item

Mailing Address
870 N Miramar Ave
Box 242

City: Indialantic | State: FL | ZIP Code: 32903-3054

Election: 2010
- [X] Primary
- [ ] General
- [ ] Other (specify) ▼

[X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
10000.00	0.00	10000.00

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
12/01/2008	None	12.00 % (apr)	☐ Yes ☒ No

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

1. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶	10000.00
TOTALS This Period (last page in this line only) ▶	

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

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one)
- [X] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)

Committee to Elect Alan Grayson

Transaction ID : C1C9AA64AFEF647578DE

LOAN SOURCE Full Name (Last, First, Middle Initial)

Grayson, Alan Mark, , ,

- [ ] Memo Item

Election: 2024
- [X] Primary
- [ ] General
- [ ] Other (specify) ▼

Mailing Address
870 N Miramar Ave
Box 242

City	State	ZIP Code
Indialantic	FL	32903-3054

- [X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
204.00	0.00	204.00

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
12/03/2023	None	12.00 % (apr)	[ ] Yes [X] No

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

1. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶	204.00
TOTALS This Period (last page in this line only) ▶	

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

Image# 202601309794992344

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one)
- [X] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)
Committee to Elect Alan Grayson

Transaction ID : C51B09747CDAE45A5BE9

LOAN SOURCE Full Name (Last, First, Middle Initial)
Grayson, Alan Mark, , ,

☐ Memo Item

Mailing Address
870 N Miramar Ave
Box 242

City: Indialantic | State: FL | ZIP Code: 32903-3054

Election: 2024
- [X] Primary
- [ ] General
- [ ] Other (specify) ▼

[X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
794.00	0.00	794.00

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
08/11/2023	None	12.00 % (apr)	☐ Yes ☒ No

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

1. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶ 794.00

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

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

Image# 202601309794992345

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one)
- [X] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)

Committee to Elect Alan Grayson

Transaction ID : C8C063E518A2C4A6F941

LOAN SOURCE Full Name (Last, First, Middle Initial)

Grayson, Alan Mark, , ,

- [ ] Memo Item

Mailing Address
870 N Miramar Ave
Box 242

City: Indialantic | State: FL | ZIP Code: 32903-3054

Election: 2006
- [X] Primary
- [ ] General
- [ ] Other (specify) ▼

- [X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
30000.00	0.00	30000.00

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
09/20/2006	None	12.00 % (apr)	[ ] Yes [X] No

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

1. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶ 30000.00

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

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

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one) [X] 13a [ ] 13b

NAME OF COMMITTEE (In Full)

Committee to Elect Alan Grayson

Transaction ID : C47360E6B4AAB4DE7A0B

LOAN SOURCE Full Name (Last, First, Middle Initial)

Grayson, Alan Mark, , ,

[ ] Memo Item

Election: 2024
[X] Primary
[ ] General
[ ] Other (specify) ▼

Mailing Address
870 N Miramar Ave
Box 242

City: Indialantic | State: FL | ZIP Code: 32903-3054

[X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
534.00	0.00	534.00

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
06/07/2023	None	12.00 % (apr)	[ ] Yes [X] No

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

1. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶ 534.00

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

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

Image# 202601309794992347

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one)
- [X] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)
Committee to Elect Alan Grayson

Transaction ID : C999089F924F44B6CB5C

LOAN SOURCE Full Name (Last, First, Middle Initial)
Grayson, Alan Mark, , ,

- [ ] Memo Item

Election: 2022
- [X] Primary
- [ ] General
- [ ] Other (specify) ▼

Mailing Address
870 N Miramar Ave
Box 242

City	State	ZIP Code
Indialantic	FL	32903-3054

- [X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
1796.00	0.00	1796.00

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
10/08/2022	None	12.00 % (apr)	[ ] Yes [X] No

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

1. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶	1796.00
TOTALS This Period (last page in this line only) ▶	

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

Image# 202601309794992348

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one)
- [X] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)

Committee to Elect Alan Grayson

Transaction ID : CE496C1BE01DD4A31A74

LOAN SOURCE Full Name (Last, First, Middle Initial)

Grayson, Alan Mark, , ,

[ ] Memo Item

Election: 2014
- [ ] Primary
- [X] General
- [ ] Other (specify) ▼

Mailing Address
870 N Miramar Ave
Box 242

City	State	ZIP Code
Indialantic	FL	32903-3054

[X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
74193.28	0.00	74193.28

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
10/14/2014	None	12.00 % (apr)	[ ] Yes [X] No

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

1. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶ 74193.28

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

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

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one)
- [X] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)
Committee to Elect Alan Grayson

Transaction ID : C1B993C799BD1471F8C8

LOAN SOURCE Full Name (Last, First, Middle Initial)
Grayson, Alan Mark, , ,

[ ] Memo Item

Mailing Address
870 N Miramar Ave
Box 242

City: Indialantic | State: FL | ZIP Code: 32903-3054

Election: 2024
- [X] Primary
- [ ] General
- [ ] Other (specify) ▼

[X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
711.19	0.00	711.19

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
04/23/2023	None	12.00 % (apr)	[ ] Yes [X] No

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

1. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶	711.19
TOTALS This Period (last page in this line only) ▶	

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

Image# 202601309794992350

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one)
- [X] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)

Committee to Elect Alan Grayson

Transaction ID : C78FF664A672A4429B79

LOAN SOURCE Full Name (Last, First, Middle Initial)

Grayson, Alan Mark, , ,

- [ ] Memo Item

Election: 2024
- [X] Primary
- [ ] General
- [ ] Other (specify) ▼

Mailing Address
870 N Miramar Ave
Box 242

City	State	ZIP Code
Indialantic	FL	32903-3054

- [X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
2698.00	0.00	2698.00

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
06/27/2023	None	12.00 % (apr)	[ ] Yes [X] No

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

1. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶	2698.00
TOTALS This Period (last page in this line only) ▶	

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

Image# 202601309794992351

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one)
- [X] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)

Committee to Elect Alan Grayson

Transaction ID : C74B69D6BF83F4C0BAAB

LOAN SOURCE Full Name (Last, First, Middle Initial)

Grayson, Alan Mark, , ,

☐ Memo Item

Mailing Address
870 N Miramar Ave
Box 242

City: Indialantic | State: FL | ZIP Code: 32903-3054

Election: 2024
- [X] Primary
- [ ] General
- [ ] Other (specify) ▼

[X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
564.00	0.00	564.00

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
06/20/2023	None	12.00 % (apr)	☐ Yes ☒ No

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

1. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶	564.00
TOTALS This Period (last page in this line only) ▶	

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

Image# 202601309794992352

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one)
- [X] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)

Committee to Elect Alan Grayson

Transaction ID : C435974EE6A6F4E2EB32

LOAN SOURCE Full Name (Last, First, Middle Initial)

Grayson, Alan Mark, , ,

- [ ] Memo Item

Election: 2024
- [X] Primary
- [ ] General
- [ ] Other (specify) ▼

Mailing Address
870 N Miramar Ave
Box 242

City	State	ZIP Code
Indialantic	FL	32903-3054

- [X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
2772.00	0.00	2772.00

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
01/27/2023	None	12.00 % (apr)	[ ] Yes [X] No

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

1. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶ 2772.00

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

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

Image# 202601309794992353

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one)
- [X] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)

Committee to Elect Alan Grayson

Transaction ID : CB4512CB3A7CD4900817

LOAN SOURCE Full Name (Last, First, Middle Initial)

Grayson, Alan Mark, , ,

- [ ] Memo Item

Election: 2024
- [X] Primary
- [ ] General
- [ ] Other (specify) ▼

Mailing Address
870 N Miramar Ave
Box 242

City	State	ZIP Code
Indialantic	FL	32903-3054

- [X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
1196.00	0.00	1196.00

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
02/05/2023	None	12.00 % (apr)	[ ] Yes [X] No

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

1. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶	1196.00
TOTALS This Period (last page in this line only) ▶	

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

Image# 202601309794992354

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one)
- [X] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)

Committee to Elect Alan Grayson

Transaction ID : C33C30FC818A94C54960

LOAN SOURCE Full Name (Last, First, Middle Initial)

Grayson, Alan Mark, , ,

[ ] Memo Item

Mailing Address
870 N Miramar Ave
Box 242

City	State	ZIP Code
Indialantic	FL	32903-3054

Election: 2024
- [X] Primary
- [ ] General
- [ ] Other (specify) ▼

[X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
608.00	0.00	608.00

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
01/05/2023	None	12.00 % (apr)	[ ] Yes [X] No

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

1. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶ 608.00

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

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

Image# 202601309794992355

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one)
- [X] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)

Committee to Elect Alan Grayson

Transaction ID : C9E7EB957C9D74D80A6D

LOAN SOURCE Full Name (Last, First, Middle Initial)

Grayson, Alan Mark, , ,

- [ ] Memo Item

Election: 2016
- [X] Primary
- [ ] General
- [ ] Other (specify) ▼

Mailing Address
870 N Miramar Ave
Box 242

City	State	ZIP Code
Indialantic	FL	32903-3054

- [X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
100000.00	0.00	100000.00

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
07/10/2015	None	12.00 % (apr)	[ ] Yes [X] No

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

1. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶ 100000.00

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

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

Image# 202601309794992356

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one)
- [X] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)

Committee to Elect Alan Grayson

Transaction ID : CA63A16085F7D4B8AB6D

LOAN SOURCE Full Name (Last, First, Middle Initial)

Grayson, Alan Mark, , ,

- [ ] Memo Item

Election: 2006
- [X] Primary
- [ ] General
- [ ] Other (specify) ▼

Mailing Address
870 N Miramar Ave
Box 242

City	State	ZIP Code
Indialantic	FL	32903-3054

- [X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
40000.00	0.00	40000.00

TERMS

Date Incurred (M M / D D / Y Y Y Y)	Date Due (M M / D D / Y Y Y Y)	Interest Rate (If none, enter 0)	Secured:
08 / 27 / 2006	None	12.00 % (apr)	[ ] Yes [X] No

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

1. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶	40000.00
TOTALS This Period (last page in this line only) ▶	

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

Image# 202601309794992357

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one)
- [X] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)
Committee to Elect Alan Grayson

Transaction ID : C537E838462844CED9E3

LOAN SOURCE Full Name (Last, First, Middle Initial)
Grayson, Alan Mark, , ,

- [ ] Memo Item

Election: 2024
- [X] Primary
- [ ] General
- [ ] Other (specify) ▼

Mailing Address
870 N Miramar Ave
Box 242

City	State	ZIP Code
Indialantic	FL	32903-3054

- [X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
154.00	0.00	154.00

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
10/10/2023	None	12.00 % (apr)	[ ] Yes [X] No

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

1. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶	154.00
TOTALS This Period (last page in this line only) ▶	

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

Image# 202601309794992358

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one)
- [X] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)
Committee to Elect Alan Grayson

Transaction ID : CCF21C0D4579E4CA28FF

LOAN SOURCE Full Name (Last, First, Middle Initial)
Grayson, Alan Mark, , ,

- [ ] Memo Item

Mailing Address
870 N Miramar Ave
Box 242

City	State	ZIP Code
Indialantic	FL	32903-3054

Election: 2024
- [X] Primary
- [ ] General
- [ ] Other (specify) ▼

- [X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
140.00	0.00	140.00

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
04/04/2023	None	12.00 % (apr)	[ ] Yes [X] No

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

1. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶	140.00
TOTALS This Period (last page in this line only) ▶	

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

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one)
- [X] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)
Committee to Elect Alan Grayson

Transaction ID : C921118EF8E734C08BD6

LOAN SOURCE Full Name (Last, First, Middle Initial)
Grayson, Alan Mark, , ,

- [ ] Memo Item

Election: 2026
- [X] Primary
- [ ] General
- [ ] Other (specify) ▼

Mailing Address
870 N Miramar Ave
Box 242

City	State	ZIP Code
Indialantic	FL	32903-3054

- [X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
7321.61	0.00	7321.61

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
06/30/2025	None	12.00 % (apr)	[ ] Yes [X] No

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

1. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶	7321.61
TOTALS This Period (last page in this line only) ▶	

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

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one)
- [X] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)

Committee to Elect Alan Grayson

Transaction ID : CE2FDA287EB964088A5F

LOAN SOURCE Full Name (Last, First, Middle Initial)

Grayson, Alan Mark, , ,

☐ Memo Item

Mailing Address
870 N Miramar Ave
Box 242

City	State	ZIP Code
Indialantic	FL	32903-3054

Election: 2024
- [X] Primary
- [ ] General
- [ ] Other (specify) ▼

[X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
977.00	0.00	977.00

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
02/18/2023	None	12.00 % (apr)	☐ Yes ☒ No

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

1. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶	977.00
TOTALS This Period (last page in this line only) ▶	

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

Image# 202601309794992361

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one)
- [X] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)

Committee to Elect Alan Grayson

Transaction ID : CAC38FE6575854FCCA5F

LOAN SOURCE Full Name (Last, First, Middle Initial)

Grayson, Alan Mark, , ,

- [ ] Memo Item

Election: 2008
- [ ] Primary
- [X] General
- [ ] Other (specify) ▼

Mailing Address
870 N Miramar Ave
Box 242

City	State	ZIP Code
Indialantic	FL	32903-3054

- [X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
100000.00	48618.68	51381.32

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
08/27/2008	None	12.00 % (apr)	[ ] Yes [X] No

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

1. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶	51381.32
TOTALS This Period (last page in this line only) ▶	

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

Image# 202601309794992362

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one)
- [X] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)

Committee to Elect Alan Grayson

Transaction ID : CDD40F10D240C4B6D91D

LOAN SOURCE Full Name (Last, First, Middle Initial)

Grayson, Alan Mark, , ,

- [ ] Memo Item

Election: 2022
- [X] Primary
- [ ] General
- [ ] Other (specify) ▼

Mailing Address
870 N Miramar Ave
Box 242

City	State	ZIP Code
Indialantic	FL	32903-3054

- [X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
1854.00	0.00	1854.00

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
12/08/2022	None	12.00 % (apr)	[ ] Yes [X] No

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

1. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶	1854.00
TOTALS This Period (last page in this line only) ▶	

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

Image# 202601309794992363

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one)
- [X] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)
Committee to Elect Alan Grayson

Transaction ID : CCD5A567702224FE2A97

LOAN SOURCE Full Name (Last, First, Middle Initial)
Grayson, Alan Mark, , ,

- [ ] Memo Item

Election: 2024
- [X] Primary
- [ ] General
- [ ] Other (specify) ▼

Mailing Address
870 N Miramar Ave
Box 242

City	State	ZIP Code
Indialantic	FL	32903-3054

- [X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
1842.00	0.00	1842.00

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
02/08/2023	None	12.00 % (apr)	[ ] Yes [X] No

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

1. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶	1842.00
TOTALS This Period (last page in this line only) ▶	

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

Image# 202601309794992364

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one)
- [X] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)
Committee to Elect Alan Grayson

Transaction ID : C71A73A28A8594E2BB58

LOAN SOURCE Full Name (Last, First, Middle Initial)
Grayson, Alan Mark, , ,

- [ ] Memo Item

Mailing Address
870 N Miramar Ave
Box 242

City: Indialantic | State: FL | ZIP Code: 32903-3054

Election: 2024
- [X] Primary
- [ ] General
- [ ] Other (specify) ▼

- [X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
1846.00	0.00	1846.00

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
04/22/2023	None	12.00 % (apr)	[ ] Yes [X] No

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

1. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶	1846.00
TOTALS This Period (last page in this line only) ▶	

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

Image# 202601309794992365

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one)
- [X] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)

Committee to Elect Alan Grayson

Transaction ID : CC1ACDA7C09D94282A41

LOAN SOURCE Full Name (Last, First, Middle Initial)

Grayson, Alan Mark, , ,

- [ ] Memo Item

Election: 2024
- [X] Primary
- [ ] General
- [ ] Other (specify) ▼

Mailing Address
870 N Miramar Ave
Box 242

City	State	ZIP Code
Indialantic	FL	32903-3054

- [X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
782.58	0.00	782.58

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
07/22/2023	None	12.00 % (apr)	[ ] Yes [X] No

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

1. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶	782.58
TOTALS This Period (last page in this line only) ▶	

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

Image# 202601309794992366

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one)
- [X] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)
Committee to Elect Alan Grayson

Transaction ID : C917EEE1423DF426582C

LOAN SOURCE Full Name (Last, First, Middle Initial)
Grayson, Alan Mark, , ,

[ ] Memo Item

Mailing Address
870 N Miramar Ave
Box 242

City: Indialantic | State: FL | ZIP Code: 32903-3054

Election: 2006
- [X] Primary
- [ ] General
- [ ] Other (specify) ▼

[X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
5000.00	0.00	5000.00

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
09/28/2006	None	12.00 % (apr)	[ ] Yes [X] No

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

1. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶	5000.00
TOTALS This Period (last page in this line only) ▶	

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

Image# 202601309794992367

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one) ☒ 13a ☐ 13b

NAME OF COMMITTEE (In Full)

Committee to Elect Alan Grayson

Transaction ID : CF55030E886354D1983A

LOAN SOURCE Full Name (Last, First, Middle Initial)

☐ Memo Item

Grayson, Alan Mark, , ,

Mailing Address
870 N Miramar Ave
Box 242

City: Indialantic | State: FL | ZIP Code: 32903-3054

Election: 2022
☒ Primary
☐ General
☐ Other (specify) ▼

☒ Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
514.00	2693.04	– 2179.04

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
09/23/2022	None	12.00 % (apr)	☐ Yes ☒ No

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

1. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶ – 2179.04

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

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

Image# 202601309794992368

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one)
- [X] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)

Committee to Elect Alan Grayson

Transaction ID : C5158D20820114645A96

LOAN SOURCE Full Name (Last, First, Middle Initial)

Grayson, Alan Mark, , ,

- [ ] Memo Item

Election: 2024
- [X] Primary
- [ ] General
- [ ] Other (specify) ▼

Mailing Address
870 N Miramar Ave
Box 242

City	State	ZIP Code
Indialantic	FL	32903-3054

- [X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
923.00	0.00	923.00

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
09/18/2023	None	12.00 % (apr)	[ ] Yes [X] No

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

1. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶	923.00
TOTALS This Period (last page in this line only) ▶	

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

Image# 202601309794992369

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one)
- [X] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)

Committee to Elect Alan Grayson

Transaction ID : CFCF8D804721240DD892

LOAN SOURCE Full Name (Last, First, Middle Initial)

Grayson, Alan Mark, , ,

- [ ] Memo Item

Election: 2026
- [X] Primary
- [ ] General
- [ ] Other (specify) ▼

Mailing Address
870 N Miramar Ave
Box 242

City	State	ZIP Code
Indialantic	FL	32903-3054

- [X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
15568.60	0.00	15568.60

TERMS

Date Incurred (M M / D D / Y Y Y Y)	Date Due (M M / D D / Y Y Y Y)	Interest Rate (If none, enter 0)	Secured:
10 / 31 / 2024	None	12.00 % (apr)	[ ] Yes [X] No

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

1. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶ 15568.60

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

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

Image# 202601309794992370

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one)
- [X] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)

Committee to Elect Alan Grayson

Transaction ID : C0669489DCBB54D189C5

LOAN SOURCE Full Name (Last, First, Middle Initial)

Grayson, Alan Mark, , ,

- [ ] Memo Item

Election: 2024
- [X] Primary
- [ ] General
- [ ] Other (specify) ▼

Mailing Address
870 N Miramar Ave
Box 242

City	State	ZIP Code
Indialantic	FL	32903-3054

- [X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
130.30	0.00	130.30

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
11/12/2023	None	12.00 % (apr)	[ ] Yes [X] No

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

1. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶	130.30
TOTALS This Period (last page in this line only) ▶	

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

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one)
- [X] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)
Committee to Elect Alan Grayson

Transaction ID : CF143B96D8BEF42859D2

LOAN SOURCE Full Name (Last, First, Middle Initial)
Grayson, Alan Mark, , ,

- [ ] Memo Item

Election: 2024
- [X] Primary
- [ ] General
- [ ] Other (specify) ▼

Mailing Address
870 N Miramar Ave
Box 242

City	State	ZIP Code
Indialantic	FL	32903-3054

- [X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
987.00	0.00	987.00

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
09/06/2023	None	12.00 % (apr)	[ ] Yes [X] No

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

1. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶	987.00
TOTALS This Period (last page in this line only) ▶	

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

Image# 202601309794992372

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one)
- [X] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)

Committee to Elect Alan Grayson

Transaction ID : C62ABFA7A3C3145AAAFB

LOAN SOURCE Full Name (Last, First, Middle Initial)

Grayson, Alan Mark, , ,

- [ ] Memo Item

Election: 2024
- [X] Primary
- [ ] General
- [ ] Other (specify) ▼

Mailing Address
870 N Miramar Ave
Box 242

City	State	ZIP Code
Indialantic	FL	32903-3054

- [X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
20000.00	0.00	20000.00

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
07/01/2023	None	12.00 % (apr)	[ ] Yes [X] No

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

1. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶ 20000.00

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

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

Image# 202601309794992373

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one)
- [X] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)
Committee to Elect Alan Grayson

Transaction ID : C2F3C8D3D8C49411FACA

LOAN SOURCE Full Name (Last, First, Middle Initial)
Grayson, Alan Mark, , ,

- [ ] Memo Item

Mailing Address
870 N Miramar Ave
Box 242

City	State	ZIP Code
Indialantic	FL	32903-3054

Election: 2008
- [X] Primary
- [ ] General
- [ ] Other (specify) ▼

- [X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
25000.00	0.00	25000.00

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
05/16/2008	None	12.00 % (apr)	[ ] Yes [X] 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) ▶ 25000.00

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

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

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one) [X] 13a [ ] 13b

NAME OF COMMITTEE (In Full)

Committee to Elect Alan Grayson

Transaction ID : C0B13B7670C794D87822

LOAN SOURCE Full Name (Last, First, Middle Initial)

Grayson, Alan Mark, , ,

[ ] Memo Item

Election: 2024
[X] Primary
[ ] General
[ ] Other (specify) ▼

Mailing Address
870 N Miramar Ave
Box 242

City: Indialantic | State: FL | ZIP Code: 32903-3054

[X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
964.00	0.00	964.00

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
05/18/2023	None	12.00 % (apr)	[ ] Yes [X] No

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

1. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶ 964.00

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

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

Image# 202601309794992375

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one)
- [X] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)

Committee to Elect Alan Grayson

Transaction ID : C850F389755F34900A3A

LOAN SOURCE Full Name (Last, First, Middle Initial)

Grayson, Alan Mark, , ,

- [ ] Memo Item

Election: 2024
- [X] Primary
- [ ] General
- [ ] Other (specify) ▼

Mailing Address
870 N Miramar Ave
Box 242

City	State	ZIP Code
Indialantic	FL	32903-3054

- [X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
483.00	0.00	483.00

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
04/09/2023	None	12.00 % (apr)	[ ] Yes [X] No

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

1. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶ 483.00

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

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

Image# 202601309794992376

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one) [X] 13a [ ] 13b

NAME OF COMMITTEE (In Full)

Committee to Elect Alan Grayson

Transaction ID : C914C9868299346FABA2

LOAN SOURCE Full Name (Last, First, Middle Initial)

[ ] Memo Item

Grayson, Alan Mark, , ,

Mailing Address
870 N Miramar Ave
Box 242

City: Indialantic | State: FL | ZIP Code: 32903-3054

Election: 2024
[X] Primary
[ ] General
[ ] Other (specify) ▼

[X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
53.93	0.00	53.93

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
11/17/2023	None	12.00 % (apr)	[ ] Yes [X] No

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

1. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶ 53.93

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

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

Image# 202601309794992377

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one)
- [X] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)

Committee to Elect Alan Grayson

Transaction ID : C97DEAF8AB1E547A5860

LOAN SOURCE Full Name (Last, First, Middle Initial)

Grayson, Alan Mark, , ,

- [ ] Memo Item

Election: 2014
- [X] Primary
- [ ] General
- [ ] Other (specify) ▼

Mailing Address
870 N Miramar Ave
Box 242

City	State	ZIP Code
Indialantic	FL	32903-3054

- [X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
150000.00	50000.00	100000.00

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
11/08/2012	None	12.00 % (apr)	[ ] Yes [X] No

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

1. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶ 100000.00

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

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

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one)
- [X] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)
Committee to Elect Alan Grayson

Transaction ID : C7D99C8C30CE04E258C3

LOAN SOURCE Full Name (Last, First, Middle Initial)
Grayson, Alan Mark, , ,

☐ Memo Item

Election: 2024
- [X] Primary
- [ ] General
- [ ] Other (specify) ▼

Mailing Address
870 N Miramar Ave
Box 242

City	State	ZIP Code
Indialantic	FL	32903-3054

[X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
316.62	0.00	316.62

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
11/08/2023	None	12.00 % (apr)	☐ Yes ☒ No

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

1. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶	316.62
TOTALS This Period (last page in this line only) ▶	

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

Image# 202601309794992379

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one)
- [X] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)

Committee to Elect Alan Grayson

Transaction ID : C92DBE48D77DB4D2A805

LOAN SOURCE Full Name (Last, First, Middle Initial)

Grayson, Alan Mark, , ,

- [ ] Memo Item

Election: 2024
- [X] Primary
- [ ] General
- [ ] Other (specify) ▼

Mailing Address
870 N Miramar Ave
Box 242

City	State	ZIP Code
Indialantic	FL	32903-3054

- [X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
575.00	0.00	575.00

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
04/19/2023	None	12.00 % (apr)	[ ] Yes [X] No

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

1. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶	575.00
TOTALS This Period (last page in this line only) ▶	

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

Image# 202601309794992380

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one)
- [X] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)

Committee to Elect Alan Grayson

Transaction ID : C2917D0B17B054C7C83D

LOAN SOURCE Full Name (Last, First, Middle Initial)

Grayson, Alan Mark, , ,

- [ ] Memo Item

Election: 2024
- [X] Primary
- [ ] General
- [ ] Other (specify) ▼

Mailing Address
870 N Miramar Ave
Box 242

City	State	ZIP Code
Indialantic	FL	32903-3054

- [X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
3500.00	0.00	3500.00

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
10/02/2023	None	12.00 % (apr)	[ ] Yes [X] No

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

1. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶	3500.00
TOTALS This Period (last page in this line only) ▶	

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

Image# 202601309794992381

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one)
- [X] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)

Committee to Elect Alan Grayson

Transaction ID : CB743224B93E7458299E

LOAN SOURCE Full Name (Last, First, Middle Initial)

Grayson, Alan Mark, , ,

- [ ] Memo Item

Election: 2024
- [X] Primary
- [ ] General
- [ ] Other (specify) ▼

Mailing Address
870 N Miramar Ave
Box 242

City	State	ZIP Code
Indialantic	FL	32903-3054

- [X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
245.00	0.00	245.00

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
03/10/2023	None	12.00 % (apr)	[ ] Yes [X] No

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

1. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶	245.00
TOTALS This Period (last page in this line only) ▶	

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

Image# 202601309794992382

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one)
- [X] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)
Committee to Elect Alan Grayson

Transaction ID : C13A0C39A1F98402D803

LOAN SOURCE Full Name (Last, First, Middle Initial)
Grayson, Alan Mark, , ,

- [ ] Memo Item

Mailing Address
870 N Miramar Ave
Box 242

City: Indialantic | State: FL | ZIP Code: 32903-3054

Election: 2024
- [X] Primary
- [ ] General
- [ ] Other (specify) ▼

- [X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
726.73	0.00	726.73

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
08/22/2023	None	12.00 % (apr)	[ ] Yes [X] No

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

1. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶	726.73
TOTALS This Period (last page in this line only) ▶	

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

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one)
- [X] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)
Committee to Elect Alan Grayson

Transaction ID : C33367EC4FF8046E8A41

LOAN SOURCE Full Name (Last, First, Middle Initial)
Grayson, Alan Mark, , ,

- [ ] Memo Item

Election: 2024
- [X] Primary
- [ ] General
- [ ] Other (specify) ▼

Mailing Address
870 N Miramar Ave
Box 242

City	State	ZIP Code
Indialantic	FL	32903-3054

- [X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
332.00	0.00	332.00

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
08/28/2023	None	12.00 % (apr)	[ ] Yes [X] No

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

1. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶	332.00
TOTALS This Period (last page in this line only) ▶	

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

Image# 202601309794992384

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one)
- [X] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)

Committee to Elect Alan Grayson

Transaction ID : C2FF24543ED0947E3AA5

LOAN SOURCE Full Name (Last, First, Middle Initial)

Grayson, Alan Mark, , ,

- [ ] Memo Item

Election: 2024
- [X] Primary
- [ ] General
- [ ] Other (specify) ▼

Mailing Address
870 N Miramar Ave
Box 242

City	State	ZIP Code
Indialantic	FL	32903-3054

- [X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
298.00	0.00	298.00

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
03/28/2023	None	12.00 % (apr)	[ ] Yes [X] No

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

1. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶	298.00
TOTALS This Period (last page in this line only) ▶	

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

Image# 202601309794992385

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one)
- [X] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)

Committee to Elect Alan Grayson

Transaction ID : CD21FA4E52BFF4B2FA06

LOAN SOURCE Full Name (Last, First, Middle Initial)

Grayson, Alan Mark, , ,

- [ ] Memo Item

Election: 2026
- [X] Primary
- [ ] General
- [ ] Other (specify) ▼

Mailing Address
870 N Miramar Ave
Box 242

City	State	ZIP Code
Indialantic	FL	32903-3054

- [X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
10337.50	0.00	10337.50

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
07/31/2025	None	12.00 % (apr)	[ ] Yes [X] No

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

1. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶	10337.50
TOTALS This Period (last page in this line only) ▶	

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

Image# 202601309794992386

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one)
- [X] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)

Committee to Elect Alan Grayson

Transaction ID : CBF173F2D12DD4C7F90C

LOAN SOURCE Full Name (Last, First, Middle Initial)

Grayson, Alan Mark, , ,

- [ ] Memo Item

Election: 2024
- [X] Primary
- [ ] General
- [ ] Other (specify) ▼

Mailing Address
870 N Miramar Ave
Box 242

City	State	ZIP Code
Indialantic	FL	32903-3054

- [X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
148.93	0.00	148.93

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
12/17/2023	None	12.00 % (apr)	[ ] Yes [X] No

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

1. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶	148.93
TOTALS This Period (last page in this line only) ▶	

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

Image# 202601309794992387

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one)
- [X] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)

Committee to Elect Alan Grayson

Transaction ID : CBB356A566D6B44E38F3

LOAN SOURCE Full Name (Last, First, Middle Initial)

Grayson, Alan Mark, , ,

[ ] Memo Item

Mailing Address
870 N Miramar Ave
Box 242

City: Indialantic | State: FL | ZIP Code: 32903-3054

Election: 2008
- [ ] Primary
- [X] General
- [ ] Other (specify) ▼

[X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
50000.00	0.00	50000.00

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
09/11/2008	None	12.00 % (apr)	[ ] Yes [X] No

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

1. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶	50000.00
TOTALS This Period (last page in this line only) ▶	

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

Image# 202601309794992388

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one)
- [X] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)
Committee to Elect Alan Grayson

Transaction ID : CAE419D4F9A13464E96E

LOAN SOURCE Full Name (Last, First, Middle Initial)
Grayson, Alan Mark, , ,

[ ] Memo Item

Mailing Address
870 N Miramar Ave
Box 242

City: Indialantic | State: FL | ZIP Code: 32903-3054

Election: 2024
- [X] Primary
- [ ] General
- [ ] Other (specify) ▼

[X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
1115.00	0.00	1115.00

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
07/05/2023	None	12.00 % (apr)	[ ] Yes [X] No

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

1. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶ 1115.00

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

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

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one)
- [X] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)

Committee to Elect Alan Grayson

Transaction ID : CEC225F5B6B8549FA8F4

LOAN SOURCE Full Name (Last, First, Middle Initial)

Grayson, Alan Mark, , ,

- [ ] Memo Item

Election: 2024
- [X] Primary
- [ ] General
- [ ] Other (specify) ▼

Mailing Address
870 N Miramar Ave
Box 242

City	State	ZIP Code
Indialantic	FL	32903-3054

- [X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
494.00	0.00	494.00

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
10/09/2023	None	12.00 % (apr)	[ ] Yes [X] No

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

1. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶	494.00
TOTALS This Period (last page in this line only) ▶	

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

Image# 202601309794992390

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one)
- [X] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)

Committee to Elect Alan Grayson

Transaction ID : CC6C4BA059E9147FB9D8

LOAN SOURCE Full Name (Last, First, Middle Initial)

Grayson, Alan Mark, , ,

- [ ] Memo Item

Election: 2016
- [X] Primary
- [ ] General
- [ ] Other (specify) ▼

Mailing Address
870 N Miramar Ave
Box 242

City	State	ZIP Code
Indialantic	FL	32903-3054

- [X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
150000.00	9000.00	141000.00

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
09/01/2016	None	12.00 % (apr)	[ ] Yes [X] No

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

1. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶	141000.00
TOTALS This Period (last page in this line only) ▶	

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

Image# 202601309794992391

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one)
- [X] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)

Committee to Elect Alan Grayson

Transaction ID : CD5554762C84A4A82811

LOAN SOURCE Full Name (Last, First, Middle Initial)

Grayson, Alan Mark, , ,

[ ] Memo Item

Mailing Address
870 N Miramar Ave
Box 242

City	State	ZIP Code
Indialantic	FL	32903-3054

Election: 2024
- [X] Primary
- [ ] General
- [ ] Other (specify) ▼

[X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
751.31	0.00	751.31

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
12/22/2023	None	12.00 % (apr)	[ ] Yes [X] No

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

1. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶	751.31
TOTALS This Period (last page in this line only) ▶	

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

Image# 202601309794992392

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one) [X] 13a [ ] 13b

NAME OF COMMITTEE (In Full)

Committee to Elect Alan Grayson

Transaction ID : C7A92243A4C1F4BDCAFB

LOAN SOURCE Full Name (Last, First, Middle Initial)

Grayson, Alan Mark, , ,

[ ] Memo Item

Election: 2024
[X] Primary
[ ] General
[ ] Other (specify) ▼

Mailing Address
870 N Miramar Ave
Box 242

City: Indialantic | State: FL | ZIP Code: 32903-3054

[X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
371.00	0.00	371.00

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
01/27/2023	None	12.00 % (apr)	[ ] Yes [X] No

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

1. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶ 371.00

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

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

Image# 202601309794992393

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one)
- [X] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)

Committee to Elect Alan Grayson

Transaction ID : CC986090CEAAA448AB8B

LOAN SOURCE Full Name (Last, First, Middle Initial)

Grayson, Alan Mark, , ,

[ ] Memo Item

Election: 2022
- [ ] Primary
- [X] General
- [ ] Other (specify) ▼

Mailing Address
870 N Miramar Ave
Box 242

City	State	ZIP Code
Indialantic	FL	32903-3054

[X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
507.00	0.00	507.00

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
12/13/2022	None	12.00 % (apr)	[ ] Yes [X] No

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

1. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶	507.00
TOTALS This Period (last page in this line only) ▶	

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

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one)
- [X] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)
Committee to Elect Alan Grayson

Transaction ID : C0F3671D46E954C539EC

LOAN SOURCE Full Name (Last, First, Middle Initial)
Grayson, Alan Mark, , ,

- [ ] Memo Item

Election: 2024
- [X] Primary
- [ ] General
- [ ] Other (specify) ▼

Mailing Address
870 N Miramar Ave
Box 242

City	State	ZIP Code
Indialantic	FL	32903-3054

- [X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
665.00	0.00	665.00

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
02/10/2023	None	12.00 % (apr)	[ ] Yes [X] No

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

1. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶	665.00
TOTALS This Period (last page in this line only) ▶	

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

Image# 202601309794992395

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one) [X] 13a [ ] 13b

NAME OF COMMITTEE (In Full)

Committee to Elect Alan Grayson

Transaction ID : C4024798B045F457F973

LOAN SOURCE Full Name (Last, First, Middle Initial)

Grayson, Alan Mark, , ,

[ ] Memo Item

Election: 2024
[X] Primary
[ ] General
[ ] Other (specify) ▼

Mailing Address
870 N Miramar Ave
Box 242

City	State	ZIP Code
Indialantic	FL	32903-3054

[X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
318.00	0.00	318.00

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
10/28/2023	None	12.00 % (apr)	[ ] Yes [X] No

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

1. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶	318.00
TOTALS This Period (last page in this line only) ▶	

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

Image# 202601309794992396

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one)
- [X] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)

Committee to Elect Alan Grayson

Transaction ID : C62B0587BBD10418AA7B

LOAN SOURCE Full Name (Last, First, Middle Initial)

Grayson, Alan Mark, , ,

- [ ] Memo Item

Election: 2022
- [X] Primary
- [ ] General
- [ ] Other (specify) ▼

Mailing Address
870 N Miramar Ave
Box 242

City	State	ZIP Code
Indialantic	FL	32903-3054

- [X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
356.00	8746.04	– 8390.04

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
09/11/2022	None	12.00 % (apr)	[ ] Yes [X] No

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

1. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶	– 8390.04
TOTALS This Period (last page in this line only) ▶	

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

Image# 202601309794992397

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one)
- [X] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)
Committee to Elect Alan Grayson

Transaction ID : C84C66352201F4D0DA1B

LOAN SOURCE Full Name (Last, First, Middle Initial)
Grayson, Alan Mark, , ,

- [ ] Memo Item

Mailing Address
870 N Miramar Ave
Box 242

City	State	ZIP Code
Indialantic	FL	32903-3054

Election: 2010
- [ ] Primary
- [X] General
- [ ] Other (specify) ▼

- [X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
40000.00	0.00	40000.00

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
11/02/2010	None	12.00 % (apr)	[ ] Yes [X] No

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

1. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶	40000.00
TOTALS This Period (last page in this line only) ▶	

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

Image# 202601309794992398

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one)
- [X] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)

Committee to Elect Alan Grayson

Transaction ID : C7DA74433DD4E4476A50

LOAN SOURCE Full Name (Last, First, Middle Initial)

Grayson, Alan Mark, , ,

- [ ] Memo Item

Election: 2016
- [X] Primary
- [ ] General
- [ ] Other (specify) ▼

Mailing Address
870 N Miramar Ave
Box 242

City	State	ZIP Code
Indialantic	FL	32903-3054

- [X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
60000.00	15120.16	44879.84

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
11/05/2014	None	12.00 % (apr)	[ ] Yes [X] No

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

1. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶	44879.84
TOTALS This Period (last page in this line only) ▶	

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

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one)
- [X] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)
Committee to Elect Alan Grayson

Transaction ID : C52481826537B4D4384A

LOAN SOURCE Full Name (Last, First, Middle Initial)
Grayson, Alan Mark, , ,

[ ] Memo Item

Mailing Address
870 N Miramar Ave
Box 242

City: Indialantic | State: FL | ZIP Code: 32903-3054

Election: 2024
- [X] Primary
- [ ] General
- [ ] Other (specify) ▼

[X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
704.58	0.00	704.58

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
06/22/2023	None	12.00 % (apr)	[ ] Yes [X] No

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

1. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶	704.58
TOTALS This Period (last page in this line only) ▶	

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

Image# 202601309794992400

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one) [X] 13a [ ] 13b

NAME OF COMMITTEE (In Full)

Committee to Elect Alan Grayson

Transaction ID : CD8543DED0004485BBD9

LOAN SOURCE Full Name (Last, First, Middle Initial)

Grayson, Alan Mark, , ,

[ ] Memo Item

Election: 2018
[X] Primary
[ ] General
[ ] Other (specify) ▼

Mailing Address
870 N Miramar Ave
Box 242

City	State	ZIP Code
Indialantic	FL	32903-3054

[X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
33000.00	0.00	33000.00

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
09/08/2018	None	12.00 % (apr)	[ ] Yes [X] No

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

1. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶ 33000.00

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

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

Image# 202601309794992401

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one)
- [X] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)
Committee to Elect Alan Grayson

Transaction ID : C28F4664E34CF49D69DE

LOAN SOURCE Full Name (Last, First, Middle Initial)
Grayson, Alan Mark, , ,

- [ ] Memo Item

Election: 2024
- [X] Primary
- [ ] General
- [ ] Other (specify) ▼

Mailing Address
870 N Miramar Ave
Box 242

City	State	ZIP Code
Indialantic	FL	32903-3054

- [X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
270.08	0.00	270.08

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
05/04/2023	None	12.00 % (apr)	[ ] Yes [X] No

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

1. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶	270.08
TOTALS This Period (last page in this line only) ▶	

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

Image# 202601309794992402

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one)
- [X] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)

Committee to Elect Alan Grayson

Transaction ID : CD40E3AB2CE4D44A29C7

LOAN SOURCE Full Name (Last, First, Middle Initial)

Grayson, Alan Mark, , ,

- [ ] Memo Item

Election: 2024
- [X] Primary
- [ ] General
- [ ] Other (specify) ▼

Mailing Address
870 N Miramar Ave
Box 242

City	State	ZIP Code
Indialantic	FL	32903-3054

- [X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
1545.20	0.00	1545.20

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
05/18/2023	None	12.00 % (apr)	[ ] Yes [X] No

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

1. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶	1545.20
TOTALS This Period (last page in this line only) ▶	

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

Image# 202601309794992403

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one)
- [X] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)
Committee to Elect Alan Grayson

Transaction ID : C849858B68403440C9FD

LOAN SOURCE Full Name (Last, First, Middle Initial)
Grayson, Alan Mark, , ,

- [ ] Memo Item

Election: 2024
- [X] Primary
- [ ] General
- [ ] Other (specify) ▼

Mailing Address
870 N Miramar Ave
Box 242

City	State	ZIP Code
Indialantic	FL	32903-3054

- [X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
232.00	0.00	232.00

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
05/10/2023	None	12.00 % (apr)	[ ] Yes [X] No

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

1. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶	232.00
TOTALS This Period (last page in this line only) ▶	

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

Image# 202601309794992404

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one)
- [X] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)

Committee to Elect Alan Grayson

Transaction ID : CDD99C2C353404277B4F

LOAN SOURCE Full Name (Last, First, Middle Initial)

Grayson, Alan Mark, , ,

- [ ] Memo Item

Election: 2024
- [X] Primary
- [ ] General
- [ ] Other (specify) ▼

Mailing Address
870 N Miramar Ave
Box 242

City	State	ZIP Code
Indialantic	FL	32903-3054

- [X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
3500.00	0.00	3500.00

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
10/26/2023	None	12.00 % (apr)	[ ] Yes [X] No

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

1. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶	3500.00
TOTALS This Period (last page in this line only) ▶	

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

Image# 202601309794992405

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one)
- [X] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)
Committee to Elect Alan Grayson

Transaction ID : C33E18B9EC3D14D35A72

LOAN SOURCE Full Name (Last, First, Middle Initial)
Grayson, Alan Mark, , ,

- [ ] Memo Item

Mailing Address
870 N Miramar Ave
Box 242

City	State	ZIP Code
Indialantic	FL	32903-3054

Election: 2026
- [X] Primary
- [ ] General
- [ ] Other (specify) ▼

- [X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
1281.00	0.00	1281.00

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
04/30/2025	None	12.00 % (apr)	[ ] Yes [X] No

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

1. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶ 1281.00

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

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

Image# 202601309794992406

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one)
- [X] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)
Committee to Elect Alan Grayson

Transaction ID : C7F00F5B539574C818CA

LOAN SOURCE Full Name (Last, First, Middle Initial)
Grayson, Alan Mark, , ,

- [ ] Memo Item

Mailing Address
870 N Miramar Ave
Box 242

City	State	ZIP Code
Indialantic	FL	32903-3054

Election: 2024
- [X] Primary
- [ ] General
- [ ] Other (specify) ▼

- [X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
507.00	0.00	507.00

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
07/10/2023	None	12.00 % (apr)	[ ] Yes [X] No

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

1. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶	507.00
TOTALS This Period (last page in this line only) ▶	

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

Image# 202601309794992407

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one)
- [X] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)
Committee to Elect Alan Grayson

Transaction ID : C887C74CEF35E4095AF9

LOAN SOURCE Full Name (Last, First, Middle Initial)
Grayson, Alan Mark, , ,

- [ ] Memo Item

Election: 2024
- [X] Primary
- [ ] General
- [ ] Other (specify) ▼

Mailing Address
870 N Miramar Ave
Box 242

City	State	ZIP Code
Indialantic	FL	32903-3054

- [X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
8957.66	0.00	8957.66

TERMS

Date Incurred (M M / D D / Y Y Y Y)	Date Due (M M / D D / Y Y Y Y)	Interest Rate (If none, enter 0)	Secured:
09 / 30 / 2024	None	12.00 % (apr)	[ ] Yes [X] No

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

1. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶	8957.66
TOTALS This Period (last page in this line only) ▶	

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

Image# 202601309794992408

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one) ☒ 13a ☐ 13b

NAME OF COMMITTEE (In Full)

Committee to Elect Alan Grayson

Transaction ID : CCBDE1938611044D4988

LOAN SOURCE Full Name (Last, First, Middle Initial)

☐ Memo Item

Grayson, Alan Mark, , ,

Mailing Address
870 N Miramar Ave
Box 242

City: Indialantic | State: FL | ZIP Code: 32903-3054

Election: 2024
☒ Primary
☐ General
☐ Other (specify) ▼

☒ Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
524.00	0.00	524.00

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
03/09/2023	None	12.00 % (apr)	☐ Yes ☒ No

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

1. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶ 524.00

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

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

Image# 202601309794992409

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one)
- [X] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)
Committee to Elect Alan Grayson

Transaction ID : C1616A17B5CAB4D98A09

LOAN SOURCE Full Name (Last, First, Middle Initial)
Grayson, Alan Mark, , ,

☐ Memo Item

Election: 2024
- [X] Primary
- [ ] General
- [ ] Other (specify) ▼

Mailing Address
870 N Miramar Ave
Box 242

City	State	ZIP Code
Indialantic	FL	32903-3054

[X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
31354.11	0.00	31354.11

TERMS

Date Incurred (M M / D D / Y Y Y Y)	Date Due (M M / D D / Y Y Y Y)	Interest Rate (If none, enter 0)	Secured:
06 / 30 / 2024	None	12.00 % (apr)	☐ Yes ☒ No

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

1. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶	31354.11
TOTALS This Period (last page in this line only) ▶	

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

Image# 202601309794992410

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one) ☒ 13a ☐ 13b

NAME OF COMMITTEE (In Full)

Committee to Elect Alan Grayson

Transaction ID : C1B9281FEAEBE487EAD5

LOAN SOURCE Full Name (Last, First, Middle Initial)

☐ Memo Item

Grayson, Alan Mark, , ,

Election: 2024
☒ Primary
☐ General
☐ Other (specify) ▼

Mailing Address
870 N Miramar Ave
Box 242

City	State	ZIP Code
Indialantic	FL	32903-3054

☒ Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
173.00	0.00	173.00

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
05/03/2023	None	12.00 % (apr)	☐ Yes ☒ No

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

1. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶	173.00
TOTALS This Period (last page in this line only) ▶	

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

Image# 202601309794992411

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one)
- [X] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)

Committee to Elect Alan Grayson

Transaction ID : CEBF89C994D654850856

LOAN SOURCE Full Name (Last, First, Middle Initial)

Grayson, Alan Mark, , ,

[ ] Memo Item

Election: 2024
- [X] Primary
- [ ] General
- [ ] Other (specify) ▼

Mailing Address
870 N Miramar Ave
Box 242

City	State	ZIP Code
Indialantic	FL	32903-3054

[X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
589.00	0.00	589.00

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
02/18/2023	None	12.00 % (apr)	[ ] Yes [X] No

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

1. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶	589.00
TOTALS This Period (last page in this line only) ▶	

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

Image# 202601309794992412

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one) ☒ 13a ☐ 13b

NAME OF COMMITTEE (In Full)

Committee to Elect Alan Grayson

Transaction ID : C3B3D26BD15FC43F785E

LOAN SOURCE Full Name (Last, First, Middle Initial)

☐ Memo Item

Grayson, Alan Mark, , ,

Mailing Address
870 N Miramar Ave
Box 242

City: Indialantic | State: FL | ZIP Code: 32903-3054

Election: 2024
☒ Primary
☐ General
☐ Other (specify) ▼

☒ Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
800.00	0.00	800.00

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
10/11/2023	None	12.00 % (apr)	☐ Yes ☒ No

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

1. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶ 800.00

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

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

Image# 202601309794992413

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one)
- [X] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)
Committee to Elect Alan Grayson

Transaction ID : C0A50BD35A1FE4B64B33

LOAN SOURCE Full Name (Last, First, Middle Initial)
Grayson, Alan Mark, , ,

- [ ] Memo Item

Election: 2024
- [X] Primary
- [ ] General
- [ ] Other (specify) ▼

Mailing Address
870 N Miramar Ave
Box 242

City	State	ZIP Code
Indialantic	FL	32903-3054

- [X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
262.55	0.00	262.55

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
07/02/2023	None	12.00 % (apr)	[ ] Yes [X] No

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

1. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶	262.55
TOTALS This Period (last page in this line only) ▶	

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

Image# 202601309794992414

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one)
- [X] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)

Committee to Elect Alan Grayson

Transaction ID : C75C0894CCEBD4FEABAF

LOAN SOURCE Full Name (Last, First, Middle Initial)

Grayson, Alan Mark, , ,

- [ ] Memo Item

Election: 2024
- [X] Primary
- [ ] General
- [ ] Other (specify) ▼

Mailing Address
870 N Miramar Ave
Box 242

City	State	ZIP Code
Indialantic	FL	32903-3054

- [X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
380.67	0.00	380.67

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
10/08/2023	None	12.00 % (apr)	[ ] Yes [X] No

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

1. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶	380.67
TOTALS This Period (last page in this line only) ▶	

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

Image# 202601309794992415

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one)
- [X] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)

Committee to Elect Alan Grayson

Transaction ID : C63DD56256A5943FE809

LOAN SOURCE Full Name (Last, First, Middle Initial)

Grayson, Alan Mark, , ,

- [ ] Memo Item

Election: 2026
- [X] Primary
- [ ] General
- [ ] Other (specify) ▼

Mailing Address
870 N Miramar Ave
Box 242

City	State	ZIP Code
Indialantic	FL	32903-3054

- [X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
9060.49	0.00	9060.49

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
08/31/2025	None	12.00 % (apr)	[ ] Yes [X] No

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

1. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶	9060.49
TOTALS This Period (last page in this line only) ▶	

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

Image# 202601309794992416

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one)
- [X] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)

Committee to Elect Alan Grayson

Transaction ID : C2EED3C11248B47DD930

LOAN SOURCE Full Name (Last, First, Middle Initial)

Grayson, Alan Mark, , ,

- [ ] Memo Item

Election: 2022
- [X] Primary
- [ ] General
- [ ] Other (specify) ▼

Mailing Address
870 N Miramar Ave
Box 242

City	State	ZIP Code
Indialantic	FL	32903-3054

- [X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
559.00	4746.52	– 4187.52

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
10/14/2022	None	12.00 % (apr)	[ ] Yes [X] No

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

1. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶	– 4187.52
TOTALS This Period (last page in this line only) ▶	

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

Image# 202601309794992417

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one)
- [X] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)
Committee to Elect Alan Grayson

Transaction ID : C693149A240CA47858D5

LOAN SOURCE Full Name (Last, First, Middle Initial)
Grayson, Alan Mark, , ,

- [ ] Memo Item

Election: 2024
- [X] Primary
- [ ] General
- [ ] Other (specify) ▼

Mailing Address
870 N Miramar Ave
Box 242

City	State	ZIP Code
Indialantic	FL	32903-3054

- [X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
300.00	0.00	300.00

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
12/28/2023	None	12.00 % (apr)	[ ] Yes [X] No

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

1. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶	300.00
TOTALS This Period (last page in this line only) ▶	

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

Image# 202601309794992418

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one)
- [X] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)

Committee to Elect Alan Grayson

Transaction ID : CEE2190BBCCEC46B5900

LOAN SOURCE Full Name (Last, First, Middle Initial)

Grayson, Alan Mark, , ,

- [ ] Memo Item

Election: 2024
- [X] Primary
- [ ] General
- [ ] Other (specify) ▼

Mailing Address
870 N Miramar Ave
Box 242

City	State	ZIP Code
Indialantic	FL	32903-3054

- [X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
832.00	0.00	832.00

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
04/15/2023	None	12.00 % (apr)	[ ] Yes [X] No

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

1. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶	832.00
TOTALS This Period (last page in this line only) ▶	

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

Image# 202601309794992419

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one)
- [X] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)

Committee to Elect Alan Grayson

Transaction ID : CBC00C9300F0944EBA00

LOAN SOURCE Full Name (Last, First, Middle Initial)

Grayson, Alan Mark, , ,

☐ Memo Item

Mailing Address
870 N Miramar Ave
Box 242

City	State	ZIP Code
Indialantic	FL	32903-3054

Election: 2024
- [X] Primary
- [ ] General
- [ ] Other (specify) ▼

[X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
156.00	0.00	156.00

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
11/04/2023	None	12.00 % (apr)	☐ Yes ☒ No

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

1. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶	156.00
TOTALS This Period (last page in this line only) ▶	

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

Image# 202601309794992420

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one)
- [X] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)

Committee to Elect Alan Grayson

Transaction ID : C354C262090D24F75974

LOAN SOURCE Full Name (Last, First, Middle Initial)

Grayson, Alan Mark, , ,

- [ ] Memo Item

Election: 2022
- [X] Primary
- [ ] General
- [ ] Other (specify) ▼

Mailing Address
870 N Miramar Ave
Box 242

City	State	ZIP Code
Indialantic	FL	32903-3054

- [X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
1205.00	0.00	1205.00

TERMS

Date Incurred (M M / D D / Y Y Y Y)	Date Due (M M / D D / Y Y Y Y)	Interest Rate (If none, enter 0)	Secured:
12 / 11 / 2022	None	12.00 % (apr)	[ ] Yes [X] No

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

1. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶	1205.00
TOTALS This Period (last page in this line only) ▶	

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

Image# 202601309794992421

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one)
- [X] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)

Committee to Elect Alan Grayson

Transaction ID : C0FB43489C4104413820

LOAN SOURCE Full Name (Last, First, Middle Initial)

Grayson, Alan Mark, , ,

[ ] Memo Item

Mailing Address
870 N Miramar Ave
Box 242

City: Indialantic | State: FL | ZIP Code: 32903-3054

Election: 2022
- [X] Primary
- [ ] General
- [ ] Other (specify) ▼

[X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
299.00	0.00	299.00

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
10/27/2022	None	12.00 % (apr)	[ ] Yes [X] No

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

1. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶ 299.00

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

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

Image# 202601309794992422

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one)
- [X] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)
Committee to Elect Alan Grayson

Transaction ID : C5352F3298ADA4A68894

LOAN SOURCE Full Name (Last, First, Middle Initial)
Grayson, Alan Mark, , ,

- [ ] Memo Item

Election: 2010
- [X] Primary
- [ ] General
- [ ] Other (specify) ▼

Mailing Address
870 N Miramar Ave
Box 242

City	State	ZIP Code
Indialantic	FL	32903-3054

- [X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
15000.00	0.00	15000.00

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
11/26/2008	None	12.00 % (apr)	[ ] Yes [X] No

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

1. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶	15000.00
TOTALS This Period (last page in this line only) ▶	

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

Image# 202601309794992423

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one)
- [X] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)
Committee to Elect Alan Grayson

Transaction ID : C77D5B47B3A9943859C9

LOAN SOURCE Full Name (Last, First, Middle Initial)
Grayson, Alan Mark, , ,

- [ ] Memo Item

Election: 2024
- [X] Primary
- [ ] General
- [ ] Other (specify) ▼

Mailing Address
870 N Miramar Ave
Box 242

City	State	ZIP Code
Indialantic	FL	32903-3054

- [X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
189.53	0.00	189.53

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
10/06/2023	None	12.00 % (apr)	[ ] Yes [X] No

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

1. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶	189.53
TOTALS This Period (last page in this line only) ▶	

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

Image# 202601309794992424

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one)
- [X] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)

Committee to Elect Alan Grayson

Transaction ID : CEDA21715EFDA4F8B8CE

LOAN SOURCE Full Name (Last, First, Middle Initial)

Grayson, Alan Mark, , ,

- [ ] Memo Item

Election: 2026
- [X] Primary
- [ ] General
- [ ] Other (specify) ▼

Mailing Address
870 N Miramar Ave
Box 242

City	State	ZIP Code
Indialantic	FL	32903-3054

- [X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
9281.86	0.00	9281.86

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
02/28/2025	None	12.00 % (apr)	[ ] Yes [X] No

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

1. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶	9281.86
TOTALS This Period (last page in this line only) ▶	

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

Image# 202601309794992425

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one) [X] 13a [ ] 13b

NAME OF COMMITTEE (In Full)

Committee to Elect Alan Grayson

Transaction ID : C38FA6E09CFFF4262B43

LOAN SOURCE Full Name (Last, First, Middle Initial)

[ ] Memo Item

Grayson, Alan Mark, , ,

Mailing Address
870 N Miramar Ave
Box 242

City: Indialantic | State: FL | ZIP Code: 32903-3054

Election: 2024
[X] Primary
[ ] General
[ ] Other (specify) ▼

[X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
322.00	0.00	322.00

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
11/28/2023	None	12.00 % (apr)	[ ] Yes [X] No

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

1. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶ 322.00

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

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

Image# 202601309794992426

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one)
- [X] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)

Committee to Elect Alan Grayson

Transaction ID : C3D707683356849F6A83

LOAN SOURCE Full Name (Last, First, Middle Initial)

Grayson, Alan Mark, , ,

- [ ] Memo Item

Election: 2022
- [X] Primary
- [ ] General
- [ ] Other (specify) ▼

Mailing Address
870 N Miramar Ave
Box 242

City	State	ZIP Code
Indialantic	FL	32903-3054

- [X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
1789.00	0.00	1789.00

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
11/09/2022	None	12.00 % (apr)	[ ] Yes [X] No

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

1. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶	1789.00
TOTALS This Period (last page in this line only) ▶	

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

Image# 202601309794992427

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one)
- [X] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)

Committee to Elect Alan Grayson

Transaction ID : C480AA0159C164CE2980

LOAN SOURCE Full Name (Last, First, Middle Initial)

Grayson, Alan Mark, , ,

- [ ] Memo Item

Election: 2024
- [X] Primary
- [ ] General
- [ ] Other (specify) ▼

Mailing Address
870 N Miramar Ave
Box 242

City	State	ZIP Code
Indialantic	FL	32903-3054

- [X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
292.00	0.00	292.00

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
07/27/2023	None	12.00 % (apr)	[ ] Yes [X] No

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

1. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶	292.00
TOTALS This Period (last page in this line only) ▶	

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

Image# 202601309794992428

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one)
- [X] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)
Committee to Elect Alan Grayson

Transaction ID : C39370D39130B49F88CB

LOAN SOURCE Full Name (Last, First, Middle Initial)
Grayson, Alan Mark, , ,

- [ ] Memo Item

Election: 2024
- [X] Primary
- [ ] General
- [ ] Other (specify) ▼

Mailing Address
870 N Miramar Ave
Box 242

City	State	ZIP Code
Indialantic	FL	32903-3054

- [X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
13842.17	0.00	13842.17

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
03/31/2024	None	12.00 % (apr)	[ ] Yes [X] No

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

1. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶	13842.17
TOTALS This Period (last page in this line only) ▶	

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

Image# 202601309794992429

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one)
- [X] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)

Committee to Elect Alan Grayson

Transaction ID : CE43C93265C5747F6AF1

LOAN SOURCE Full Name (Last, First, Middle Initial)

Grayson, Alan Mark, , ,

☐ Memo Item

Election: 2016
- [X] Primary
- [ ] General
- [ ] Other (specify) ▼

Mailing Address
870 N Miramar Ave
Box 242

City	State	ZIP Code
Indialantic	FL	32903-3054

[X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
50000.00	0.00	50000.00

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
06/26/2015	None	12.00 % (apr)	☐ Yes ☒ No

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

1. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶	50000.00
TOTALS This Period (last page in this line only) ▶	

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

Image# 202601309794992430

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one)
- [X] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)

Committee to Elect Alan Grayson

Transaction ID : C4AF4CAA35CE74AEDB09

LOAN SOURCE Full Name (Last, First, Middle Initial)

Grayson, Alan Mark, , ,

- [ ] Memo Item

Mailing Address
870 N Miramar Ave
Box 242

City: Indialantic | State: FL | ZIP Code: 32903-3054

Election: 2022
- [X] Primary
- [ ] General
- [ ] Other (specify) ▼

- [X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
517.00	4639.06	– 4122.06

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
11/09/2022	None	12.00 % (apr)	[ ] Yes [X] No

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

1. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶	– 4122.06
TOTALS This Period (last page in this line only) ▶	

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

Image# 202601309794992431

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one)
- [X] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)

Committee to Elect Alan Grayson

Transaction ID : CBCBAE172661F41739D3

LOAN SOURCE Full Name (Last, First, Middle Initial)

Grayson, Alan Mark, , ,

- [ ] Memo Item

Mailing Address
870 N Miramar Ave
Box 242

City	State	ZIP Code
Indialantic	FL	32903-3054

Election: 2024
- [X] Primary
- [ ] General
- [ ] Other (specify) ▼

- [X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
750.40	0.00	750.40

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
02/22/2023	None	12.00 % (apr)	[ ] Yes [X] No

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

1. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶	750.40
TOTALS This Period (last page in this line only) ▶	

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

Image# 202601309794992432

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one)
- [X] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)

Committee to Elect Alan Grayson

Transaction ID : CC2BBC202874341C8988

LOAN SOURCE Full Name (Last, First, Middle Initial)

Grayson, Alan Mark, , ,

- [ ] Memo Item

Election: 2022
- [X] Primary
- [ ] General
- [ ] Other (specify) ▼

Mailing Address
870 N Miramar Ave
Box 242

City	State	ZIP Code
Indialantic	FL	32903-3054

- [X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
114.00	0.00	114.00

TERMS

Date Incurred (M M / D D / Y Y Y Y)	Date Due (M M / D D / Y Y Y Y)	Interest Rate (If none, enter 0)	Secured:
11 / 03 / 2022	None	12.00 % (apr)	[ ] Yes [X] No

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

1. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶	114.00
TOTALS This Period (last page in this line only) ▶	

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

Image# 202601309794992433

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one) [X] 13a [ ] 13b

NAME OF COMMITTEE (In Full)

Committee to Elect Alan Grayson

Transaction ID : C4D13B11598214F73B40

LOAN SOURCE Full Name (Last, First, Middle Initial)

[ ] Memo Item

Grayson, Alan Mark, , ,

Election: 2026
[X] Primary
[ ] General
[ ] Other (specify) ▼

Mailing Address
870 N Miramar Ave
Box 242

City	State	ZIP Code
Indialantic	FL	32903-3054

[X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
8310.19	0.00	8310.19

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
11/25/2024	None	12.00 % (apr)	[ ] Yes [X] No

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

1. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶ 8310.19

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

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

Image# 202601309794992434

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one)
- [X] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)
Committee to Elect Alan Grayson

Transaction ID : C34295D98163546FEAFF

LOAN SOURCE Full Name (Last, First, Middle Initial)
Grayson, Alan Mark, , ,

[ ] Memo Item

Mailing Address
870 N Miramar Ave
Box 242

City: Indialantic | State: FL | ZIP Code: 32903-3054

Election: 2024
- [X] Primary
- [ ] General
- [ ] Other (specify) ▼

[X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
1013.15	0.00	1013.15

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
02/09/2023	None	12.00 % (apr)	[ ] Yes [X] No

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

1. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶	1013.15
TOTALS This Period (last page in this line only) ▶	

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

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one)
- [X] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)
Committee to Elect Alan Grayson

Transaction ID : CFDA920512C944098815

LOAN SOURCE Full Name (Last, First, Middle Initial)
Grayson, Alan Mark, , ,

[ ] Memo Item

Mailing Address
870 N Miramar Ave
Box 242

City	State	ZIP Code
Indialantic	FL	32903-3054

Election: 2022
- [X] Primary
- [ ] General
- [ ] Other (specify) ▼

[X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
661.00	0.00	661.00

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
11/05/2022	None	12.00 % (apr)	[ ] Yes [X] No

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

1. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶	661.00
TOTALS This Period (last page in this line only) ▶	

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

Image# 202601309794992436

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one)
- [X] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)
Committee to Elect Alan Grayson

Transaction ID : C19DAA36C62DE4283AA3

LOAN SOURCE Full Name (Last, First, Middle Initial)
Grayson, Alan Mark, , ,

- [ ] Memo Item

Mailing Address
870 N Miramar Ave
Box 242

City	State	ZIP Code
Indialantic	FL	32903-3054

Election: 2024
- [X] Primary
- [ ] General
- [ ] Other (specify) ▼

- [X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
504.00	0.00	504.00

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
03/23/2023	None	12.00 % (apr)	[ ] Yes [X] No

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

1. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶ 504.00

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

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

Image# 202601309794992437

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one)
- [X] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)

Committee to Elect Alan Grayson

Transaction ID : CC28FDF7AA5594CB3968

LOAN SOURCE Full Name (Last, First, Middle Initial)

Grayson, Alan Mark, , ,

- [ ] Memo Item

Election: 2022
- [X] Primary
- [ ] General
- [ ] Other (specify) ▼

Mailing Address
870 N Miramar Ave
Box 242

City	State	ZIP Code
Indialantic	FL	32903-3054

- [X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
58702.18	34799.41	23902.77

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
09/08/2022	None	12.00 % (apr)	[ ] Yes [X] No

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

1. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶	23902.77
TOTALS This Period (last page in this line only) ▶	

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

Image# 202601309794992438

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one)
- [X] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)

Committee to Elect Alan Grayson

Transaction ID : C6C555980F7E14808A33

LOAN SOURCE Full Name (Last, First, Middle Initial)

Grayson, Alan Mark, , ,

- [ ] Memo Item

Election: 2024
- [X] Primary
- [ ] General
- [ ] Other (specify) ▼

Mailing Address
870 N Miramar Ave
Box 242

City	State	ZIP Code
Indialantic	FL	32903-3054

- [X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
917.00	0.00	917.00

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
10/18/2023	None	12.00 % (apr)	[ ] Yes [X] No

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

1. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶	917.00
TOTALS This Period (last page in this line only) ▶	

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

Image# 202601309794992439

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one)
- [X] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)

Committee to Elect Alan Grayson

Transaction ID : C78EF3E1C408A47BE839

LOAN SOURCE Full Name (Last, First, Middle Initial)

Grayson, Alan Mark, , ,

- [ ] Memo Item

Election: 2024
- [X] Primary
- [ ] General
- [ ] Other (specify) ▼

Mailing Address
870 N Miramar Ave
Box 242

City	State	ZIP Code
Indialantic	FL	32903-3054

- [X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
568.00	0.00	568.00

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
09/18/2023	None	12.00 % (apr)	[ ] Yes [X] No

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

1. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶	568.00
TOTALS This Period (last page in this line only) ▶	

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

Image# 202601309794992440

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one)
- [X] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)
Committee to Elect Alan Grayson

Transaction ID : C1313E18535B74C75ACD

LOAN SOURCE Full Name (Last, First, Middle Initial)
Grayson, Alan Mark, , ,

- [ ] Memo Item

Mailing Address
870 N Miramar Ave
Box 242

City	State	ZIP Code
Indialantic	FL	32903-3054

Election: 2024
- [X] Primary
- [ ] General
- [ ] Other (specify) ▼

- [X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
1099.30	0.00	1099.30

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
10/09/2023	None	12.00 % (apr)	[ ] Yes [X] No

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

1. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶	1099.30
TOTALS This Period (last page in this line only) ▶	

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

Image# 202601309794992441

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one) [X] 13a [ ] 13b

NAME OF COMMITTEE (In Full)

Committee to Elect Alan Grayson

Transaction ID : C7DF6427BE9DD411793F

LOAN SOURCE Full Name (Last, First, Middle Initial)

Grayson, Alan Mark, , ,

[ ] Memo Item

Election: 2024
[X] Primary
[ ] General
[ ] Other (specify) ▼

Mailing Address
870 N Miramar Ave
Box 242

City	State	ZIP Code
Indialantic	FL	32903-3054

[X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
341.00	0.00	341.00

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
03/01/2023	None	12.00 % (apr)	[ ] Yes [X] No

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

1. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶	341.00
TOTALS This Period (last page in this line only) ▶	

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

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one) [X] 13a [ ] 13b

NAME OF COMMITTEE (In Full)

Committee to Elect Alan Grayson

Transaction ID : CE21DDFD194A24C8A817

LOAN SOURCE Full Name (Last, First, Middle Initial)

Grayson, Alan Mark, , ,

[ ] Memo Item

Election: 2024
[X] Primary
[ ] General
[ ] Other (specify) ▼

Mailing Address
870 N Miramar Ave
Box 242

City	State	ZIP Code
Indialantic	FL	32903-3054

[X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
582.00	0.00	582.00

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
05/18/2023	None	12.00 % (apr)	[ ] Yes [X] No

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

1. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶	582.00
TOTALS This Period (last page in this line only) ▶	

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

Image# 202601309794992443

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one)
- [X] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)

Committee to Elect Alan Grayson

Transaction ID : CB221250A86AA439CBB4

LOAN SOURCE Full Name (Last, First, Middle Initial)

Grayson, Alan Mark, , ,

- [ ] Memo Item

Election: 2024
- [X] Primary
- [ ] General
- [ ] Other (specify) ▼

Mailing Address
870 N Miramar Ave
Box 242

City	State	ZIP Code
Indialantic	FL	32903-3054

- [X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
546.00	0.00	546.00

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
11/19/2023	None	12.00 % (apr)	[ ] Yes [X] No

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

1. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶	546.00
TOTALS This Period (last page in this line only) ▶	

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

Image# 202601309794992444

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one) [X] 13a [ ] 13b

NAME OF COMMITTEE (In Full)

Committee to Elect Alan Grayson

Transaction ID : CE56EF99599A34EB4BEE

LOAN SOURCE Full Name (Last, First, Middle Initial)

[ ] Memo Item

Grayson, Alan Mark, , ,

Mailing Address
870 N Miramar Ave
Box 242

City: Indialantic | State: FL | ZIP Code: 32903-3054

Election: 2024
[X] Primary
[ ] General
[ ] Other (specify) ▼

[X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
776.00	0.00	776.00

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
11/11/2023	None	12.00 % (apr)	[ ] Yes [X] No

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

1. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶ 776.00

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

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

Image# 202601309794992445

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one) ☒ 13a ☐ 13b

NAME OF COMMITTEE (In Full)

Committee to Elect Alan Grayson

Transaction ID : C2FCA577EF0F7444F99D

LOAN SOURCE Full Name (Last, First, Middle Initial)

☐ Memo Item

Grayson, Alan Mark, , ,

Mailing Address
870 N Miramar Ave
Box 242

City: Indialantic | State: FL | ZIP Code: 32903-3054

Election: 2024
☒ Primary
☐ General
☐ Other (specify) ▼

☒ Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
1028.00	0.00	1028.00

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
08/05/2023	None	12.00 % (apr)	☐ Yes ☒ No

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

1. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶ 1028.00

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

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

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one)
- [X] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)

Committee to Elect Alan Grayson

Transaction ID : C9F0492F51B1E44E7B07

LOAN SOURCE Full Name (Last, First, Middle Initial)

Grayson, Alan Mark, , ,

- [ ] Memo Item

Election: 2024
- [X] Primary
- [ ] General
- [ ] Other (specify) ▼

Mailing Address
870 N Miramar Ave
Box 242

City	State	ZIP Code
Indialantic	FL	32903-3054

- [X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
574.00	0.00	574.00

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
01/15/2023	None	12.00 % (apr)	[ ] Yes [X] No

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

1. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶	574.00
TOTALS This Period (last page in this line only) ▶	

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

Image# 202601309794992447

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one)
- [X] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)
Committee to Elect Alan Grayson

Transaction ID : C86C0CBF48EF0445198A

LOAN SOURCE Full Name (Last, First, Middle Initial)
Grayson, Alan Mark, , ,

☐ Memo Item

Mailing Address
870 N Miramar Ave
Box 242

City	State	ZIP Code
Indialantic	FL	32903-3054

Election: 2024
- [X] Primary
- [ ] General
- [ ] Other (specify) ▼

[X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
412.00	0.00	412.00

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
10/03/2023	None	12.00 % (apr)	☐ Yes ☒ No

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

1. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶	412.00
TOTALS This Period (last page in this line only) ▶	

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

Image# 202601309794992448

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one)
- [X] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)

Committee to Elect Alan Grayson

Transaction ID : CCD909BCEE0684A8BA43

LOAN SOURCE Full Name (Last, First, Middle Initial)

Grayson, Alan Mark, , ,

- [ ] Memo Item

Election: 2024
- [X] Primary
- [ ] General
- [ ] Other (specify) ▼

Mailing Address
870 N Miramar Ave
Box 242

City	State	ZIP Code
Indialantic	FL	32903-3054

- [X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
815.00	0.00	815.00

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
01/11/2023	None	12.00 % (apr)	[ ] Yes [X] No

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

1. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶	815.00
TOTALS This Period (last page in this line only) ▶	

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

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one)
- [X] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)
Committee to Elect Alan Grayson

Transaction ID : CA741F3420125498E993

LOAN SOURCE Full Name (Last, First, Middle Initial)
Grayson, Alan Mark, , ,

[ ] Memo Item

Mailing Address
870 N Miramar Ave
Box 242

City: Indialantic | State: FL | ZIP Code: 32903-3054

Election: 2024
- [X] Primary
- [ ] General
- [ ] Other (specify) ▼

[X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
1062.25	0.00	1062.25

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
08/08/2023	None	12.00 % (apr)	[ ] Yes [X] No

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

1. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶	1062.25
TOTALS This Period (last page in this line only) ▶	

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

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one) [X] 13a [ ] 13b

NAME OF COMMITTEE (In Full)
Committee to Elect Alan Grayson

Transaction ID : C73459602E3E74AA19B9

LOAN SOURCE Full Name (Last, First, Middle Initial)
Grayson, Alan Mark, , ,

[ ] Memo Item

Election: 2024
[X] Primary
[ ] General
[ ] Other (specify) ▼

Mailing Address
870 N Miramar Ave
Box 242

City: Indialantic | State: FL | ZIP Code: 32903-3054

[X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
781.34	0.00	781.34

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
03/22/2023	None	12.00 % (apr)	[ ] Yes [X] No

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

1. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶	781.34
TOTALS This Period (last page in this line only) ▶	

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

Image# 202601309794992451

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one)
- [X] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)

Committee to Elect Alan Grayson

Transaction ID : CC36A8B046F064F72818

LOAN SOURCE Full Name (Last, First, Middle Initial)

Grayson, Alan Mark, , ,

[ ] Memo Item

Mailing Address
870 N Miramar Ave
Box 242

City	State	ZIP Code
Indialantic	FL	32903-3054

Election: 2022
- [X] Primary
- [ ] General
- [ ] Other (specify) ▼

[X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
1725.15	0.00	1725.15

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
11/08/2022	None	12.00 % (apr)	[ ] Yes [X] No

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

1. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶	1725.15
TOTALS This Period (last page in this line only) ▶	

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

Image# 202601309794992452

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one)
- [X] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)

Committee to Elect Alan Grayson

Transaction ID : CF5AC09DBA5984216B32

LOAN SOURCE Full Name (Last, First, Middle Initial)

Grayson, Alan Mark, , ,

- [ ] Memo Item

Election: 2024
- [X] Primary
- [ ] General
- [ ] Other (specify) ▼

Mailing Address
870 N Miramar Ave
Box 242

City	State	ZIP Code
Indialantic	FL	32903-3054

- [X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
25000.00	0.00	25000.00

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
06/28/2024	None	12.00 % (apr)	[ ] Yes [X] No

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

1. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶	25000.00
TOTALS This Period (last page in this line only) ▶	

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

Image# 202601309794992453

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one)
- [X] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)

Committee to Elect Alan Grayson

Transaction ID : C0563CAD280CE4B3F9A8

LOAN SOURCE Full Name (Last, First, Middle Initial)

Grayson, Alan Mark, , ,

- [ ] Memo Item

Election: 2024
- [X] Primary
- [ ] General
- [ ] Other (specify) ▼

Mailing Address
870 N Miramar Ave
Box 242

City	State	ZIP Code
Indialantic	FL	32903-3054

- [X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
541.00	0.00	541.00

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
05/07/2023	None	12.00 % (apr)	[ ] Yes [X] No

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

1. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶	541.00
TOTALS This Period (last page in this line only) ▶	

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

Image# 202601309794992454

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one)
- [X] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)

Committee to Elect Alan Grayson

Transaction ID : C5202AFB840D24329A9D

LOAN SOURCE Full Name (Last, First, Middle Initial)

Grayson, Alan Mark, , ,

- [ ] Memo Item

Election: 2024
- [X] Primary
- [ ] General
- [ ] Other (specify) ▼

Mailing Address
870 N Miramar Ave
Box 242

City	State	ZIP Code
Indialantic	FL	32903-3054

- [X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
377.00	0.00	377.00

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
06/26/2023	None	12.00 % (apr)	[ ] Yes [X] No

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

1. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶	377.00
TOTALS This Period (last page in this line only) ▶	

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

Image# 202601309794992455

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one)
- [X] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)

Committee to Elect Alan Grayson

Transaction ID : CEFE1661220804B9E96E

LOAN SOURCE Full Name (Last, First, Middle Initial)

Grayson, Alan Mark, , ,

- [ ] Memo Item

Election: 2008
- [X] Primary
- [ ] General
- [ ] Other (specify) ▼

Mailing Address
870 N Miramar Ave
Box 242

City	State	ZIP Code
Indialantic	FL	32903-3054

- [X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
25000.00	1358.33	23641.67

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
12/12/2007	None	12.00 % (apr)	[ ] Yes [X] No

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

1. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶ 23641.67

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

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

Image# 202601309794992456

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one)
- [X] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)

Committee to Elect Alan Grayson

Transaction ID : C2B9171494D8B4148837

LOAN SOURCE Full Name (Last, First, Middle Initial)

Grayson, Alan Mark, , ,

[ ] Memo Item

Election: 2012
- [X] Primary
- [ ] General
- [ ] Other (specify) ▼

Mailing Address
870 N Miramar Ave
Box 242

City	State	ZIP Code
Indialantic	FL	32903-3054

[X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
200000.00	15000.00	185000.00

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
11/03/2010	None	12.00 % (apr)	[ ] Yes [X] No

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

1. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶	185000.00
TOTALS This Period (last page in this line only) ▶	

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

Image# 202601309794992457

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one)
- [X] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)

Committee to Elect Alan Grayson

Transaction ID : CA0CC05A7F40145D28BC

LOAN SOURCE Full Name (Last, First, Middle Initial)

Grayson, Alan Mark, , ,

- [ ] Memo Item

Election: 2024
- [X] Primary
- [ ] General
- [ ] Other (specify) ▼

Mailing Address
870 N Miramar Ave
Box 242

City	State	ZIP Code
Indialantic	FL	32903-3054

- [X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
9841.24	0.00	9841.24

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
07/31/2024	None	12.00 % (apr)	[ ] Yes [X] No

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

1. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶	9841.24
TOTALS This Period (last page in this line only) ▶	

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

Image# 202601309794992458

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one)
- [X] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)

Committee to Elect Alan Grayson

Transaction ID : C0B85A1366F3B4C63B23

LOAN SOURCE Full Name (Last, First, Middle Initial)

Grayson, Alan Mark, , ,

- [ ] Memo Item

Election: 2016
- [X] Primary
- [ ] General
- [ ] Other (specify) ▼

Mailing Address
870 N Miramar Ave
Box 242

City	State	ZIP Code
Indialantic	FL	32903-3054

- [X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
100000.00	12400.00	87600.00

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
11/17/2015	None	12.00 % (apr)	[ ] Yes [X] No

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

1. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶	87600.00
TOTALS This Period (last page in this line only) ▶	

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

Image# 202601309794992459

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one)
- [X] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)

Committee to Elect Alan Grayson

Transaction ID : C817DF0A5A24A4A2C9DF

LOAN SOURCE Full Name (Last, First, Middle Initial)

Grayson, Alan Mark, , ,

- [ ] Memo Item

Election: 2024
- [X] Primary
- [ ] General
- [ ] Other (specify) ▼

Mailing Address
870 N Miramar Ave
Box 242

City	State	ZIP Code
Indialantic	FL	32903-3054

- [X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
523.00	0.00	523.00

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
05/08/2023	None	12.00 % (apr)	[ ] Yes [X] No

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

1. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶	523.00
TOTALS This Period (last page in this line only) ▶	

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

Image# 202601309794992460

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one)
- [X] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)

Committee to Elect Alan Grayson

Transaction ID : C5286A9823C7F4C3DADE

LOAN SOURCE Full Name (Last, First, Middle Initial)

Grayson, Alan Mark, , ,

- [ ] Memo Item

Election: 2024
- [X] Primary
- [ ] General
- [ ] Other (specify) ▼

Mailing Address
870 N Miramar Ave
Box 242

City	State	ZIP Code
Indialantic	FL	32903-3054

- [X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
302.00	0.00	302.00

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
01/27/2023	None	12.00 % (apr)	[ ] Yes [X] No

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

1. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶	302.00
TOTALS This Period (last page in this line only) ▶	

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

Image# 202601309794992461

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one) [X] 13a [ ] 13b

NAME OF COMMITTEE (In Full)

Committee to Elect Alan Grayson

Transaction ID : C37589BB322F74C8689A

LOAN SOURCE Full Name (Last, First, Middle Initial)

Grayson, Alan Mark, , ,

[ ] Memo Item

Election: 2022
[ ] Primary
[X] General
[ ] Other (specify) ▼

Mailing Address
870 N Miramar Ave
Box 242

City: Indialantic | State: FL | ZIP Code: 32903-3054

[X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
330.00	0.00	330.00

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
12/28/2022	None	12.00 % (apr)	[ ] Yes [X] No

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

1. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶	330.00
TOTALS This Period (last page in this line only) ▶	

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

Image# 202601309794992462

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one)
- [X] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)

Committee to Elect Alan Grayson

Transaction ID : CBD91D7C19B8E4F74823

LOAN SOURCE Full Name (Last, First, Middle Initial)

Grayson, Alan Mark, , ,

- [ ] Memo Item

Election: 2022
- [X] Primary
- [ ] General
- [ ] Other (specify) ▼

Mailing Address
870 N Miramar Ave
Box 242

City	State	ZIP Code
Indialantic	FL	32903-3054

- [X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
804.00	0.00	804.00

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
10/11/2022	None	12.00 % (apr)	[ ] Yes [X] No

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

1. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶	804.00
TOTALS This Period (last page in this line only) ▶	

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

Image# 202601309794992463

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one)
- [X] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)
Committee to Elect Alan Grayson

Transaction ID : C94DF857BC0C14A4DA3C

LOAN SOURCE Full Name (Last, First, Middle Initial)
Grayson, Alan Mark, , ,

- [ ] Memo Item

Mailing Address
870 N Miramar Ave
Box 242

City	State	ZIP Code
Indialantic	FL	32903-3054

Election: 2022
- [X] Primary
- [ ] General
- [ ] Other (specify) ▼

- [X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
955.03	0.00	955.03

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
09/23/2022	None	12.00 % (apr)	[ ] Yes [X] No

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

1. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶	955.03
TOTALS This Period (last page in this line only) ▶	

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

Image# 202601309794992464

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one)
- [X] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)

Committee to Elect Alan Grayson

Transaction ID : CC33876662A094A59860

LOAN SOURCE Full Name (Last, First, Middle Initial)

Grayson, Alan Mark, , ,

[ ] Memo Item

Mailing Address
870 N Miramar Ave
Box 242

City	State	ZIP Code
Indialantic	FL	32903-3054

Election: 2006
- [X] Primary
- [ ] General
- [ ] Other (specify) ▼

[X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
100000.00	39600.00	60400.00

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
08/09/2006	None	12.00 % (apr)	[ ] Yes [X] No

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

1. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶ 60400.00

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

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

Image# 202601309794992465

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one)
- [X] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)

Committee to Elect Alan Grayson

Transaction ID : CBE7046D8ADB64D0AAC8

LOAN SOURCE Full Name (Last, First, Middle Initial)

Grayson, Alan Mark, , ,

- [ ] Memo Item

Election: 2022
- [X] Primary
- [ ] General
- [ ] Other (specify) ▼

Mailing Address
870 N Miramar Ave
Box 242

City	State	ZIP Code
Indialantic	FL	32903-3054

- [X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
8264.72	0.00	8264.72

TERMS

Date Incurred (M M / D D / Y Y Y Y)	Date Due (M M / D D / Y Y Y Y)	Interest Rate (If none, enter 0)	Secured:
09 / 15 / 2022	None	12.00 % (apr)	[ ] Yes [X] No

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

1. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶	8264.72
TOTALS This Period (last page in this line only) ▶	

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

Image# 202601309794992466

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one)
- [X] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)

Committee to Elect Alan Grayson

Transaction ID : C04FC058BF25F404CB5B

LOAN SOURCE Full Name (Last, First, Middle Initial)

Grayson, Alan Mark, , ,

- [ ] Memo Item

Election: 2024
- [X] Primary
- [ ] General
- [ ] Other (specify) ▼

Mailing Address
870 N Miramar Ave
Box 242

City	State	ZIP Code
Indialantic	FL	32903-3054

- [X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
218.51	0.00	218.51

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
12/06/2023	None	12.00 % (apr)	[ ] Yes [X] No

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

1. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶	218.51
TOTALS This Period (last page in this line only) ▶	

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

Image# 202601309794992467

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one)
- [X] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)
Committee to Elect Alan Grayson

Transaction ID : CBCFEAB1D4565452386D

LOAN SOURCE Full Name (Last, First, Middle Initial)
Grayson, Alan Mark, , ,

- [ ] Memo Item

Mailing Address
870 N Miramar Ave
Box 242

City	State	ZIP Code
Indialantic	FL	32903-3054

Election: 2024
- [X] Primary
- [ ] General
- [ ] Other (specify) ▼

- [X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
246.90	0.00	246.90

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
06/03/2023	None	12.00 % (apr)	[ ] Yes [X] No

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

1. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶	246.90
TOTALS This Period (last page in this line only) ▶	

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

Image# 202601309794992468

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one)
- [X] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)

Committee to Elect Alan Grayson

Transaction ID : CF92EE1474D6449A5982

LOAN SOURCE Full Name (Last, First, Middle Initial)

Grayson, Alan Mark, , ,

- [ ] Memo Item

Election: 2024
- [X] Primary
- [ ] General
- [ ] Other (specify) ▼

Mailing Address
870 N Miramar Ave
Box 242

City	State	ZIP Code
Indialantic	FL	32903-3054

- [X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
969.00	0.00	969.00

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
03/18/2023	None	12.00 % (apr)	[ ] Yes [X] No

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

1. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶	969.00
TOTALS This Period (last page in this line only) ▶	

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

Image# 202601309794992469

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one)
- [X] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)

Committee to Elect Alan Grayson

Transaction ID : CA10AA42FB65E4D499E6

LOAN SOURCE Full Name (Last, First, Middle Initial)

Grayson, Alan Mark, , ,

- [ ] Memo Item

Election: 2024
- [X] Primary
- [ ] General
- [ ] Other (specify) ▼

Mailing Address
870 N Miramar Ave
Box 242

City	State	ZIP Code
Indialantic	FL	32903-3054

- [X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
10000.00	0.00	10000.00

TERMS

Date Incurred (M M / D D / Y Y Y Y)	Date Due (M M / D D / Y Y Y Y)	Interest Rate (If none, enter 0)	Secured:
06 / 13 / 2024	None	12.00 % (apr)	[ ] Yes [X] No

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

1. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶	10000.00
TOTALS This Period (last page in this line only) ▶	

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

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one)
- [X] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)
Committee to Elect Alan Grayson

Transaction ID : C1A6DC30450744926B55

LOAN SOURCE Full Name (Last, First, Middle Initial)
Grayson, Alan Mark, , ,

[ ] Memo Item

Mailing Address
870 N Miramar Ave
Box 242

City: Indialantic | State: FL | ZIP Code: 32903-3054

Election: 2024
- [X] Primary
- [ ] General
- [ ] Other (specify) ▼

[X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
153.00	0.00	153.00

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
10/03/2023	None	12.00 % (apr)	[ ] Yes [X] No

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

1. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶ 153.00

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

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

Image# 202601309794992471

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one)
- [X] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)
Committee to Elect Alan Grayson

Transaction ID : C27F46D02F8864A92B8B

LOAN SOURCE Full Name (Last, First, Middle Initial)
Grayson, Alan Mark, , ,

- [ ] Memo Item

Election: 2024
- [X] Primary
- [ ] General
- [ ] Other (specify) ▼

Mailing Address
870 N Miramar Ave
Box 242

City	State	ZIP Code
Indialantic	FL	32903-3054

- [X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
293.00	0.00	293.00

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
06/29/2023	None	12.00 % (apr)	[ ] Yes [X] No

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

1. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶	293.00
TOTALS This Period (last page in this line only) ▶	

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

Image# 202601309794992472

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one)
- [X] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)

Committee to Elect Alan Grayson

Transaction ID : C73A95DAF960D479181F

LOAN SOURCE Full Name (Last, First, Middle Initial)

Grayson, Alan Mark, , ,

[ ] Memo Item

Mailing Address
870 N Miramar Ave
Box 242

City	State	ZIP Code
Indialantic	FL	32903-3054

Election: 2024
- [X] Primary
- [ ] General
- [ ] Other (specify) ▼

[X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
17983.08	0.00	17983.08

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
01/31/2024	None	12.00 % (apr)	[ ] Yes [X] No

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

1. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶	17983.08
TOTALS This Period (last page in this line only) ▶	

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

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one)
- [X] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)

Committee to Elect Alan Grayson

Transaction ID : C4DBEFEC2A436483186D

LOAN SOURCE Full Name (Last, First, Middle Initial)

Grayson, Alan Mark, , ,

☐ Memo Item

Election: 2026
- [X] Primary
- [ ] General
- [ ] Other (specify) ▼

Mailing Address
870 N Miramar Ave
Box 242

City	State	ZIP Code
Indialantic	FL	32903-3054

[X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
9147.30	0.00	9147.30

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
01/31/2025	None	12.00 % (apr)	☐ Yes ☒ No

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

1. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶	9147.30
TOTALS This Period (last page in this line only) ▶	

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

Image# 202601309794992474

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one)
- [X] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)

Committee to Elect Alan Grayson

Transaction ID : C5DD0BE8B822A42388FA

LOAN SOURCE Full Name (Last, First, Middle Initial)

Grayson, Alan Mark, , ,

- [ ] Memo Item

Election: 2024
- [X] Primary
- [ ] General
- [ ] Other (specify) ▼

Mailing Address
870 N Miramar Ave
Box 242

City	State	ZIP Code
Indialantic	FL	32903-3054

- [X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
156.00	0.00	156.00

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
11/10/2023	None	12.00 % (apr)	[ ] Yes [X] No

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

1. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶	156.00
TOTALS This Period (last page in this line only) ▶	

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

Image# 202601309794992475

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one)
- [X] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)

Committee to Elect Alan Grayson

Transaction ID : CF2CAC005C4524EDCBAE

LOAN SOURCE Full Name (Last, First, Middle Initial)

Grayson, Alan Mark, , ,

- [ ] Memo Item

Election: 2010
- [X] Primary
- [ ] General
- [ ] Other (specify) ▼

Mailing Address
870 N Miramar Ave
Box 242

City	State	ZIP Code
Indialantic	FL	32903-3054

- [X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
10000.00	4000.00	6000.00

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
12/10/2008	None	12.00 % (apr)	[ ] Yes [X] No

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

1. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶ 6000.00

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

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

Image# 202601309794992476

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one)
- [X] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)

Committee to Elect Alan Grayson

Transaction ID : CB3E1F587B04E4AF0910

LOAN SOURCE Full Name (Last, First, Middle Initial)

Grayson, Alan Mark, , ,

- [ ] Memo Item

Election: 2024
- [X] Primary
- [ ] General
- [ ] Other (specify) ▼

Mailing Address
870 N Miramar Ave
Box 242

City	State	ZIP Code
Indialantic	FL	32903-3054

- [X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
493.00	0.00	493.00

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
07/23/2023	None	12.00 % (apr)	[ ] Yes [X] No

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

1. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶	493.00
TOTALS This Period (last page in this line only) ▶	

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

Image# 202601309794992477

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one)
- [X] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)

Committee to Elect Alan Grayson

Transaction ID : C6D256DB27D89434DA11

LOAN SOURCE Full Name (Last, First, Middle Initial)

Grayson, Alan Mark, , ,

- [ ] Memo Item

Election: 2008
- [X] Primary
- [ ] General
- [ ] Other (specify) ▼

Mailing Address
870 N Miramar Ave
Box 242

City	State	ZIP Code
Indialantic	FL	32903-3054

- [X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
25000.00	0.00	25000.00

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
02/28/2008	None	12.00 % (apr)	[ ] Yes [X] No

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

1. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶	25000.00
TOTALS This Period (last page in this line only) ▶	

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

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one)
- [X] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)
Committee to Elect Alan Grayson

Transaction ID : C607210DB8D854325B6D

LOAN SOURCE Full Name (Last, First, Middle Initial)
Grayson, Alan Mark, , ,

- [ ] Memo Item

Election: 2024
- [X] Primary
- [ ] General
- [ ] Other (specify) ▼

Mailing Address
870 N Miramar Ave
Box 242

City	State	ZIP Code
Indialantic	FL	32903-3054

- [X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
478.00	0.00	478.00

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
11/09/2023	None	12.00 % (apr)	[ ] Yes [X] No

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

1. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶ 478.00

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

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

Image# 202601309794992479

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one)
- [X] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)

Committee to Elect Alan Grayson

Transaction ID : CD8C692AD99D0469C898

LOAN SOURCE Full Name (Last, First, Middle Initial)

Grayson, Alan Mark, , ,

- [ ] Memo Item

Election: 2024
- [X] Primary
- [ ] General
- [ ] Other (specify) ▼

Mailing Address
870 N Miramar Ave
Box 242

City	State	ZIP Code
Indialantic	FL	32903-3054

- [X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
174.00	0.00	174.00

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
05/10/2023	None	12.00 % (apr)	[ ] Yes [X] No

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

1. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶	174.00
TOTALS This Period (last page in this line only) ▶	

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

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one)
- [X] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)

Committee to Elect Alan Grayson

Transaction ID : CD4B8A07637B346F280E

LOAN SOURCE Full Name (Last, First, Middle Initial)

Grayson, Alan Mark, , ,

- [ ] Memo Item

Election: 2024
- [X] Primary
- [ ] General
- [ ] Other (specify) ▼

Mailing Address
870 N Miramar Ave
Box 242

City	State	ZIP Code
Indialantic	FL	32903-3054

- [X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
1840.00	0.00	1840.00

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
03/08/2023	None	12.00 % (apr)	[ ] Yes [X] No

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

1. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶	1840.00
TOTALS This Period (last page in this line only) ▶	

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

Image# 202601309794992481

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one) [X] 13a [ ] 13b

NAME OF COMMITTEE (In Full)

Committee to Elect Alan Grayson

Transaction ID : C1D062E09457443F8A63

LOAN SOURCE Full Name (Last, First, Middle Initial)

Grayson, Alan Mark, , ,

[ ] Memo Item

Election: 2024
[X] Primary
[ ] General
[ ] Other (specify) ▼

Mailing Address
870 N Miramar Ave
Box 242

City	State	ZIP Code
Indialantic	FL	32903-3054

[X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
234.62	0.00	234.62

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
03/02/2023	None	12.00 % (apr)	[ ] Yes [X] No

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

1. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶	234.62
TOTALS This Period (last page in this line only) ▶	

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

Image# 202601309794992482

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one)
- [X] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)

Committee to Elect Alan Grayson

Transaction ID : C78CADF5BEB584DFEB4F

LOAN SOURCE Full Name (Last, First, Middle Initial)

Grayson, Alan Mark, , ,

- [ ] Memo Item

Election: 2024
- [X] Primary
- [ ] General
- [ ] Other (specify) ▼

Mailing Address
870 N Miramar Ave
Box 242

City	State	ZIP Code
Indialantic	FL	32903-3054

- [X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
290.00	0.00	290.00

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
09/28/2023	None	12.00 % (apr)	[ ] Yes [X] No

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

1. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶	290.00
TOTALS This Period (last page in this line only) ▶	

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

Image# 202601309794992483

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one)
- [X] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)

Committee to Elect Alan Grayson

Transaction ID : C8D5536CC3AF44642BFC

LOAN SOURCE Full Name (Last, First, Middle Initial)

Grayson, Alan Mark, , ,

- [ ] Memo Item

Election: 2024
- [X] Primary
- [ ] General
- [ ] Other (specify) ▼

Mailing Address
870 N Miramar Ave
Box 242

City	State	ZIP Code
Indialantic	FL	32903-3054

- [X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
1021.00	0.00	1021.00

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
12/05/2023	None	12.00 % (apr)	[ ] Yes [X] No

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

1. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶	1021.00
TOTALS This Period (last page in this line only) ▶	

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

Image# 202601309794992484

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one)
- [X] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)

Committee to Elect Alan Grayson

Transaction ID : C7A815CD2A9094E539A1

LOAN SOURCE Full Name (Last, First, Middle Initial)

Grayson, Alan Mark, , ,

☐ Memo Item

Mailing Address
870 N Miramar Ave
Box 242

City: Indialantic | State: FL | ZIP Code: 32903-3054

Election: 2024
- [X] Primary
- [ ] General
- [ ] Other (specify) ▼

[X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
1105.00	0.00	1105.00

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
05/05/2023	None	12.00 % (apr)	☐ Yes ☒ No

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

1. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶	1105.00
TOTALS This Period (last page in this line only) ▶	

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

Image# 202601309794992485

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one)
- [X] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)

Committee to Elect Alan Grayson

Transaction ID : CD003FB2208B3479BB5B

LOAN SOURCE Full Name (Last, First, Middle Initial)

Grayson, Alan Mark, , ,

- [ ] Memo Item

Election: 2006
- [X] Primary
- [ ] General
- [ ] Other (specify) ▼

Mailing Address
870 N Miramar Ave
Box 242

City	State	ZIP Code
Indialantic	FL	32903-3054

- [X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
40000.00	0.00	40000.00

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
08/16/2006	None	12.00 % (apr)	[ ] Yes [X] No

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

1. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶ 40000.00

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

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

Image# 202601309794992486

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one)
- [X] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)

Committee to Elect Alan Grayson

Transaction ID : C541BBEA839854BC488B

LOAN SOURCE Full Name (Last, First, Middle Initial)

Grayson, Alan Mark, , ,

- [ ] Memo Item

Election: 2022
- [X] Primary
- [ ] General
- [ ] Other (specify) ▼

Mailing Address
870 N Miramar Ave
Box 242

City	State	ZIP Code
Indialantic	FL	32903-3054

- [X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
171.07	0.00	171.07

TERMS

Date Incurred (M M / D D / Y Y Y Y)	Date Due (M M / D D / Y Y Y Y)	Interest Rate (If none, enter 0)	Secured:
11 / 02 / 2022	None	12.00 % (apr)	[ ] Yes [X] No

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

1. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶	171.07
TOTALS This Period (last page in this line only) ▶	

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

Image# 202601309794992487

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one)
- [X] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)
Committee to Elect Alan Grayson

Transaction ID : C06D13156CA1F4EB9BFF

LOAN SOURCE Full Name (Last, First, Middle Initial)
Grayson, Alan Mark, , ,

- [ ] Memo Item

Mailing Address
870 N Miramar Ave
Box 242

City	State	ZIP Code
Indialantic	FL	32903-3054

Election: 2020
- [X] Primary
- [ ] General
- [ ] Other (specify) ▼

- [X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
119.00	0.00	119.00

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
12/02/2019	None	12.00 % (apr)	[ ] Yes [X] No

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

1. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶	119.00
TOTALS This Period (last page in this line only) ▶	

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

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one)
- [X] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)

Committee to Elect Alan Grayson

Transaction ID : C75A01096B6DA4AE2B92

LOAN SOURCE Full Name (Last, First, Middle Initial)

Grayson, Alan Mark, , ,

- [ ] Memo Item

Election: 2024
- [X] Primary
- [ ] General
- [ ] Other (specify) ▼

Mailing Address
870 N Miramar Ave
Box 242

City	State	ZIP Code
Indialantic	FL	32903-3054

- [X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
888.00	0.00	888.00

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
11/18/2023	None	12.00 % (apr)	[ ] Yes [X] No

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

1. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶	888.00
TOTALS This Period (last page in this line only) ▶	

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

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one) [X] 13a [ ] 13b

NAME OF COMMITTEE (In Full)
Committee to Elect Alan Grayson

Transaction ID : C59652372A251491CA16

LOAN SOURCE Full Name (Last, First, Middle Initial)
Grayson, Alan Mark, , ,

[ ] Memo Item

Election: 2024
[X] Primary
[ ] General
[ ] Other (specify) ▼

Mailing Address
870 N Miramar Ave
Box 242

City	State	ZIP Code
Indialantic	FL	32903-3054

[X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
143.00	0.00	143.00

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
06/03/2023	None	12.00 % (apr)	[ ] Yes [X] No

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

1. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶ 143.00

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

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

Image# 202601309794992490

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one)
- [X] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)

Committee to Elect Alan Grayson

Transaction ID : C14D594BFA8474D6A9E7

LOAN SOURCE Full Name (Last, First, Middle Initial)

Grayson, Alan Mark, , ,

- [ ] Memo Item

Election: 2024
- [X] Primary
- [ ] General
- [ ] Other (specify) ▼

Mailing Address
870 N Miramar Ave
Box 242

City	State	ZIP Code
Indialantic	FL	32903-3054

- [X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
181.00	0.00	181.00

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
04/10/2023	None	12.00 % (apr)	[ ] Yes [X] No

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

1. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶	181.00
TOTALS This Period (last page in this line only) ▶	

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

Image# 202601309794992491

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one)
- [X] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)
Committee to Elect Alan Grayson

Transaction ID : C6C0F4670E4BE44039F4

LOAN SOURCE Full Name (Last, First, Middle Initial)
Grayson, Alan Mark, , ,

☐ Memo Item

Mailing Address
870 N Miramar Ave
Box 242

City	State	ZIP Code
Indialantic	FL	32903-3054

Election: 2024
- [X] Primary
- [ ] General
- [ ] Other (specify) ▼

[X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
159.00	0.00	159.00

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
09/10/2023	None	12.00 % (apr)	☐ Yes ☒ No

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

1. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶ 159.00

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

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

Image# 202601309794992492

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one)
- [X] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)

Committee to Elect Alan Grayson

Transaction ID : C9B144C421EA742299DB

LOAN SOURCE Full Name (Last, First, Middle Initial)

Grayson, Alan Mark, , ,

[ ] Memo Item

Mailing Address
870 N Miramar Ave
Box 242

City	State	ZIP Code
Indialantic	FL	32903-3054

Election: 2018
- [X] Primary
- [ ] General
- [ ] Other (specify) ▼

[X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
35000.00	9000.00	26000.00

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
07/17/2018	None	12.00 % (apr)	[ ] Yes [X] No

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

1. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶ 26000.00

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

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

Image# 202601309794992493

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one)
- [X] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)

Committee to Elect Alan Grayson

Transaction ID : C1DB0E21287F84CDE86C

LOAN SOURCE Full Name (Last, First, Middle Initial)

Grayson, Alan Mark, , ,

- [ ] Memo Item

Election: 2024
- [X] Primary
- [ ] General
- [ ] Other (specify) ▼

Mailing Address
870 N Miramar Ave
Box 242

City	State	ZIP Code
Indialantic	FL	32903-3054

- [X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
1739.00	0.00	1739.00

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
08/08/2023	None	12.00 % (apr)	[ ] Yes [X] No

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

1. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶	1739.00
TOTALS This Period (last page in this line only) ▶	

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

Image# 202601309794992494

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one)
- [X] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)

Committee to Elect Alan Grayson

Transaction ID : CFAD21C211C124E63B0C

LOAN SOURCE Full Name (Last, First, Middle Initial)

Grayson, Alan Mark, , ,

- [ ] Memo Item

Mailing Address
870 N Miramar Ave
Box 242

City	State	ZIP Code
Indialantic	FL	32903-3054

Election: 2024
- [X] Primary
- [ ] General
- [ ] Other (specify) ▼

- [X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
1013.57	0.00	1013.57

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
11/09/2023	None	12.00 % (apr)	[ ] Yes [X] No

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

1. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶	1013.57
TOTALS This Period (last page in this line only) ▶	

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

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one)
- [X] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)

Committee to Elect Alan Grayson

Transaction ID : CEB9304A6CB0845F9A25

LOAN SOURCE Full Name (Last, First, Middle Initial)

Grayson, Alan Mark, , ,

- [ ] Memo Item

Election: 2024
- [X] Primary
- [ ] General
- [ ] Other (specify) ▼

Mailing Address
870 N Miramar Ave
Box 242

City	State	ZIP Code
Indialantic	FL	32903-3054

- [X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
902.00	0.00	902.00

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
09/15/2023	None	12.00 % (apr)	[ ] Yes [X] No

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

1. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶	902.00
TOTALS This Period (last page in this line only) ▶	

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

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one)
- [X] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)
Committee to Elect Alan Grayson

Transaction ID : C2C53CE65578747AB809

LOAN SOURCE Full Name (Last, First, Middle Initial)
Grayson, Alan Mark, , ,

[ ] Memo Item

Mailing Address
870 N Miramar Ave
Box 242

City: Indialantic | State: FL | ZIP Code: 32903-3054

Election: 2024
- [X] Primary
- [ ] General
- [ ] Other (specify) ▼

[X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
222.06	0.00	222.06

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
02/02/2023	None	12.00 % (apr)	[ ] Yes [X] No

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

1. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶ 222.06

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

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

Image# 202601309794992497

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one)
- [X] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)

Committee to Elect Alan Grayson

Transaction ID : CC59006E2EDBB4D8D89C

LOAN SOURCE Full Name (Last, First, Middle Initial)

Grayson, Alan Mark, , ,

- [ ] Memo Item

Election: 2024
- [X] Primary
- [ ] General
- [ ] Other (specify) ▼

Mailing Address
870 N Miramar Ave
Box 242

City	State	ZIP Code
Indialantic	FL	32903-3054

- [X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
159.00	0.00	159.00

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
08/10/2023	None	12.00 % (apr)	[ ] Yes [X] No

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

1. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶	159.00
TOTALS This Period (last page in this line only) ▶	

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Image# 202601309794992498

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
- [X] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)

Committee to Elect Alan Grayson

Transaction ID : C475E3D1EC9244A56A84

LOAN SOURCE Full Name (Last, First, Middle Initial)

Grayson, Alan Mark, , ,

- [ ] Memo Item

Election: 2024
- [X] Primary
- [ ] General
- [ ] Other (specify) ▼

Mailing Address
870 N Miramar Ave
Box 242

City	State	ZIP Code
Indialantic	FL	32903-3054

- [X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
12223.74	0.00	12223.74

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
04/30/2024	None	12.00 % (apr)	[ ] Yes [X] No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶ 12223.74

TOTALS This Period (last page in this line only) ▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
- [X] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)

Committee to Elect Alan Grayson

Transaction ID : CB8215DE928824C03AEA

LOAN SOURCE Full Name (Last, First, Middle Initial)

Grayson, Alan Mark, , ,

- [ ] Memo Item

Election: 2024
- [X] Primary
- [ ] General
- [ ] Other (specify) ▼

Mailing Address
870 N Miramar Ave
Box 242

City	State	ZIP Code
Indialantic	FL	32903-3054

- [X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
801.00	0.00	801.00

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
09/11/2023	None	12.00 % (apr)	[ ] Yes [X] No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶	801.00
TOTALS This Period (last page in this line only) ▶	

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Image# 202601309794992500

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
- [X] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)
Committee to Elect Alan Grayson

Transaction ID : C8B70A85473D34004A8E

LOAN SOURCE Full Name (Last, First, Middle Initial)
Grayson, Alan Mark, , ,

- [ ] Memo Item

Mailing Address
870 N Miramar Ave
Box 242

City	State	ZIP Code
Indialantic	FL	32903-3054

Election: 2008
- [X] Primary
- [ ] General
- [ ] Other (specify) ▼

- [X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
25000.00	0.00	25000.00

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
04/17/2008	None	0.12 % (apr)	[ ] Yes [X] No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶	25000.00
TOTALS This Period (last page in this line only) ▶	

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Image# 202601309794992501

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
- [X] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)

Committee to Elect Alan Grayson

Transaction ID : CD189837E5FEB4B7AB47

LOAN SOURCE Full Name (Last, First, Middle Initial)

Grayson, Alan Mark, , ,

- [ ] Memo Item

Election: 2024
- [X] Primary
- [ ] General
- [ ] Other (specify) ▼

Mailing Address
870 N Miramar Ave
Box 242

City	State	ZIP Code
Indialantic	FL	32903-3054

- [X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
5224.01	0.00	5224.01

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
08/02/2023	None	12.00 % (apr)	[ ] Yes [X] No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶	5224.01
TOTALS This Period (last page in this line only) ▶	

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Image# 202601309794992502

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
- [X] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)

Committee to Elect Alan Grayson

Transaction ID : CB813C76252194745AA2

LOAN SOURCE Full Name (Last, First, Middle Initial)

Grayson, Alan Mark, , ,

[ ] Memo Item

Mailing Address
870 N Miramar Ave
Box 242

City	State	ZIP Code
Indialantic	FL	32903-3054

Election: 2016
- [X] Primary
- [ ] General
- [ ] Other (specify) ▼

[X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
50000.00	0.00	50000.00

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
11/12/2014	None	12.00 % (apr)	[ ] Yes [X] No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶ 50000.00

TOTALS This Period (last page in this line only) ▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Image# 202601309794992503

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
- [X] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)

Committee to Elect Alan Grayson

Transaction ID : CA85709EC94B74C2C887

LOAN SOURCE Full Name (Last, First, Middle Initial)

Grayson, Alan Mark, , ,

- [ ] Memo Item

Election: 2024
- [X] Primary
- [ ] General
- [ ] Other (specify) ▼

Mailing Address
870 N Miramar Ave
Box 242

City	State	ZIP Code
Indialantic	FL	32903-3054

- [X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
13241.20	0.00	13241.20

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
02/29/2024	None	12.00 % (apr)	[ ] Yes [X] No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶	13241.20
TOTALS This Period (last page in this line only) ▶	

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Image# 202601309794992504

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
- [X] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)

Committee to Elect Alan Grayson

Transaction ID : CEA5991F231C74039B6A

LOAN SOURCE Full Name (Last, First, Middle Initial)

Grayson, Alan Mark, , ,

[ ] Memo Item

Mailing Address
870 N Miramar Ave
Box 242

City: Indialantic | State: FL | ZIP Code: 32903-3054

Election: 2008
- [ ] Primary
- [X] General
- [ ] Other (specify) ▼

[X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
50000.00	0.00	50000.00

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
09/12/2008	None	12.00 % (apr)	[ ] Yes [X] No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶ 50000.00

TOTALS This Period (last page in this line only) ▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Image# 202601309794992505

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
- [X] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)

Committee to Elect Alan Grayson

Transaction ID : C021809124FB5462B9FF

LOAN SOURCE Full Name (Last, First, Middle Initial)

Grayson, Alan Mark, , ,

[ ] Memo Item

Mailing Address
870 N Miramar Ave
Box 242

City	State	ZIP Code
Indialantic	FL	32903-3054

Election: 2024
- [X] Primary
- [ ] General
- [ ] Other (specify) ▼

[X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
1794.00	0.00	1794.00

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
07/08/2023	None	12.00 % (apr)	[ ] Yes [X] No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶ 1794.00

TOTALS This Period (last page in this line only) ▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Image# 202601309794992506

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
- [X] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)

Committee to Elect Alan Grayson

Transaction ID : C317A4D9EEA264DE4AAC

LOAN SOURCE Full Name (Last, First, Middle Initial)

Grayson, Alan Mark, , ,

- [ ] Memo Item

Election: 2014
- [X] Primary
- [ ] General
- [ ] Other (specify) ▼

Mailing Address
870 N Miramar Ave
Box 242

City	State	ZIP Code
Indialantic	FL	32903-3054

- [X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
75000.00	0.00	75000.00

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
12/07/2012	None	12.00 % (apr)	[ ] Yes [X] No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶	75000.00
TOTALS This Period (last page in this line only) ▶	

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Image# 202601309794992507

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one) ☒ 13a ☐ 13b

NAME OF COMMITTEE (In Full)

Committee to Elect Alan Grayson

Transaction ID : C55CFA46792F9478C9E1

LOAN SOURCE Full Name (Last, First, Middle Initial)

☐ Memo Item

Grayson, Alan Mark, , ,

Mailing Address
870 N Miramar Ave
Box 242

City: Indialantic | State: FL | ZIP Code: 32903-3054

Election: 2024
☒ Primary
☐ General
☐ Other (specify) ▼

☒ Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
53.93	0.00	53.93

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
10/17/2023	None	12.00 % (apr)	☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶ 53.93

TOTALS This Period (last page in this line only) ▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Image# 202601309794992508

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
- [X] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)

Committee to Elect Alan Grayson

Transaction ID : CB81C3BF73E1D46AD95F

LOAN SOURCE Full Name (Last, First, Middle Initial)

Grayson, Alan Mark, , ,

- [ ] Memo Item

Election: 2020
- [X] Primary
- [ ] General
- [ ] Other (specify) ▼

Mailing Address
870 N Miramar Ave
Box 242

City	State	ZIP Code
Indialantic	FL	32903-3054

- [X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
200.00	0.00	200.00

TERMS

Date Incurred (M M / D D / Y Y Y Y)	Date Due (M M / D D / Y Y Y Y)	Interest Rate (If none, enter 0)	Secured:
11 / 04 / 2019	None	12.00 % (apr)	[ ] Yes [X] No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶	200.00
TOTALS This Period (last page in this line only) ▶	

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Image# 202601309794992509

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
- [X] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)

Committee to Elect Alan Grayson

Transaction ID : C3AC4D85E5AC64BB88A0

LOAN SOURCE Full Name (Last, First, Middle Initial)

Grayson, Alan Mark, , ,

- [ ] Memo Item

Election: 2018
- [X] Primary
- [ ] General
- [ ] Other (specify) ▼

Mailing Address
870 N Miramar Ave
Box 242

City	State	ZIP Code
Indialantic	FL	32903-3054

- [X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
40000.00	9000.00	31000.00

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
08/14/2018	None	12.00 % (apr)	[ ] Yes [X] No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶	31000.00
TOTALS This Period (last page in this line only) ▶	

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Image# 202601309794992510

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
- [X] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)

Committee to Elect Alan Grayson

Transaction ID : CCDA01D45BB8B4601B34

LOAN SOURCE Full Name (Last, First, Middle Initial)

Grayson, Alan Mark, , ,

- [ ] Memo Item

Election: 2024
- [X] Primary
- [ ] General
- [ ] Other (specify) ▼

Mailing Address
870 N Miramar Ave
Box 242

City	State	ZIP Code
Indialantic	FL	32903-3054

- [X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
187.96	0.00	187.96

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
11/02/2023	None	12.00 % (apr)	[ ] Yes [X] No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶	187.96
TOTALS This Period (last page in this line only) ▶	

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Image# 202601309794992511

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
- [X] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)

Committee to Elect Alan Grayson

Transaction ID : C97DACACB8AFB490CB9F

LOAN SOURCE Full Name (Last, First, Middle Initial)

Grayson, Alan Mark, , ,

- [ ] Memo Item

Election: 2024
- [X] Primary
- [ ] General
- [ ] Other (specify) ▼

Mailing Address
870 N Miramar Ave
Box 242

City	State	ZIP Code
Indialantic	FL	32903-3054

- [X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
870.00	0.00	870.00

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
08/15/2023	None	12.00 % (apr)	[ ] Yes [X] No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶ 870.00

TOTALS This Period (last page in this line only) ▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Image# 202601309794992512

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
- [X] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)

Committee to Elect Alan Grayson

Transaction ID : CD01DD4B54C7749E1857

LOAN SOURCE Full Name (Last, First, Middle Initial)

Grayson, Alan Mark, , ,

- [ ] Memo Item

Election: 2024
- [X] Primary
- [ ] General
- [ ] Other (specify) ▼

Mailing Address
870 N Miramar Ave
Box 242

City	State	ZIP Code
Indialantic	FL	32903-3054

- [X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
367.00	0.00	367.00

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
07/27/2023	None	12.00 % (apr)	[ ] Yes [X] No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶	367.00
TOTALS This Period (last page in this line only) ▶	

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Image# 202601309794992513

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one) ☒ 13a ☐ 13b

NAME OF COMMITTEE (In Full)

Committee to Elect Alan Grayson

Transaction ID : C23F888F25D66402F82A

LOAN SOURCE Full Name (Last, First, Middle Initial)

☐ Memo Item

Grayson, Alan Mark, , ,

Mailing Address
870 N Miramar Ave
Box 242

City: Indialantic | State: FL | ZIP Code: 32903-3054

Election: 2022
☒ Primary
☐ General
☐ Other (specify) ▼

☒ Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
10000.00	0.00	10000.00

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
08/26/2022	None	12.00 % (apr)	☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶ 10000.00

TOTALS This Period (last page in this line only) ▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Image# 202601309794992514

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
- [X] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)

Committee to Elect Alan Grayson

Transaction ID : C76B293BE998943498FF

LOAN SOURCE Full Name (Last, First, Middle Initial)

Grayson, Alan Mark, , ,

[ ] Memo Item

Mailing Address
870 N Miramar Ave
Box 242

City	State	ZIP Code
Indialantic	FL	32903-3054

Election: 2008
- [X] Primary
- [ ] General
- [ ] Other (specify) ▼

[X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
25000.00	15760.00	9240.00

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
02/12/2008	None	12.00 % (apr)	[ ] Yes [X] No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶	9240.00
TOTALS This Period (last page in this line only) ▶	

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Image# 202601309794992515

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
- [X] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)

Committee to Elect Alan Grayson

Transaction ID : CBA90F0E35E01452B8F1

LOAN SOURCE Full Name (Last, First, Middle Initial)

Grayson, Alan Mark, , ,

- [ ] Memo Item

Election: 2024
- [X] Primary
- [ ] General
- [ ] Other (specify) ▼

Mailing Address
870 N Miramar Ave
Box 242

City	State	ZIP Code
Indialantic	FL	32903-3054

- [X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
241.75	0.00	241.75

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
04/01/2023	None	12.00 % (apr)	[ ] Yes [X] No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶	241.75
TOTALS This Period (last page in this line only) ▶	

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Image# 202601309794992516

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
- [X] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)

Committee to Elect Alan Grayson

Transaction ID : C68BD79E8854A4537BA0

LOAN SOURCE Full Name (Last, First, Middle Initial)

Grayson, Alan Mark, , ,

- [ ] Memo Item

Election: 2024
- [X] Primary
- [ ] General
- [ ] Other (specify) ▼

Mailing Address
870 N Miramar Ave
Box 242

City	State	ZIP Code
Indialantic	FL	32903-3054

- [X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
884.00	0.00	884.00

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
05/15/2023	None	12.00 % (apr)	[ ] Yes [X] No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶	884.00
TOTALS This Period (last page in this line only) ▶	

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Image# 202601309794992517

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one) [X] 13a [ ] 13b

NAME OF COMMITTEE (In Full)

Committee to Elect Alan Grayson

Transaction ID : C849EDA61D3414F748B1

LOAN SOURCE Full Name (Last, First, Middle Initial)

[ ] Memo Item

Grayson, Alan Mark, , ,

Mailing Address
870 N Miramar Ave
Box 242

City: Indialantic | State: FL | ZIP Code: 32903-3054

Election: 2024
[X] Primary
[ ] General
[ ] Other (specify) ▼

[X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
1669.00	0.00	1669.00

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
12/08/2023	None	12.00 % (apr)	[ ] Yes [X] No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶ 1669.00

TOTALS This Period (last page in this line only) ▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Image# 202601309794992518

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one) [X] 13a [ ] 13b

NAME OF COMMITTEE (In Full)

Committee to Elect Alan Grayson

Transaction ID : C13D6ED7FB8034243B1B

LOAN SOURCE Full Name (Last, First, Middle Initial)

Grayson, Alan Mark, , ,

[ ] Memo Item

Election: 2024
[X] Primary
[ ] General
[ ] Other (specify) ▼

Mailing Address
870 N Miramar Ave
Box 242

City: Indialantic | State: FL | ZIP Code: 32903-3054

[X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
863.00	0.00	863.00

TERMS Date Incurred (MM/DD/YYYY): 11/13/2023 | Date Due (MM/DD/YYYY): None | Interest Rate (If none, enter 0): 12.00 % (apr) | Secured: [ ] Yes [X] No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶	863.00
TOTALS This Period (last page in this line only) ▶	

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Image# 202601309794992519

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
- [X] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)
Committee to Elect Alan Grayson

Transaction ID : C238F5E4F4A4C42369FA

LOAN SOURCE Full Name (Last, First, Middle Initial)
Grayson, Alan Mark, , ,

- [ ] Memo Item

Election: 2024
- [X] Primary
- [ ] General
- [ ] Other (specify) ▼

Mailing Address
870 N Miramar Ave
Box 242

City	State	ZIP Code
Indialantic	FL	32903-3054

- [X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
803.00	0.00	803.00

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
06/11/2023	None	12.00 % (apr)	[ ] Yes [X] No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶	803.00
TOTALS This Period (last page in this line only) ▶	

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Image# 202601309794992520

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
- [X] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)
Committee to Elect Alan Grayson

Transaction ID : C39A7E018C0C34629A43

LOAN SOURCE Full Name (Last, First, Middle Initial)
Grayson, Alan Mark, , ,

- [ ] Memo Item

Mailing Address
870 N Miramar Ave
Box 242

City	State	ZIP Code
Indialantic	FL	32903-3054

Election: 2024
- [X] Primary
- [ ] General
- [ ] Other (specify) ▼

- [X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
558.00	0.00	558.00

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
08/18/2023	None	12.00 % (apr)	[ ] Yes [X] No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶ 558.00

TOTALS This Period (last page in this line only) ▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Image# 202601309794992521

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
- [X] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)

Committee to Elect Alan Grayson

Transaction ID : CFBDCA7DBE24D4FA58B5

LOAN SOURCE Full Name (Last, First, Middle Initial)

Grayson, Alan Mark, , ,

- [ ] Memo Item

Election: 2010
- [ ] Primary
- [X] General
- [ ] Other (specify) ▼

Mailing Address
870 N Miramar Ave
Box 242

City	State	ZIP Code
Indialantic	FL	32903-3054

- [X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
95000.00	28059.00	66941.00

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
10/13/2010	None	12.00 % (apr)	[ ] Yes [X] No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶	66941.00
TOTALS This Period (last page in this line only) ▶	

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Image# 202601309794992522

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
- [X] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)
Committee to Elect Alan Grayson

Transaction ID : CA19D7733BB3E44B9AE3

LOAN SOURCE Full Name (Last, First, Middle Initial)
Grayson, Alan Mark, , ,

- [ ] Memo Item

Mailing Address
870 N Miramar Ave
Box 242

City	State	ZIP Code
Indialantic	FL	32903-3054

Election: 2012
- [X] Primary
- [ ] General
- [ ] Other (specify) ▼

- [X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
20000.00	0.00	20000.00

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
12/12/2010	None	12.00 % (apr)	[ ] Yes [X] No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶	20000.00
TOTALS This Period (last page in this line only) ▶	

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
- [X] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)
Committee to Elect Alan Grayson

Transaction ID : C0B1792F78EE64B22816

LOAN SOURCE Full Name (Last, First, Middle Initial)
Grayson, Alan Mark, , ,

- [ ] Memo Item

Election: 2024
- [X] Primary
- [ ] General
- [ ] Other (specify) ▼

Mailing Address
870 N Miramar Ave
Box 242

City	State	ZIP Code
Indialantic	FL	32903-3054

- [X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
2649.00	0.00	2649.00

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
05/27/2023	None	12.00 % (apr)	[ ] Yes [X] No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶	2649.00
TOTALS This Period (last page in this line only) ▶	

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Image# 202601309794992524

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
- [X] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)

Committee to Elect Alan Grayson

Transaction ID : C279175611CC341E286F

LOAN SOURCE Full Name (Last, First, Middle Initial)

Grayson, Alan Mark, , ,

- [ ] Memo Item

Election: 2024
- [X] Primary
- [ ] General
- [ ] Other (specify) ▼

Mailing Address
870 N Miramar Ave
Box 242

City	State	ZIP Code
Indialantic	FL	32903-3054

- [X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
341.00	0.00	341.00

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
04/27/2023	None	12.00 % (apr)	[ ] Yes [X] No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶	341.00
TOTALS This Period (last page in this line only) ▶	

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Image# 202601309794992525

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
- [X] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)

Committee to Elect Alan Grayson

Transaction ID : CD9C67427B39348A3B84

LOAN SOURCE Full Name (Last, First, Middle Initial)

Grayson, Alan Mark, , ,

- [ ] Memo Item

Election: 2024
- [X] Primary
- [ ] General
- [ ] Other (specify) ▼

Mailing Address
870 N Miramar Ave
Box 242

City	State	ZIP Code
Indialantic	FL	32903-3054

- [X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
2030.16	0.00	2030.16

TERMS

Date Incurred (M M / D D / Y Y Y Y)	Date Due (M M / D D / Y Y Y Y)	Interest Rate (If none, enter 0)	Secured:
06 / 18 / 2023	None	12.00 % (apr)	[ ] Yes [X] No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶	2030.16
TOTALS This Period (last page in this line only) ▶	

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Image# 202601309794992526

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
- [X] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)

Committee to Elect Alan Grayson

Transaction ID : CA3E7616DFE4B413A9F7

LOAN SOURCE Full Name (Last, First, Middle Initial)

Grayson, Alan Mark, , ,

- [ ] Memo Item

Election: 2024
- [X] Primary
- [ ] General
- [ ] Other (specify) ▼

Mailing Address
870 N Miramar Ave
Box 242

City	State	ZIP Code
Indialantic	FL	32903-3054

- [X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
923.00	0.00	923.00

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
06/20/2023	None	12.00 % (apr)	[ ] Yes [X] No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶	923.00
TOTALS This Period (last page in this line only) ▶	

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Image# 202601309794992527

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
- [X] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)

Committee to Elect Alan Grayson

Transaction ID : C80BA492ABAB64D239B1

LOAN SOURCE Full Name (Last, First, Middle Initial)

Grayson, Alan Mark, , ,

- [ ] Memo Item

Election: 2022
- [X] Primary
- [ ] General
- [ ] Other (specify) ▼

Mailing Address
870 N Miramar Ave
Box 242

City	State	ZIP Code
Indialantic	FL	32903-3054

- [X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
25246.00	0.00	25246.00

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
09/02/2022	None	12.00 % (apr)	[ ] Yes [X] No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶	25246.00
TOTALS This Period (last page in this line only) ▶	

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Image# 202601309794992528

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
- [X] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)

Committee to Elect Alan Grayson

Transaction ID : C445E385938BC4296AF7

LOAN SOURCE Full Name (Last, First, Middle Initial)

Grayson, Alan Mark, , ,

- [ ] Memo Item

Election: 2026
- [X] Primary
- [ ] General
- [ ] Other (specify) ▼

Mailing Address
870 N Miramar Ave
Box 242

City	State	ZIP Code
Indialantic	FL	32903-3054

- [X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
9706.46	0.00	9706.46

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
05/30/2025	None	12.00 % (apr)	[ ] Yes [X] No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶ 9706.46

TOTALS This Period (last page in this line only) ▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Image# 202601309794992529

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
- [X] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)
Committee to Elect Alan Grayson

Transaction ID : C8AC7CC05DC014347B8C

LOAN SOURCE Full Name (Last, First, Middle Initial)
Grayson, Alan Mark, , ,

- [ ] Memo Item

Mailing Address
870 N Miramar Ave
Box 242

City	State	ZIP Code
Indialantic	FL	32903-3054

Election: 2024
- [X] Primary
- [ ] General
- [ ] Other (specify) ▼

- [X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
1139.00	0.00	1139.00

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
02/14/2023	None	12.00 % (apr)	[ ] Yes [X] No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶ 1139.00

TOTALS This Period (last page in this line only) ▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Image# 202601309794992530

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one) [X] 13a [ ] 13b

NAME OF COMMITTEE (In Full)

Committee to Elect Alan Grayson

Transaction ID : C62101E7925C04C4A872

LOAN SOURCE Full Name (Last, First, Middle Initial)

Grayson, Alan Mark, , ,

[ ] Memo Item

Election: 2024
[X] Primary
[ ] General
[ ] Other (specify) ▼

Mailing Address
870 N Miramar Ave
Box 242

City	State	ZIP Code
Indialantic	FL	32903-3054

[X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
316.62	0.00	316.62

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
12/08/2023	None	12.00 % (apr)	[ ] Yes [X] No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶	316.62
TOTALS This Period (last page in this line only) ▶	

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Image# 202601309794992531

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
- [X] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)
Committee to Elect Alan Grayson

Transaction ID : C196D124019C641F5AD3

LOAN SOURCE Full Name (Last, First, Middle Initial)
Grayson, Alan Mark, , ,

- [ ] Memo Item

Election: 2024
- [X] Primary
- [ ] General
- [ ] Other (specify) ▼

Mailing Address
870 N Miramar Ave
Box 242

City	State	ZIP Code
Indialantic	FL	32903-3054

- [X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
529.00	0.00	529.00

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
02/09/2023	None	12.00 % (apr)	[ ] Yes [X] No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶	529.00
TOTALS This Period (last page in this line only) ▶	

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Image# 202601309794992532

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
- [X] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)

Committee to Elect Alan Grayson

Transaction ID : CFFC8F67D0BD94F48AA3

LOAN SOURCE Full Name (Last, First, Middle Initial)

Grayson, Alan Mark, , ,

- [ ] Memo Item

Election: 2024
- [X] Primary
- [ ] General
- [ ] Other (specify) ▼

Mailing Address
870 N Miramar Ave
Box 242

City	State	ZIP Code
Indialantic	FL	32903-3054

- [X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
1774.00	0.00	1774.00

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
06/07/2023	None	12.00 % (apr)	[ ] Yes [X] No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶	1774.00
TOTALS This Period (last page in this line only) ▶	

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Image# 202601309794992533

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
- [X] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)

Committee to Elect Alan Grayson

Transaction ID : C28078C0014DA459093E

LOAN SOURCE Full Name (Last, First, Middle Initial)

Grayson, Alan Mark, , ,

[ ] Memo Item

Mailing Address
870 N Miramar Ave
Box 242

City	State	ZIP Code
Indialantic	FL	32903-3054

Election: 2024
- [X] Primary
- [ ] General
- [ ] Other (specify) ▼

[X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
584.00	0.00	584.00

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
03/20/2023	None	12.00 % (apr)	[ ] Yes [X] No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶ 584.00

TOTALS This Period (last page in this line only) ▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
- [X] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)

Committee to Elect Alan Grayson

Transaction ID : CA06FC2081F3A4E8496A

LOAN SOURCE Full Name (Last, First, Middle Initial)

Grayson, Alan Mark, , ,

- [ ] Memo Item

Election: 2024
- [X] Primary
- [ ] General
- [ ] Other (specify) ▼

Mailing Address
870 N Miramar Ave
Box 242

City	State	ZIP Code
Indialantic	FL	32903-3054

- [X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
291.00	0.00	291.00

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
10/28/2023	None	12.00 % (apr)	[ ] Yes [X] No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶	291.00
TOTALS This Period (last page in this line only) ▶	

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Image# 202601309794992535

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
- [X] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)

Committee to Elect Alan Grayson

Transaction ID : C2DD86356C99C446A971

LOAN SOURCE Full Name (Last, First, Middle Initial)

Grayson, Alan Mark, , ,

[ ] Memo Item

Mailing Address
870 N Miramar Ave
Box 242

City: Indialantic | State: FL | ZIP Code: 32903-3054

Election: 2008
- [X] Primary
- [ ] General
- [ ] Other (specify) ▼

[X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
25000.00	0.00	25000.00

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
05/21/2008	None	12.00 % (apr)	[ ] Yes [X] No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶	25000.00
TOTALS This Period (last page in this line only) ▶	

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Image# 202601309794992536

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
- [X] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)
Committee to Elect Alan Grayson

Transaction ID : C07DDFC3AC0FC423780C

LOAN SOURCE Full Name (Last, First, Middle Initial)
Grayson, Alan Mark, , ,

☐ Memo Item

Mailing Address
870 N Miramar Ave
Box 242

City	State	ZIP Code
Indialantic	FL	32903-3054

Election: 2010
- [X] Primary
- [ ] General
- [ ] Other (specify) ▼

[X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
30000.00	0.00	30000.00

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
11/05/2008	None	12.00 % (apr)	☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶	30000.00
TOTALS This Period (last page in this line only) ▶	

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Image# 202601309794992537

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
- [X] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)

Committee to Elect Alan Grayson

Transaction ID : CF8A82C569A55480F807

LOAN SOURCE Full Name (Last, First, Middle Initial)

Grayson, Alan Mark, , ,

[ ] Memo Item

Mailing Address
870 N Miramar Ave
Box 242

City	State	ZIP Code
Indialantic	FL	32903-3054

Election: 2024
- [X] Primary
- [ ] General
- [ ] Other (specify) ▼

[X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
506.00	0.00	506.00

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
06/23/2023	None	12.00 % (apr)	[ ] Yes [X] No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶	506.00
TOTALS This Period (last page in this line only) ▶	

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
- [X] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)

Committee to Elect Alan Grayson

Transaction ID : C82445E4CAF414DD284E

LOAN SOURCE Full Name (Last, First, Middle Initial)

Grayson, Alan Mark, , ,

- [ ] Memo Item

Election: 2024
- [X] Primary
- [ ] General
- [ ] Other (specify) ▼

Mailing Address
870 N Miramar Ave
Box 242

City	State	ZIP Code
Indialantic	FL	32903-3054

- [X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
1081.00	0.00	1081.00

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
07/10/2023	None	12.00 % (apr)	[ ] Yes [X] No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶	1081.00
TOTALS This Period (last page in this line only) ▶	

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Image# 202601309794992539

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
- [X] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)

Committee to Elect Alan Grayson

Transaction ID : C97F3CA605C76407CA18

LOAN SOURCE Full Name (Last, First, Middle Initial)

Grayson, Alan Mark, , ,

- [ ] Memo Item

Election: 2024
- [X] Primary
- [ ] General
- [ ] Other (specify) ▼

Mailing Address
870 N Miramar Ave
Box 242

City	State	ZIP Code
Indialantic	FL	32903-3054

- [X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
9262.90	4042.06	5220.84

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
08/31/2024	None	12.00 % (apr)	[ ] Yes [X] No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶	5220.84
TOTALS This Period (last page in this line only) ▶	

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Image# 202601309794992540

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
- [X] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)

Committee to Elect Alan Grayson

Transaction ID : C7D0F3053D73749CB815

LOAN SOURCE Full Name (Last, First, Middle Initial)

Grayson, Alan Mark, , ,

☐ Memo Item

Mailing Address
870 N Miramar Ave
Box 242

City	State	ZIP Code
Indialantic	FL	32903-3054

Election: 2012
- [ ] Primary
- [X] General
- [ ] Other (specify) ▼

[X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
667875.00	528545.77	139329.23

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
09/27/2012	None	12.00 % (apr)	☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶	139329.23
TOTALS This Period (last page in this line only) ▶	

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Image# 202601309794992541

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
- [X] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)
Committee to Elect Alan Grayson

Transaction ID : CE98639277A8C47049F5

LOAN SOURCE Full Name (Last, First, Middle Initial)
Grayson, Alan Mark, , ,

- [ ] Memo Item

Election: 2016
- [X] Primary
- [ ] General
- [ ] Other (specify) ▼

Mailing Address
870 N Miramar Ave
Box 242

City	State	ZIP Code
Indialantic	FL	32903-3054

- [X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
15000.00	0.00	15000.00

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
11/07/2014	None	12.00 % (apr)	[ ] Yes [X] No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶	15000.00
TOTALS This Period (last page in this line only) ▶	

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Image# 202601309794992542

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
- [X] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)

Committee to Elect Alan Grayson

Transaction ID : CB8BE660E859346C38AF

LOAN SOURCE Full Name (Last, First, Middle Initial)

Grayson, Alan Mark, , ,

- [ ] Memo Item

Election: 2024
- [X] Primary
- [ ] General
- [ ] Other (specify) ▼

Mailing Address
870 N Miramar Ave
Box 242

City	State	ZIP Code
Indialantic	FL	32903-3054

- [X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
987.00	0.00	987.00

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
06/11/2023	None	12.00 % (apr)	[ ] Yes [X] No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶	987.00
TOTALS This Period (last page in this line only) ▶	

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Image# 202601309794992543

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one) [X] 13a [ ] 13b

NAME OF COMMITTEE (In Full)

Committee to Elect Alan Grayson

Transaction ID : C5529D7DE8833414ABFE

LOAN SOURCE Full Name (Last, First, Middle Initial)

Grayson, Alan Mark, , ,

[ ] Memo Item

Election: 2024
[X] Primary
[ ] General
[ ] Other (specify) ▼

Mailing Address
870 N Miramar Ave
Box 242

City: Indialantic | State: FL | ZIP Code: 32903-3054

[X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
967.00	0.00	967.00

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
07/18/2023	None	12.00 % (apr)	[ ] Yes [X] No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶ 967.00

TOTALS This Period (last page in this line only) ▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Image# 202601309794992544

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one) [X] 13a [ ] 13b

NAME OF COMMITTEE (In Full)

Committee to Elect Alan Grayson

Transaction ID : C41CAFA3724A14781845

LOAN SOURCE Full Name (Last, First, Middle Initial)

Grayson, Alan Mark, , ,

[ ] Memo Item

Election: 2024
[X] Primary
[ ] General
[ ] Other (specify) ▼

Mailing Address
870 N Miramar Ave
Box 242

City	State	ZIP Code
Indialantic	FL	32903-3054

[X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
149.00	0.00	149.00

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
12/10/2023	None	12.00 % (apr)	[ ] Yes [X] No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶ 149.00

TOTALS This Period (last page in this line only) ▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Image# 202601309794992545

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
- [X] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)

Committee to Elect Alan Grayson

Transaction ID : CDE898B4807AF4BD2877

LOAN SOURCE Full Name (Last, First, Middle Initial)

Grayson, Alan Mark, , ,

☐ Memo Item

Election: 2022
- [X] Primary
- [ ] General
- [ ] Other (specify) ▼

Mailing Address
870 N Miramar Ave
Box 242

City	State	ZIP Code
Indialantic	FL	32903-3054

[X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
515.00	0.00	515.00

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
12/08/2022	None	12.00 % (apr)	☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶	515.00
TOTALS This Period (last page in this line only) ▶	

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one) [X] 13a [ ] 13b

NAME OF COMMITTEE (In Full)
Committee to Elect Alan Grayson

Transaction ID : C9FE0F35AD1AC456C8E0

LOAN SOURCE Full Name (Last, First, Middle Initial)
Grayson, Alan Mark, , ,

[ ] Memo Item

Election: 2024
[X] Primary
[ ] General
[ ] Other (specify) ▼

Mailing Address
870 N Miramar Ave
Box 242

City: Indialantic | State: FL | ZIP Code: 32903-3054

[X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
296.00	0.00	296.00

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
04/27/2023	None	12.00 % (apr)	[ ] Yes [X] No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶ 296.00

TOTALS This Period (last page in this line only) ▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Image# 202601309794992547

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one) [X] 13a [ ] 13b

NAME OF COMMITTEE (In Full)

Committee to Elect Alan Grayson

Transaction ID : CD50876AC1ED94164A42

LOAN SOURCE Full Name (Last, First, Middle Initial)

Grayson, Alan Mark, , ,

[ ] Memo Item

Election: 2024
[X] Primary
[ ] General
[ ] Other (specify) ▼

Mailing Address
870 N Miramar Ave
Box 242

City: Indialantic | State: FL | ZIP Code: 32903-3054

[X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
907.00	0.00	907.00

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
04/18/2023	None	12.00 % (apr)	[ ] Yes [X] No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶ 907.00

TOTALS This Period (last page in this line only) ▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Image# 202601309794992548

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
- [X] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)

Committee to Elect Alan Grayson

Transaction ID : C62F4584414B44397BCA

LOAN SOURCE Full Name (Last, First, Middle Initial)

Grayson, Alan Mark, , ,

☐ Memo Item

Mailing Address
870 N Miramar Ave
Box 242

City	State	ZIP Code
Indialantic	FL	32903-3054

Election: 2024
- [X] Primary
- [ ] General
- [ ] Other (specify) ▼

[X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
713.11	0.00	713.11

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
11/23/2023	None	12.00 % (apr)	☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶	713.11
TOTALS This Period (last page in this line only) ▶	

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Image# 202601309794992549

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
- [X] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)
Committee to Elect Alan Grayson

Transaction ID : C713FBB0300424813ACC

LOAN SOURCE Full Name (Last, First, Middle Initial)
Grayson, Alan Mark, , ,

- [ ] Memo Item

Election: 2024
- [X] Primary
- [ ] General
- [ ] Other (specify) ▼

Mailing Address
870 N Miramar Ave
Box 242

City	State	ZIP Code
Indialantic	FL	32903-3054

- [X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
65000.00	0.00	65000.00

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
06/09/2023	None	12.00 % (apr)	[ ] Yes [X] No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶	65000.00
TOTALS This Period (last page in this line only) ▶	

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Image# 202601309794992550

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
- [X] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)

Committee to Elect Alan Grayson

Transaction ID : CA350A3582D0A48BB9A3

LOAN SOURCE Full Name (Last, First, Middle Initial)

Grayson, Alan Mark, , ,

- [ ] Memo Item

Election: 2024
- [X] Primary
- [ ] General
- [ ] Other (specify) ▼

Mailing Address
870 N Miramar Ave
Box 242

City	State	ZIP Code
Indialantic	FL	32903-3054

- [X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
184.39	0.00	184.39

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
01/02/2023	None	12.00 % (apr)	[ ] Yes [X] No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶	184.39
TOTALS This Period (last page in this line only) ▶	

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Image# 202601309794992551

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
- [X] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)
Committee to Elect Alan Grayson

Transaction ID : C9E440899B1AF4FAEA8D

LOAN SOURCE Full Name (Last, First, Middle Initial)
Grayson, Alan Mark, , ,

- [ ] Memo Item

Election: 2024
- [X] Primary
- [ ] General
- [ ] Other (specify) ▼

Mailing Address
870 N Miramar Ave
Box 242

City	State	ZIP Code
Indialantic	FL	32903-3054

- [X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
1792.00	0.00	1792.00

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
01/08/2023	None	12.00 % (apr)	[ ] Yes [X] No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶ 1792.00

TOTALS This Period (last page in this line only) ▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Image# 202601309794992552

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
- [X] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)

Committee to Elect Alan Grayson

Transaction ID : CCB8EEBB09AC9471896B

LOAN SOURCE Full Name (Last, First, Middle Initial)

Grayson, Alan Mark, , ,

- [ ] Memo Item

Election: 2024
- [X] Primary
- [ ] General
- [ ] Other (specify) ▼

Mailing Address
870 N Miramar Ave
Box 242

City	State	ZIP Code
Indialantic	FL	32903-3054

- [X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
20000.00	0.00	20000.00

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
07/05/2023	None	12.00 % (apr)	[ ] Yes [X] No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶	20000.00
TOTALS This Period (last page in this line only) ▶	

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
- [X] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)

Committee to Elect Alan Grayson

Transaction ID : CCF734B31EA4C45358B7

LOAN SOURCE Full Name (Last, First, Middle Initial)

Grayson, Alan Mark, , ,

- [ ] Memo Item

Election: 2024
- [X] Primary
- [ ] General
- [ ] Other (specify) ▼

Mailing Address
870 N Miramar Ave
Box 242

City	State	ZIP Code
Indialantic	FL	32903-3054

- [X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
514.00	0.00	514.00

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
09/08/2023	None	12.00 % (apr)	[ ] Yes [X] No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶	514.00
TOTALS This Period (last page in this line only) ▶	

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Image# 202601309794992554

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
- [X] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)

Committee to Elect Alan Grayson

Transaction ID : CD58DE85CC31B4334875

LOAN SOURCE Full Name (Last, First, Middle Initial)

Grayson, Alan Mark, , ,

- [ ] Memo Item

Election: 2008
- [X] Primary
- [ ] General
- [ ] Other (specify) ▼

Mailing Address
870 N Miramar Ave
Box 242

City	State	ZIP Code
Indialantic	FL	32903-3054

- [X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
10000.00	0.00	10000.00

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
05/05/2008	None	12.00 % (apr)	[ ] Yes [X] No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶	10000.00
TOTALS This Period (last page in this line only) ▶	

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Image# 202601309794992555

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
- [X] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)
Committee to Elect Alan Grayson

Transaction ID : C35F50C929E8E471E96F

LOAN SOURCE Full Name (Last, First, Middle Initial)
Grayson, Alan Mark, , ,

- [ ] Memo Item

Election: 2024
- [X] Primary
- [ ] General
- [ ] Other (specify) ▼

Mailing Address
870 N Miramar Ave
Box 242

City	State	ZIP Code
Indialantic	FL	32903-3054

- [X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
2745.00	0.00	2745.00

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
02/27/2023	None	12.00 % (apr)	[ ] Yes [X] No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶ 2745.00

TOTALS This Period (last page in this line only) ▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Image# 202601309794992556

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
- [X] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)
Committee to Elect Alan Grayson

Transaction ID : C2564954A08C84100971

LOAN SOURCE Full Name (Last, First, Middle Initial)
Grayson, Alan Mark, , ,

- [ ] Memo Item

Mailing Address
870 N Miramar Ave
Box 242

City	State	ZIP Code
Indialantic	FL	32903-3054

Election: 2026
- [X] Primary
- [ ] General
- [ ] Other (specify) ▼

- [X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
20594.96	0.00	20594.96

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
12/31/2024	None	12.00 % (apr)	[ ] Yes [X] No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶	20594.96
TOTALS This Period (last page in this line only) ▶	

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Image# 202601309794992557

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
- [X] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)

Committee to Elect Alan Grayson

Transaction ID : C296CBC9EAAAD43E5853

LOAN SOURCE Full Name (Last, First, Middle Initial)

Grayson, Alan Mark, , ,

- [ ] Memo Item

Mailing Address
870 N Miramar Ave
Box 242

City	State	ZIP Code
Indialantic	FL	32903-3054

Election: 2022
- [X] Primary
- [ ] General
- [ ] Other (specify) ▼

- [X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
510.00	0.00	510.00

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
10/14/2022	None	12.00 % (apr)	[ ] Yes [X] No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶ 510.00

TOTALS This Period (last page in this line only) ▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Image# 202601309794992558

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
- [X] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)

Committee to Elect Alan Grayson

Transaction ID : C22D9E11609234B4AA35

LOAN SOURCE Full Name (Last, First, Middle Initial)

Grayson, Alan Mark, , ,

- [ ] Memo Item

Election: 2024
- [X] Primary
- [ ] General
- [ ] Other (specify) ▼

Mailing Address
870 N Miramar Ave
Box 242

City	State	ZIP Code
Indialantic	FL	32903-3054

- [X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
70.00	0.00	70.00

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
01/10/2023	None	12.00 % (apr)	[ ] Yes [X] No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶	70.00
TOTALS This Period (last page in this line only) ▶	

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Image# 202601309794992559

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
- [X] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)

Committee to Elect Alan Grayson

Transaction ID : CCA732BDA49034BA6978

LOAN SOURCE Full Name (Last, First, Middle Initial)

Grayson, Alan Mark, , ,

- [ ] Memo Item

Election: 2024
- [X] Primary
- [ ] General
- [ ] Other (specify) ▼

Mailing Address
870 N Miramar Ave
Box 242

City	State	ZIP Code
Indialantic	FL	32903-3054

- [X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
506.00	0.00	506.00

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
05/20/2023	None	12.00 % (apr)	[ ] Yes [X] No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶	506.00
TOTALS This Period (last page in this line only) ▶	

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Image# 202601309794992560

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
- [X] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)

Committee to Elect Alan Grayson

Transaction ID : C8B90B12A7F4D485E8F3

LOAN SOURCE Full Name (Last, First, Middle Initial)

Grayson, Alan Mark, , ,

- [ ] Memo Item

Election: 2024
- [X] Primary
- [ ] General
- [ ] Other (specify) ▼

Mailing Address
870 N Miramar Ave
Box 242

City	State	ZIP Code
Indialantic	FL	32903-3054

- [X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
12837.91	0.00	12837.91

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
05/31/2024	None	12.00 % (apr)	[ ] Yes [X] No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶	12837.91
TOTALS This Period (last page in this line only) ▶	

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Image# 202601309794992561

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
- [X] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)

Committee to Elect Alan Grayson

Transaction ID : CFADD764AE9974EBD9A2

LOAN SOURCE Full Name (Last, First, Middle Initial)

Grayson, Alan Mark, , ,

☐ Memo Item

Mailing Address
870 N Miramar Ave
Box 242

City: Indialantic | State: FL | ZIP Code: 32903-3054

Election: 2022
- [ ] Primary
- [X] General
- [ ] Other (specify) ▼

[X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
996.21	0.00	996.21

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
10/22/2022	None	12.00 % (apr)	☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶	996.21
TOTALS This Period (last page in this line only) ▶	

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Image# 202601309794992562

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
- [X] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)
Committee to Elect Alan Grayson

Transaction ID : C82275F0405344EE9BC7

LOAN SOURCE Full Name (Last, First, Middle Initial)
Grayson, Alan Mark, , ,

- [ ] Memo Item

Election: 2024
- [X] Primary
- [ ] General
- [ ] Other (specify) ▼

Mailing Address
870 N Miramar Ave
Box 242

City	State	ZIP Code
Indialantic	FL	32903-3054

- [X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
872.00	0.00	872.00

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
06/15/2023	None	12.00 % (apr)	[ ] Yes [X] No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶	872.00
TOTALS This Period (last page in this line only) ▶	

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Image# 202601309794992563

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
- [X] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)
Committee to Elect Alan Grayson

Transaction ID : CF6D82234033C44BC95D

LOAN SOURCE Full Name (Last, First, Middle Initial)
Grayson, Alan Mark, , ,

[ ] Memo Item

Mailing Address
870 N Miramar Ave
Box 242

City: Indialantic | State: FL | ZIP Code: 32903-3054

Election: 2024
- [X] Primary
- [ ] General
- [ ] Other (specify) ▼

[X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
1076.56	0.00	1076.56

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
12/09/2023	None	12.00 % (apr)	[ ] Yes [X] No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶ 1076.56

TOTALS This Period (last page in this line only) ▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Image# 202601309794992564

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
- [X] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)
Committee to Elect Alan Grayson

Transaction ID : C74D8813D23E44744B25

LOAN SOURCE Full Name (Last, First, Middle Initial)
Grayson, Alan Mark, , ,

[ ] Memo Item

Mailing Address
870 N Miramar Ave
Box 242

City	State	ZIP Code
Indialantic	FL	32903-3054

Election: 2024
- [X] Primary
- [ ] General
- [ ] Other (specify) ▼

[X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
2557.00	0.00	2557.00

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
10/27/2023	None	12.00 % (apr)	[ ] Yes [X] No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶ 2557.00

TOTALS This Period (last page in this line only) ▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Image# 202601309794992565

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one) [X] 13a [ ] 13b

NAME OF COMMITTEE (In Full)

Committee to Elect Alan Grayson

Transaction ID : CE80ACB70352F4DB39EE

LOAN SOURCE Full Name (Last, First, Middle Initial)

Grayson, Alan Mark, , ,

[ ] Memo Item

Election: 2024
[X] Primary
[ ] General
[ ] Other (specify) ▼

Mailing Address
870 N Miramar Ave
Box 242

City	State	ZIP Code
Indialantic	FL	32903-3054

[X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
1035.00	0.00	1035.00

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
10/05/2023	None	12.00 % (apr)	[ ] Yes [X] No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶	1035.00
TOTALS This Period (last page in this line only) ▶	

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Image# 202601309794992566

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
- [X] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)

Committee to Elect Alan Grayson

Transaction ID : C7EF343C556E04FD4950

LOAN SOURCE Full Name (Last, First, Middle Initial)

Grayson, Alan Mark, , ,

- [ ] Memo Item

Election: 2024
- [X] Primary
- [ ] General
- [ ] Other (specify) ▼

Mailing Address
870 N Miramar Ave
Box 242

City	State	ZIP Code
Indialantic	FL	32903-3054

- [X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
527.00	0.00	527.00

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
07/08/2023	None	12.00 % (apr)	[ ] Yes [X] No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶	527.00
TOTALS This Period (last page in this line only) ▶	

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Image# 202601309794992567

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one) [X] 13a [ ] 13b

NAME OF COMMITTEE (In Full)

Committee to Elect Alan Grayson

Transaction ID : C1DD22A20EFBD4E6BADF

LOAN SOURCE Full Name (Last, First, Middle Initial)

Grayson, Alan Mark, , ,

[ ] Memo Item

Election: 2024
[X] Primary
[ ] General
[ ] Other (specify) ▼

Mailing Address
870 N Miramar Ave
Box 242

City: Indialantic | State: FL | ZIP Code: 32903-3054

[X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
30000.00	0.00	30000.00

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
06/21/2024	None	12.00 % (apr)	[ ] Yes [X] No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶ 30000.00

TOTALS This Period (last page in this line only) ▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Image# 202601309794992568

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one) [X] 13a [ ] 13b

NAME OF COMMITTEE (In Full)

Committee to Elect Alan Grayson

Transaction ID : C9F0ABF62E00C41BDBE5

LOAN SOURCE Full Name (Last, First, Middle Initial)

Grayson, Alan Mark, , ,

[ ] Memo Item

Election: 2024
[X] Primary
[ ] General
[ ] Other (specify) ▼

Mailing Address
870 N Miramar Ave
Box 242

City: Indialantic | State: FL | ZIP Code: 32903-3054

[X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
330.00	0.00	330.00

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
05/29/2023	None	12.00 % (apr)	[ ] Yes [X] No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶ 330.00

TOTALS This Period (last page in this line only) ▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one) [X] 13a [ ] 13b

NAME OF COMMITTEE (In Full)

Committee to Elect Alan Grayson

Transaction ID : C28016265BDE74A4A8FB

LOAN SOURCE Full Name (Last, First, Middle Initial)

Grayson, Alan Mark, , ,

[ ] Memo Item

Election: 2022
[ ] Primary
[X] General
[ ] Other (specify) ▼

Mailing Address
870 N Miramar Ave
Box 242

City: Indialantic | State: FL | ZIP Code: 32903-3054

[X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
303.00	0.00	303.00

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
12/28/2022	None	12.00 % (apr)	[ ] Yes [X] No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶ 303.00

TOTALS This Period (last page in this line only) ▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Image# 202601309794992570

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
- [X] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)

Committee to Elect Alan Grayson

Transaction ID : CFC92DD91AE314787826

LOAN SOURCE Full Name (Last, First, Middle Initial)

Grayson, Alan Mark, , ,

[ ] Memo Item

Mailing Address
870 N Miramar Ave
Box 242

City	State	ZIP Code
Indialantic	FL	32903-3054

Election: 2008
- [X] Primary
- [ ] General
- [ ] Other (specify) ▼

[X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
15000.00	0.00	15000.00

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
05/05/2008	None	12.00 % (apr)	[ ] Yes [X] No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶ 15000.00

TOTALS This Period (last page in this line only) ▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Image# 202601309794992571

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
- [X] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)

Committee to Elect Alan Grayson

Transaction ID : CE9B6B0499A364D1C9D9

LOAN SOURCE Full Name (Last, First, Middle Initial)

Grayson, Alan Mark, , ,

- [ ] Memo Item

Election: 2024
- [X] Primary
- [ ] General
- [ ] Other (specify) ▼

Mailing Address
870 N Miramar Ave
Box 242

City	State	ZIP Code
Indialantic	FL	32903-3054

- [X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
126.12	0.00	126.12

TERMS

Date Incurred (M M / D D / Y Y Y Y)	Date Due (M M / D D / Y Y Y Y)	Interest Rate (If none, enter 0)	Secured:
10 / 10 / 2023	None	12.00 % (apr)	[ ] Yes [X] No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶	126.12
TOTALS This Period (last page in this line only) ▶	

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Image# 202601309794992572

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
- [X] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)

Committee to Elect Alan Grayson

Transaction ID : CE7C0F49D745848E5B27

LOAN SOURCE Full Name (Last, First, Middle Initial)

Grayson, Alan Mark, , ,

- [ ] Memo Item

Election: 2020
- [X] Primary
- [ ] General
- [ ] Other (specify) ▼

Mailing Address
870 N Miramar Ave
Box 242

City	State	ZIP Code
Indialantic	FL	32903-3054

- [X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
2000.00	0.00	2000.00

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
10/08/2019	None	12.00 % (apr)	[ ] Yes [X] No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶	2000.00
TOTALS This Period (last page in this line only) ▶	

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Image# 202601309794992573

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
- [X] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)
Committee to Elect Alan Grayson

Transaction ID : C731210C039584AD5AA9

LOAN SOURCE Full Name (Last, First, Middle Initial)
Grayson, Alan Mark, , ,

- [ ] Memo Item

Election: 2018
- [X] Primary
- [ ] General
- [ ] Other (specify) ▼

Mailing Address
870 N Miramar Ave
Box 242

City	State	ZIP Code
Indialantic	FL	32903-3054

- [X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
19000.00	0.00	19000.00

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
08/09/2018	None	12.00 % (apr)	[ ] Yes [X] No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶	19000.00
TOTALS This Period (last page in this line only) ▶	

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Image# 202601309794992574

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
- [X] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)

Committee to Elect Alan Grayson

Transaction ID : CE07D4F96F3D34173914

LOAN SOURCE Full Name (Last, First, Middle Initial)

Grayson, Alan Mark, , ,

- [ ] Memo Item

Mailing Address
870 N Miramar Ave
Box 242

City	State	ZIP Code
Indialantic	FL	32903-3054

Election: 2010
- [X] Primary
- [ ] General
- [ ] Other (specify) ▼

- [X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
135000.00	0.00	135000.00

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
08/23/2010	None	12.00 % (apr)	[ ] Yes [X] No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶	135000.00
TOTALS This Period (last page in this line only) ▶	

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Image# 202601309794992575

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one) ☒ 13a ☐ 13b

NAME OF COMMITTEE (In Full)

Committee to Elect Alan Grayson

Transaction ID : C5FE94889C82346DEA9E

LOAN SOURCE Full Name (Last, First, Middle Initial)

☐ Memo Item

Grayson, Alan Mark, , ,

Mailing Address
870 N Miramar Ave
Box 242

City: Indialantic | State: FL | ZIP Code: 32903-3054

Election: 2024
☒ Primary
☐ General
☐ Other (specify) ▼

☒ Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
1016.07	0.00	1016.07

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
09/09/2023	None	12.00 % (apr)	☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶ 1016.07

TOTALS This Period (last page in this line only) ▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Image# 202601309794992576

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
- [X] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)

Committee to Elect Alan Grayson

Transaction ID : C26C22EDA2BAA45EF82F

LOAN SOURCE Full Name (Last, First, Middle Initial)

Grayson, Alan Mark, , ,

- [ ] Memo Item

Election: 2024
- [X] Primary
- [ ] General
- [ ] Other (specify) ▼

Mailing Address
870 N Miramar Ave
Box 242

City	State	ZIP Code
Indialantic	FL	32903-3054

- [X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
508.00	0.00	508.00

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
02/22/2023	None	12.00 % (apr)	[ ] Yes [X] No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶	508.00
TOTALS This Period (last page in this line only) ▶	

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Image# 202601309794992577

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
- [X] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)
Committee to Elect Alan Grayson

Transaction ID : C5FEA2E5FA90541648E7

LOAN SOURCE Full Name (Last, First, Middle Initial)
Grayson, Alan Mark, , ,

- [ ] Memo Item

Election: 2022
- [X] Primary
- [ ] General
- [ ] Other (specify) ▼

Mailing Address
870 N Miramar Ave
Box 242

City	State	ZIP Code
Indialantic	FL	32903-3054

- [X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
150000.00	58000.00	92000.00

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
06/30/2022	None	12.00 % (apr)	[ ] Yes [X] No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶ 92000.00

TOTALS This Period (last page in this line only) ▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Image# 202601309794992578

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
- [X] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)

Committee to Elect Alan Grayson

Transaction ID : C0F697F98CC014720A24

LOAN SOURCE Full Name (Last, First, Middle Initial)

Grayson, Alan Mark, , ,

[ ] Memo Item

Mailing Address
870 N Miramar Ave
Box 242

City	State	ZIP Code
Indialantic	FL	32903-3054

Election: 2024
- [X] Primary
- [ ] General
- [ ] Other (specify) ▼

[X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
158.00	0.00	158.00

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
02/10/2023	None	12.00 % (apr)	[ ] Yes [X] No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶	158.00
TOTALS This Period (last page in this line only) ▶	

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Image# 202601309794992579

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
- [X] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)
Committee to Elect Alan Grayson

Transaction ID : CD1402AA1B2734CFAB07

LOAN SOURCE Full Name (Last, First, Middle Initial)
Grayson, Alan Mark, , ,

- [ ] Memo Item

Election: 2024
- [X] Primary
- [ ] General
- [ ] Other (specify) ▼

Mailing Address
870 N Miramar Ave
Box 242

City	State	ZIP Code
Indialantic	FL	32903-3054

- [X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
952.00	0.00	952.00

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
01/15/2023	None	12.00 % (apr)	[ ] Yes [X] No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶	952.00
TOTALS This Period (last page in this line only) ▶	

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Image# 202601309794992580

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
- [X] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)

Committee to Elect Alan Grayson

Transaction ID : CCC3A14C7F5FC4597A05

LOAN SOURCE Full Name (Last, First, Middle Initial)

Grayson, Alan Mark, , ,

- [ ] Memo Item

Election: 2024
- [X] Primary
- [ ] General
- [ ] Other (specify) ▼

Mailing Address
870 N Miramar Ave
Box 242

City	State	ZIP Code
Indialantic	FL	32903-3054

- [X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
7500.00	0.00	7500.00

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
07/03/2023	None	12.00 % (apr)	[ ] Yes [X] No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶	7500.00
TOTALS This Period (last page in this line only) ▶	

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Image# 202601309794992581

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
- [X] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)

Committee to Elect Alan Grayson

Transaction ID : C94A6CCDB521A4DB6BE9

LOAN SOURCE Full Name (Last, First, Middle Initial)

Grayson, Alan Mark, , ,

- [ ] Memo Item

Election: 2024
- [X] Primary
- [ ] General
- [ ] Other (specify) ▼

Mailing Address
870 N Miramar Ave
Box 242

City	State	ZIP Code
Indialantic	FL	32903-3054

- [X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
707.32	0.00	707.32

TERMS

Date Incurred (M M / D D / Y Y Y Y)	Date Due (M M / D D / Y Y Y Y)	Interest Rate (If none, enter 0)	Secured:
09 / 22 / 2023	None	12.00 % (apr)	[ ] Yes [X] No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶	707.32
TOTALS This Period (last page in this line only) ▶	

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Image# 202601309794992582

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
- [X] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)
Committee to Elect Alan Grayson

Transaction ID : CEE0D50DA6B074E55916

LOAN SOURCE Full Name (Last, First, Middle Initial)
Grayson, Alan Mark, , ,

☐ Memo Item

Mailing Address
870 N Miramar Ave
Box 242

City	State	ZIP Code
Indialantic	FL	32903-3054

Election: 2024
- [X] Primary
- [ ] General
- [ ] Other (specify) ▼

[X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
294.00	0.00	294.00

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
05/28/2023	None	12.00 % (apr)	☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶	294.00
TOTALS This Period (last page in this line only) ▶	

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Image# 202601309794992583

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
- [X] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)

Committee to Elect Alan Grayson

Transaction ID : CE6DFD7EC0E4E4F5B80C

LOAN SOURCE Full Name (Last, First, Middle Initial)

Grayson, Alan Mark, , ,

- [ ] Memo Item

Mailing Address
870 N Miramar Ave
Box 242

City: Indialantic | State: FL | ZIP Code: 32903-3054

Election: 2022
- [X] Primary
- [ ] General
- [ ] Other (specify) ▼

- [X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
558.00	4746.52	– 4188.52

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
09/18/2022	None	12.00 % (apr)	[ ] Yes [X] No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶	– 4188.52
TOTALS This Period (last page in this line only) ▶	

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Image# 202601309794992584

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
- [X] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)

Committee to Elect Alan Grayson

Transaction ID : CD6D22CCA63FA46DF915

LOAN SOURCE Full Name (Last, First, Middle Initial)

Grayson, Alan Mark, , ,

- [ ] Memo Item

Election: 2024
- [X] Primary
- [ ] General
- [ ] Other (specify) ▼

Mailing Address
870 N Miramar Ave
Box 242

City	State	ZIP Code
Indialantic	FL	32903-3054

- [X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
296.00	0.00	296.00

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
04/27/2023	None	12.00 % (apr)	[ ] Yes [X] No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶	296.00
TOTALS This Period (last page in this line only) ▶	

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
- [X] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)

Committee to Elect Alan Grayson

Transaction ID : CAE6C48784DE74E70952

LOAN SOURCE Full Name (Last, First, Middle Initial)

Grayson, Alan Mark, , ,

- [ ] Memo Item

Election: 2024
- [X] Primary
- [ ] General
- [ ] Other (specify) ▼

Mailing Address
870 N Miramar Ave
Box 242

City	State	ZIP Code
Indialantic	FL	32903-3054

- [X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
2584.00	0.00	2584.00

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
11/27/2023	None	12.00 % (apr)	[ ] Yes [X] No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶	2584.00
TOTALS This Period (last page in this line only) ▶	

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Image# 202601309794992586

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
- [X] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)

Committee to Elect Alan Grayson

Transaction ID : C9E58D062C0F345E6977

LOAN SOURCE Full Name (Last, First, Middle Initial)

Grayson, Alan Mark, , ,

- [ ] Memo Item

Election: 2024
- [X] Primary
- [ ] General
- [ ] Other (specify) ▼

Mailing Address
870 N Miramar Ave
Box 242

City	State	ZIP Code
Indialantic	FL	32903-3054

- [X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
614.00	0.00	614.00

TERMS

Date Incurred (M M / D D / Y Y Y Y)	Date Due (M M / D D / Y Y Y Y)	Interest Rate (If none, enter 0)	Secured:
07 / 19 / 2023	None	12.00 % (apr)	[ ] Yes [X] No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶	614.00
TOTALS This Period (last page in this line only) ▶	

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Image# 202601309794992587

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
- [X] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)

Committee to Elect Alan Grayson

Transaction ID : C97006B38AA014747935

LOAN SOURCE Full Name (Last, First, Middle Initial)

Grayson, Alan Mark, , ,

- [ ] Memo Item

Election: 2014
- [X] Primary
- [ ] General
- [ ] Other (specify) ▼

Mailing Address
870 N Miramar Ave
Box 242

City	State	ZIP Code
Indialantic	FL	32903-3054

- [X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
75000.00	0.00	75000.00

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
11/21/2012	None	12.00 % (apr)	[ ] Yes [X] No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶	75000.00
TOTALS This Period (last page in this line only) ▶	

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Image# 202601309794992588

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
- [X] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)
Committee to Elect Alan Grayson

Transaction ID : CD3D9A5FBF79C4172B55

LOAN SOURCE Full Name (Last, First, Middle Initial)
Grayson, Alan Mark, , ,

- [ ] Memo Item

Election: 2022
- [X] Primary
- [ ] General
- [ ] Other (specify) ▼

Mailing Address
870 N Miramar Ave
Box 242

City	State	ZIP Code
Indialantic	FL	32903-3054

- [X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
1535.98	0.00	1535.98

TERMS

Date Incurred (M M / D D / Y Y Y Y)	Date Due (M M / D D / Y Y Y Y)	Interest Rate (If none, enter 0)	Secured:
12 / 08 / 2022	None	12.00 % (apr)	[ ] Yes [X] No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶	1535.98
TOTALS This Period (last page in this line only) ▶	

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Image# 202601309794992589

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
- [X] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)

Committee to Elect Alan Grayson

Transaction ID : CA923FB1141764C8C881

LOAN SOURCE Full Name (Last, First, Middle Initial)

Grayson, Alan Mark, , ,

[ ] Memo Item

Mailing Address
870 N Miramar Ave
Box 242

City	State	ZIP Code
Indialantic	FL	32903-3054

Election: 2022
- [X] Primary
- [ ] General
- [ ] Other (specify) ▼

[X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
26.75	0.00	26.75

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
10/02/2022	None	12.00 % (apr)	[ ] Yes [X] No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶	26.75
TOTALS This Period (last page in this line only) ▶	

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Image# 202601309794992590

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one) ☒ 13a ☐ 13b

NAME OF COMMITTEE (In Full)

Committee to Elect Alan Grayson

Transaction ID : CA651077E775F4717805

LOAN SOURCE Full Name (Last, First, Middle Initial)

☐ Memo Item

Grayson, Alan Mark, , ,

Mailing Address
870 N Miramar Ave
Box 242

City: Indialantic | State: FL | ZIP Code: 32903-3054

Election: 2024
☒ Primary
☐ General
☐ Other (specify) ▼

☒ Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
508.00	0.00	508.00

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
10/08/2023	None	12.00 % (apr)	☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶ 508.00

TOTALS This Period (last page in this line only) ▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Image# 202601309794992591

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one) [X] 13a [ ] 13b

NAME OF COMMITTEE (In Full)

Committee to Elect Alan Grayson

Transaction ID : CCB99CC631F6540C693E

LOAN SOURCE Full Name (Last, First, Middle Initial)

Grayson, Alan Mark, , ,

[ ] Memo Item

Election: 2024
[X] Primary
[ ] General
[ ] Other (specify) ▼

Mailing Address
870 N Miramar Ave
Box 242

City: Indialantic | State: FL | ZIP Code: 32903-3054

[X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
954.00	0.00	954.00

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
12/15/2023	None	12.00 % (apr)	[ ] Yes [X] No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶ 954.00

TOTALS This Period (last page in this line only) ▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Image# 202601309794992592

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
- [X] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)

Committee to Elect Alan Grayson

Transaction ID : C9C733066071E4A8BA7A

LOAN SOURCE Full Name (Last, First, Middle Initial)

Grayson, Alan Mark, , ,

- [ ] Memo Item

Election: 2022
- [X] Primary
- [ ] General
- [ ] Other (specify) ▼

Mailing Address
870 N Miramar Ave
Box 242

City	State	ZIP Code
Indialantic	FL	32903-3054

- [X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
788.00	8746.04	– 7958.04

TERMS

Date Incurred (M M / D D / Y Y Y Y)	Date Due (M M / D D / Y Y Y Y)	Interest Rate (If none, enter 0)	Secured:
11 / 11 / 2022	None	12.00 % (apr)	[ ] Yes [X] No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶	– 7958.04
TOTALS This Period (last page in this line only) ▶	

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Image# 202601309794992593

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
- [X] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)

Committee to Elect Alan Grayson

Transaction ID : C4C76429167AF491C893

LOAN SOURCE Full Name (Last, First, Middle Initial)

Grayson, Alan Mark, , ,

- [ ] Memo Item

Election: 2024
- [X] Primary
- [ ] General
- [ ] Other (specify) ▼

Mailing Address
870 N Miramar Ave
Box 242

City	State	ZIP Code
Indialantic	FL	32903-3054

- [X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
1000.00	0.00	1000.00

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
12/06/2023	None	12.00 % (apr)	[ ] Yes [X] No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶	1000.00
TOTALS This Period (last page in this line only) ▶	

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Image# 202601309794992594

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
- [X] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)

Committee to Elect Alan Grayson

Transaction ID : CB0AADFB08BC04DE79FC

LOAN SOURCE Full Name (Last, First, Middle Initial)

Grayson, Alan Mark, , ,

- [ ] Memo Item

Election: 2006
- [X] Primary
- [ ] General
- [ ] Other (specify) ▼

Mailing Address
870 N Miramar Ave
Box 242

City	State	ZIP Code
Indialantic	FL	32903-3054

- [X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
10000.00	0.00	10000.00

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
09/30/2006	None	12.00 % (apr)	[ ] Yes [X] No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶	10000.00
TOTALS This Period (last page in this line only) ▶	

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Image# 202601309794992595

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
- [X] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)

Committee to Elect Alan Grayson

Transaction ID : CD36488B89E0B4E2CBBA

LOAN SOURCE Full Name (Last, First, Middle Initial)

Grayson, Alan Mark, , ,

- [ ] Memo Item

Election: 2024
- [X] Primary
- [ ] General
- [ ] Other (specify) ▼

Mailing Address
870 N Miramar Ave
Box 242

City	State	ZIP Code
Indialantic	FL	32903-3054

- [X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
897.00	0.00	897.00

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
11/16/2023	None	12.00 % (apr)	[ ] Yes [X] No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶	897.00
TOTALS This Period (last page in this line only) ▶	

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Image# 202601309794992596

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
- [X] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)
Committee to Elect Alan Grayson

Transaction ID : C96F2B41BD5584965BBD

LOAN SOURCE Full Name (Last, First, Middle Initial)
Grayson, Alan Mark, , ,

- [ ] Memo Item

Election: 2024
- [X] Primary
- [ ] General
- [ ] Other (specify) ▼

Mailing Address
870 N Miramar Ave
Box 242

City	State	ZIP Code
Indialantic	FL	32903-3054

- [X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
584.99	0.00	584.99

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
12/18/2023	None	12.00 % (apr)	[ ] Yes [X] No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶	584.99
TOTALS This Period (last page in this line only) ▶	

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
- [X] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)

Committee to Elect Alan Grayson

Transaction ID : CDC2BC21FD2E44DCC940

LOAN SOURCE Full Name (Last, First, Middle Initial)

Grayson, Alan Mark, , ,

- [ ] Memo Item

Election: 2024
- [X] Primary
- [ ] General
- [ ] Other (specify) ▼

Mailing Address
870 N Miramar Ave
Box 242

City	State	ZIP Code
Indialantic	FL	32903-3054

- [X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
1014.00	0.00	1014.00

TERMS

Date Incurred (M M / D D / Y Y Y Y)	Date Due (M M / D D / Y Y Y Y)	Interest Rate (If none, enter 0)	Secured:
11 / 16 / 2023	None	12.00 % (apr)	[ ] Yes [X] No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶	1014.00
TOTALS This Period (last page in this line only) ▶	

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Image# 202601309794992598

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
- [X] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)

Committee to Elect Alan Grayson

Transaction ID : C212139688D85452EB93

LOAN SOURCE Full Name (Last, First, Middle Initial)

Grayson, Alan Mark, , ,

- [ ] Memo Item

Election: 2024
- [X] Primary
- [ ] General
- [ ] Other (specify) ▼

Mailing Address
870 N Miramar Ave
Box 242

City	State	ZIP Code
Indialantic	FL	32903-3054

- [X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
1735.00	0.00	1735.00

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
10/08/2023	None	12.00 % (apr)	[ ] Yes [X] No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶	1735.00
TOTALS This Period (last page in this line only) ▶	

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Image# 202601309794992599

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
- [X] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)

Committee to Elect Alan Grayson

Transaction ID : C9A1619180B6F4ECB8CD

LOAN SOURCE Full Name (Last, First, Middle Initial)

Grayson, Alan Mark, , ,

- [ ] Memo Item

Election: 2024
- [X] Primary
- [ ] General
- [ ] Other (specify) ▼

Mailing Address
870 N Miramar Ave
Box 242

City	State	ZIP Code
Indialantic	FL	32903-3054

- [X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
507.00	0.00	507.00

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
06/08/2023	None	12.00 % (apr)	[ ] Yes [X] No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶	507.00
TOTALS This Period (last page in this line only) ▶	

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Image# 202601309794992600

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
- [X] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)

Committee to Elect Alan Grayson

Transaction ID : C9A85E7D9355645C790F

LOAN SOURCE Full Name (Last, First, Middle Initial)

Grayson, Alan Mark, , ,

- [ ] Memo Item

Election: 2024
- [X] Primary
- [ ] General
- [ ] Other (specify) ▼

Mailing Address
870 N Miramar Ave
Box 242

City	State	ZIP Code
Indialantic	FL	32903-3054

- [X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
1047.31	0.00	1047.31

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
01/09/2023	None	12.00 % (apr)	[ ] Yes [X] No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶	1047.31
TOTALS This Period (last page in this line only) ▶	

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Image# 202601309794992601

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
- [X] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)

Committee to Elect Alan Grayson

Transaction ID : C01E013AB4AC54AE19AD

LOAN SOURCE Full Name (Last, First, Middle Initial)

Grayson, Alan Mark, , ,

- [ ] Memo Item

Election: 2010
- [X] Primary
- [ ] General
- [ ] Other (specify) ▼

Mailing Address
870 N Miramar Ave
Box 242

City	State	ZIP Code
Indialantic	FL	32903-3054

- [X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
25000.00	0.00	25000.00

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
11/10/2008	None	12.00 % (apr)	[ ] Yes [X] No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶	25000.00
TOTALS This Period (last page in this line only) ▶	

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Image# 202601309794992602

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
- [X] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)

Committee to Elect Alan Grayson

Transaction ID : C338FB5F0A3174BBCAC7

LOAN SOURCE Full Name (Last, First, Middle Initial)

Grayson, Alan Mark, , ,

- [ ] Memo Item

Election: 2010
- [ ] Primary
- [X] General
- [ ] Other (specify) ▼

Mailing Address
870 N Miramar Ave
Box 242

City	State	ZIP Code
Indialantic	FL	32903-3054

- [X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
50000.00	0.00	50000.00

TERMS

Date Incurred (M M / D D / Y Y Y Y)	Date Due (M M / D D / Y Y Y Y)	Interest Rate (If none, enter 0)	Secured:
10 / 30 / 2010	None	12.00 % (apr)	[ ] Yes [X] No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶	50000.00
TOTALS This Period (last page in this line only) ▶	

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Image# 202601309794992603

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
- [X] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)

Committee to Elect Alan Grayson

Transaction ID : C2295AC9FF6904277B9A

LOAN SOURCE Full Name (Last, First, Middle Initial)

Grayson, Alan Mark, , ,

- [ ] Memo Item

Election: 2024
- [X] Primary
- [ ] General
- [ ] Other (specify) ▼

Mailing Address
870 N Miramar Ave
Box 242

City	State	ZIP Code
Indialantic	FL	32903-3054

- [X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
3478.00	0.00	3478.00

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
09/10/2023	None	12.00 % (apr)	[ ] Yes [X] No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶	3478.00
TOTALS This Period (last page in this line only) ▶	

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Image# 202601309794992604

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
- [X] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)

Committee to Elect Alan Grayson

Transaction ID : C9C0B8270307E4CBB851

LOAN SOURCE Full Name (Last, First, Middle Initial)

Grayson, Alan Mark, , ,

- [ ] Memo Item

Election: 2022
- [X] Primary
- [ ] General
- [ ] Other (specify) ▼

Mailing Address
870 N Miramar Ave
Box 242

City	State	ZIP Code
Indialantic	FL	32903-3054

- [X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
28517.38	0.00	28517.38

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
10/03/2022	None	12.00 % (apr)	[ ] Yes [X] No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶	28517.38
TOTALS This Period (last page in this line only) ▶	

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Image# 202601309794992605

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
- [X] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)
Committee to Elect Alan Grayson

Transaction ID : CBD5C19AA2E324384A6B

LOAN SOURCE Full Name (Last, First, Middle Initial)
Grayson, Alan Mark, , ,

☐ Memo Item

Mailing Address
870 N Miramar Ave
Box 242

City: Indialantic | State: FL | ZIP Code: 32903-3054

Election: 2024
- [X] Primary
- [ ] General
- [ ] Other (specify) ▼

[X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
300.00	0.00	300.00

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
02/28/2023	None	12.00 % (apr)	☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶	300.00
TOTALS This Period (last page in this line only) ▶	

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Image# 202601309794992606

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
- [X] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)

Committee to Elect Alan Grayson

Transaction ID : C14CF321B8F264A69873

LOAN SOURCE Full Name (Last, First, Middle Initial)

Grayson, Alan Mark, , ,

[ ] Memo Item

Election: 2026
- [X] Primary
- [ ] General
- [ ] Other (specify) ▼

Mailing Address
870 N Miramar Ave
Box 242

City	State	ZIP Code
Indialantic	FL	32903-3054

[X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
9662.76	0.00	9662.76

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
03/31/2025	None	12.00 % (apr)	[ ] Yes [X] No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶	9662.76
TOTALS This Period (last page in this line only) ▶	

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
- [X] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)
Committee to Elect Alan Grayson

Transaction ID : CC5B6160C3097470B9F1

LOAN SOURCE Full Name (Last, First, Middle Initial)
Grayson, Alan Mark, , ,

- [ ] Memo Item

Election: 2024
- [X] Primary
- [ ] General
- [ ] Other (specify) ▼

Mailing Address
870 N Miramar Ave
Box 242

City	State	ZIP Code
Indialantic	FL	32903-3054

- [X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
987.00	0.00	987.00

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
06/11/2023	None	12.00 % (apr)	[ ] Yes [X] No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶	987.00
TOTALS This Period (last page in this line only) ▶	

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Image# 202601309794992608

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one) [X] 13a [ ] 13b

NAME OF COMMITTEE (In Full)

Committee to Elect Alan Grayson

Transaction ID : CAB17359C10E6458499A

LOAN SOURCE Full Name (Last, First, Middle Initial)

Grayson, Alan Mark, , ,

[ ] Memo Item

Election: 2024
[X] Primary
[ ] General
[ ] Other (specify) ▼

Mailing Address
870 N Miramar Ave
Box 242

City	State	ZIP Code
Indialantic	FL	32903-3054

[X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
126.25	0.00	126.25

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
12/10/2023	None	12.00 % (apr)	[ ] Yes [X] No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶ 126.25

TOTALS This Period (last page in this line only) ▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Image# 202601309794992609

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
- [X] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)

Committee to Elect Alan Grayson

Transaction ID : C9F9B0A0D4EA948D186D

LOAN SOURCE Full Name (Last, First, Middle Initial)

Grayson, Alan Mark, , ,

- [ ] Memo Item

Election: 2024
- [X] Primary
- [ ] General
- [ ] Other (specify) ▼

Mailing Address
870 N Miramar Ave
Box 242

City	State	ZIP Code
Indialantic	FL	32903-3054

- [X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
207.00	0.00	207.00

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
07/10/2023	None	12.00 % (apr)	[ ] Yes [X] No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶	207.00
TOTALS This Period (last page in this line only) ▶	

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Image# 202601309794992610

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
- [X] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)

Committee to Elect Alan Grayson

Transaction ID : CC4088984538740E2855

LOAN SOURCE Full Name (Last, First, Middle Initial)

Grayson, Alan Mark, , ,

- [ ] Memo Item

Election: 2024
- [X] Primary
- [ ] General
- [ ] Other (specify) ▼

Mailing Address
870 N Miramar Ave
Box 242

City	State	ZIP Code
Indialantic	FL	32903-3054

- [X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
1061.00	0.00	1061.00

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
04/10/2023	None	12.00 % (apr)	[ ] Yes [X] No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶	1061.00
TOTALS This Period (last page in this line only) ▶	3420191.97

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)

FOR LINE NUMBER: (check only one) ☐ 9 ☒ 10

NAME OF COMMITTEE (In Full)

Committee to Elect Alan Grayson

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Alliant Visa

Mailing Address PO Box 1666

City: Des Plaines | State: IL | Zip Code: 60017-1666

Nature of Debt (Purpose): Outdoor Advertising

Transaction ID : DE681A5C2256749DF86D

Outstanding Balance Beginning This Period	Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
10946.65	450.00	942.71	10453.94

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Alliant Visa

Mailing Address PO Box 1666

City: Des Plaines | State: IL | Zip Code: 60017-1666

Nature of Debt (Purpose): Digital advertising

Transaction ID : D6F28AF0ED76148F2B6D

Outstanding Balance Beginning This Period	Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
6017.58	0.00	0.00	6017.58

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Alliant Visa

Mailing Address PO Box 1666

City: Des Plaines | State: IL | Zip Code: 60017-1666

Nature of Debt (Purpose): Interest expense accrued

Transaction ID : D8F05603D1D354793987

Outstanding Balance Beginning This Period	Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
222.29	0.00	0.00	222.29

1) **SUBTOTALS** This Period This Page (optional) ▶	16693.81
2) **TOTALS** This Period (last page this line number only) ▶	
3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ▶	
4) **ADD 2)** and **3)** and carry forward to appropriate line of Summary Page (last page only) ▶	

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one) ☐ 9 ☒ 10

NAME OF COMMITTEE (In Full)

Committee to Elect Alan Grayson

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

American Express Business Gold

Mailing Address PO Box 650448

City: Dallas | State: TX | Zip Code: 75265-0448

Nature of Debt (Purpose): Unpaid Debt

Outstanding Balance Beginning This Period: 274.00

Transaction ID : D9FE7F5274EA14C4ABC3

Amount Incurred This Period: 0.00

Payment This Period: 0.00

Outstanding Balance at Close of This Period: 274.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

American Express Gold 2

Mailing Address PO Box 650448

City: Dallas | State: TX | Zip Code: 75265-0448

Nature of Debt (Purpose): Internet Ads

Outstanding Balance Beginning This Period: 19294.07

Transaction ID : D68BB431804974809A96

Amount Incurred This Period: 0.00

Payment This Period: 0.00

Outstanding Balance at Close of This Period: 19294.07

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

American Express

Mailing Address PO Box 360002

City: Ft Lauderdale | State: FL | Zip Code: 33336-0002

Nature of Debt (Purpose): CREDIT CARD: SEE BELOW

Outstanding Balance Beginning This Period: 2.00

Transaction ID : DC33DD38C800E4464BB9

Amount Incurred This Period: 0.00

Payment This Period: 0.00

Outstanding Balance at Close of This Period: 2.00

1) **SUBTOTALS** This Period This Page (optional) ▶	19570.07
2) **TOTALS** This Period (last page this line number only) ▶	
3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ▶	
4) **ADD 2)** and **3)** and carry forward to appropriate line of Summary Page (last page only) ▶	

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one) ☐ 9 ☒ 10

NAME OF COMMITTEE (In Full)

Committee to Elect Alan Grayson

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

American Express

Mailing Address PO Box 360002

City: Ft Lauderdale | State: FL | Zip Code: 33336-0002

Nature of Debt (Purpose): CREDIT CARD: SEE BELOW

Outstanding Balance Beginning This Period: 23987.09

Transaction ID : D6E53386C97364DAFB94

Amount Incurred This Period: 0.00

Payment This Period: 0.00

Outstanding Balance at Close of This Period: 23987.09

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

American Express

Mailing Address PO Box 360002

City: Ft Lauderdale | State: FL | Zip Code: 33336-0002

Nature of Debt (Purpose): CREDIT CARD: SEE BELOW

Outstanding Balance Beginning This Period: 1700.00

Transaction ID : DB1E0C34006574CEA899

Amount Incurred This Period: 0.00

Payment This Period: 0.00

Outstanding Balance at Close of This Period: 1700.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

American Express

Mailing Address PO Box 360002

City: Ft Lauderdale | State: FL | Zip Code: 33336-0002

Nature of Debt (Purpose): Old fees expense

Outstanding Balance Beginning This Period: 92.79

Transaction ID : D28EA0F6789C04614828

Amount Incurred This Period: 0.00

Payment This Period: 0.00

Outstanding Balance at Close of This Period: 92.79

1) **SUBTOTALS** This Period This Page (optional) ▶	25779.88
2) **TOTALS** This Period (last page this line number only) ▶	
3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ▶	
4) **ADD 2)** and **3)** and carry forward to appropriate line of Summary Page (last page only) ▶	

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one) ☐ 9 ☒ 10

NAME OF COMMITTEE (In Full)

Committee to Elect Alan Grayson

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Anderson Party Rentals

Mailing Address 115 W Ash Avenue

City: Burbank | State: CA | Zip Code: 91502-2008

Nature of Debt (Purpose): CA Event Rentals

Transaction ID : DB390A497C7D64A51838

Outstanding Balance Beginning This Period	Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
724.32	0.00	0.00	724.32

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Astoria Taxi Leasing

Mailing Address 2102 23rd Street

City: Astoria | State: NY | Zip Code: 11105-3625

Nature of Debt (Purpose): Car service

Transaction ID : D7575D45F8BB54D779DC

Outstanding Balance Beginning This Period	Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
50.06	0.00	0.00	50.06

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Bank of America Flying Blue

Mailing Address PO Box 660710

City: Dallas | State: TX | Zip Code: 75266-0710

Nature of Debt (Purpose): Outdoor Advertising

Transaction ID : DF73314FFC597443BA23

Outstanding Balance Beginning This Period	Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
93061.42	0.00	767.24	92294.18

1) **SUBTOTALS** This Period This Page (optional) ▶	93068.56
2) **TOTALS** This Period (last page this line number only) ▶	
3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ▶	
4) **ADD 2)** and **3)** and carry forward to appropriate line of Summary Page (last page only) ▶	

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one) ☐ 9 ☒ 10

NAME OF COMMITTEE (In Full)

Committee to Elect Alan Grayson

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Bank Of America Free Spirit

Mailing Address PO Box 851001

City: Dallas | State: TX | Zip Code: 75285-1001

Nature of Debt (Purpose): Credit Card Charges

Transaction ID : D32FF2238DDE84A2FB98

Outstanding Balance Beginning This Period	Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
16994.84	0.00	481.76	16513.08

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Barclays Miles & More MC

Mailing Address PO Box 13337

City: Philadelphia | State: PA | Zip Code: 19101-3337

Nature of Debt (Purpose): Ditigal advertising/Facebook

Transaction ID : DC5BD6757D80048F3BED

Outstanding Balance Beginning This Period	Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
3234.14	0.00	0.00	3234.14

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Blue State Digital

Mailing Address 101 Avenue of The Americas 12th Floor

City: New York | State: NY | Zip Code: 10013-1941

Nature of Debt (Purpose): Fundraising

Transaction ID : DE81960FB4DC94D39A1E

Outstanding Balance Beginning This Period	Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
2500.00	0.00	0.00	2500.00

1) **SUBTOTALS** This Period This Page (optional) ▶	22247.22
2) **TOTALS** This Period (last page this line number only) ▶	
3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ▶	
4) **ADD 2)** and **3)** and carry forward to appropriate line of Summary Page (last page only) ▶	

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one) ☐ 9 ☒ 10

NAME OF COMMITTEE (In Full)

Committee to Elect Alan Grayson

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

BofA Virgin Atlantic

Mailing Address PO Box 660710

City: Dallas | State: TX | Zip Code: 75266-3240

Nature of Debt (Purpose): Billboards

Outstanding Balance Beginning This Period: 13772.82

Transaction ID : D4F265D41C0B9428799C

Amount Incurred This Period: 0.00

Payment This Period: 466.86

Outstanding Balance at Close of This Period: 13305.96

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

British Airways Chase

Mailing Address PO Box 6294

City: Carol Stream | State: IL | Zip Code: 60197-6294

Nature of Debt (Purpose): Campaign printing and Outdoor advertising

Outstanding Balance Beginning This Period: 53044.01

Transaction ID : D281C1614F1A8448DAA1

Amount Incurred This Period: 3000.00

Payment This Period: 1532.32

Outstanding Balance at Close of This Period: 54511.69

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

CapitalOne Spark Card

Mailing Address PO Box 71083

City: Charlotte | State: NC | Zip Code: 28272-1083

Nature of Debt (Purpose): Printing / Mailing

Outstanding Balance Beginning This Period: 1750.00

Transaction ID : D21B093FE02A74627B87

Amount Incurred This Period: 0.00

Payment This Period: 0.00

Outstanding Balance at Close of This Period: 1750.00

1) **SUBTOTALS** This Period This Page (optional) ▶	69567.65
2) **TOTALS** This Period (last page this line number only) ▶	
3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ▶	
4) **ADD 2)** and **3)** and carry forward to appropriate line of Summary Page (last page only) ▶	

SCHEDULE D (FEC Form 3)
DEBTS AND OBLIGATIONS
Excluding Loans

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one) ☐ 9 ☒ 10

NAME OF COMMITTEE (In Full)

Committee to Elect Alan Grayson

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Chase Amazon Visa

Mailing Address PO Box 6294

City: Carol Stream | State: IL | Zip Code: 60197-6294

Nature of Debt (Purpose): Credit Card Transactions

Transaction ID : DC2BC14AFAFD54E69B40

Outstanding Balance Beginning This Period	Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
26141.47	0.00	911.36	25230.11

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Chase Amazon Visa

Mailing Address PO Box 6294

City: Carol Stream | State: IL | Zip Code: 60197-6294

Nature of Debt (Purpose): Credit Card Transactions

Transaction ID : DE62FFCC8DBBB4D79964

Outstanding Balance Beginning This Period	Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
4000.00	0.00	0.00	4000.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Chase BA Visa

Mailing Address PO Box 1423

City: Charlotte | State: NC | Zip Code: 28201-1423

Nature of Debt (Purpose): Polling

Transaction ID : D03614FA0D1C14E5A99E

Outstanding Balance Beginning This Period	Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
2465.55	0.00	0.00	2465.55

1) **SUBTOTALS** This Period This Page (optional) ▶	31695.66
2) **TOTALS** This Period (last page this line number only) ▶	
3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ▶	
4) **ADD 2)** and **3)** and carry forward to appropriate line of Summary Page (last page only) ▶	

SCHEDULE D (FEC Form 3)
DEBTS AND OBLIGATIONS
Excluding Loans

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one) ☐ 9 ☒ 10

NAME OF COMMITTEE (In Full)
Committee to Elect Alan Grayson

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Chase Card Services
Mailing Address PO Box 94014
City: Palatine | State: IL | Zip Code: 60094-4014

Nature of Debt (Purpose):
CREDIT CARD PAYMENT: SEE BELOW

Transaction ID : D61088B5EB0B14318900

Outstanding Balance Beginning This Period	Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
8745.83	0.00	0.00	8745.83

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Chase United
Mailing Address PO Box 6294
City: Carol Stream | State: IL | Zip Code: 60197-6294

Nature of Debt (Purpose):
Printing and Direct Mail

Transaction ID : DDD487735FDB044DFAEE

Outstanding Balance Beginning This Period	Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
95319.34	0.00	2219.99	93099.35

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Citi Bank Double Cash
Mailing Address PO Box 6062
City: Sioux Falls | State: SD | Zip Code: 57117-6062

Nature of Debt (Purpose):
Outdoor Advertising

Transaction ID : D3BE8D6166E734630A12

Outstanding Balance Beginning This Period	Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
1208.00	0.00	0.00	1208.00

1) **SUBTOTALS** This Period This Page (optional) ▶	103053.18
2) **TOTALS** This Period (last page this line number only) ▶	
3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ▶	
4) **ADD 2)** and **3)** and carry forward to appropriate line of Summary Page (last page only) ▶	

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one) ☐ 9 ☒ 10

NAME OF COMMITTEE (In Full)

Committee to Elect Alan Grayson

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Citi Bank Double Cash

Mailing Address PO Box 6062

City: Sioux Falls | State: SD | Zip Code: 57117-6062

Nature of Debt (Purpose): Billboards/Digital Marketing/Printing

Transaction ID : DD397CA63340347118AA

Outstanding Balance Beginning This Period	Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
13415.89	0.00	2037.17	11378.72

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Citi Prestige

Mailing Address PO Box 6004

City: Sioux Falls | State: SD | Zip Code: 57117-6004

Nature of Debt (Purpose): Printing/Advertising/Signs

Transaction ID : D6C56529812AC4CB0932

Outstanding Balance Beginning This Period	Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
14010.13	2100.00	708.00	15402.13

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Coastal Community X1 Card

Mailing Address Credit Card Division
PO Box 12220

City: Everett | State: WA | Zip Code: 98206-2220

Nature of Debt (Purpose): Outdoor Advertising

Transaction ID : D301D2E1EA7A84BC09B4

Outstanding Balance Beginning This Period	Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
35422.52	0.00	1006.79	34415.73

1) **SUBTOTALS** This Period This Page (optional) ▶	61196.58
2) **TOTALS** This Period (last page this line number only) ▶	
3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ▶	
4) **ADD 2)** and **3)** and carry forward to appropriate line of Summary Page (last page only) ▶	

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one) ☐ 9 ☒ 10

NAME OF COMMITTEE (In Full)

Committee to Elect Alan Grayson

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Delta Airlines

Mailing Address PO Box 20706

City: Atlanta | State: GA | Zip Code: 30320-6001

Nature of Debt (Purpose): Airfare

Outstanding Balance Beginning This Period: 365.20

Transaction ID : DEF65104597DA4A1DA47

Amount Incurred This Period: 0.00

Payment This Period: 0.00

Outstanding Balance at Close of This Period: 365.20

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Dimelo USA LLC

Mailing Address 3218 E Colonial Drive
Suite G

City: Orlando | State: FL | Zip Code: 32803-5125

Nature of Debt (Purpose): Radio Spots

Outstanding Balance Beginning This Period: 1000.00

Transaction ID : D4F075FB772C8451B8C5

Amount Incurred This Period: 0.00

Payment This Period: 0.00

Outstanding Balance at Close of This Period: 1000.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Discover It Card

Mailing Address PO Box 6103

City: Carol Stream | State: IL | Zip Code: 60197-6103

Nature of Debt (Purpose): Credit card transactions

Outstanding Balance Beginning This Period: 984.26

Transaction ID : DB2AD3D286E3F4EAFB7D

Amount Incurred This Period: 0.00

Payment This Period: 259.26

Outstanding Balance at Close of This Period: 725.00

1) **SUBTOTALS** This Period This Page (optional) ▶	2090.20
2) **TOTALS** This Period (last page this line number only) ▶	
3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ▶	
4) **ADD 2)** and **3)** and carry forward to appropriate line of Summary Page (last page only) ▶	

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one) ☐ 9 ☒ 10

NAME OF COMMITTEE (In Full)

Committee to Elect Alan Grayson

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

NGPVAN, Inc. - Everyaction

Mailing Address 1445 New York Ave NW
Suite 200

City: Washington | State: DC | Zip Code: 20005-2158

Nature of Debt (Purpose): Email distribution Services

Transaction ID : D230D86B6C70D4BE884B

Outstanding Balance Beginning This Period	Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
1250.00	0.00	0.00	1250.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Rape Abuse & Incest National Network

Mailing Address 1220 L Street, NW, S505

City: Washington | State: DC | Zip Code: 20005-4018

Nature of Debt (Purpose): Charitable Donation

Transaction ID : D1C37E4BA65914FCDA9E

Outstanding Balance Beginning This Period	Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
2000.00	0.00	0.00	2000.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Spirit Airlines

Mailing Address 2800 Executive Way

City: Miramar | State: FL | Zip Code: 33025-6542

Nature of Debt (Purpose): Airfare

Transaction ID : D50CB2FBDED464F9DAF2

Outstanding Balance Beginning This Period	Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
155.60	0.00	0.00	155.60

1) **SUBTOTALS** This Period This Page (optional) ▶	3405.60
2) **TOTALS** This Period (last page this line number only) ▶	
3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ▶	
4) **ADD 2)** and **3)** and carry forward to appropriate line of Summary Page (last page only) ▶	

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one) ☐ 9 ☒ 10

NAME OF COMMITTEE (In Full)

Committee to Elect Alan Grayson

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

The UPS Store

Mailing Address 424 E Central Boulevard

City: Orlando | State: FL | Zip Code: 32801-1923

Nature of Debt (Purpose): Postage and Mailing

Transaction ID : D7E8CD0A159074F3AB53

Outstanding Balance Beginning This Period	Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
19.25	0.00	0.00	19.25

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Tribune Publishing Company

Mailing Address 633 North Orange Ave

City: Orlando | State: FL | Zip Code: 32801-1325

Nature of Debt (Purpose): Subscription

Transaction ID : D62A54C4B9B694856B86

Outstanding Balance Beginning This Period	Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
9.58	0.00	0.00	9.58

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Uber Technologies

Mailing Address 182 Howard Street # 8

City: San Francisco | State: CA | Zip Code: 94105-1611

Nature of Debt (Purpose): Car service

Transaction ID : D9B8FEF8E34894E849EA

Outstanding Balance Beginning This Period	Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
20.05	0.00	0.00	20.05

1) **SUBTOTALS** This Period This Page (optional) ▶	48.88
2) **TOTALS** This Period (last page this line number only) ▶	
3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ▶	
4) **ADD 2)** and **3)** and carry forward to appropriate line of Summary Page (last page only) ▶	

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one) ☐ 9 ☒ 10

NAME OF COMMITTEE (In Full)

Committee to Elect Alan Grayson

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

USAlliance Visa

Mailing Address PO Box 4517

City: Carol Stream | State: IL | Zip Code: 60197-4517

Nature of Debt (Purpose): Outdoor Advertising - Billboards/Signs

Transaction ID : D4A133307CC82485095E

Outstanding Balance Beginning This Period	Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
22754.76	0.00	557.25	22197.51

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Weaver, Benjamin, , ,

Mailing Address 2532 Park Street
BACKHOUSE

City: Jacksonville | State: FL | Zip Code: 32204-4518

Nature of Debt (Purpose): FIeld Work

Transaction ID : D4D18A8B99C1E4637981

Outstanding Balance Beginning This Period	Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
3601.80	0.00	0.00	3601.80

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Mailing Address

City | State | Zip Code

Nature of Debt (Purpose):

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) ▶	25799.31
2) **TOTALS** This Period (last page this line number only) ▶	474216.60
3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ▶	3420191.97
4) **ADD 2)** and **3)** and carry forward to appropriate line of Summary Page (last page only) ▶	3894408.57