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

FRATTO FOR FLORIDA

ADDRESS (number and street) ▼

6305 NAPLES BLVD

STE 1274

☐ Check if different than previous reported. (ACC)

NAPLES (CITY ▲) FL (STATE ▲) 34109 – (ZIP CODE ▲)

2. **FEC IDENTIFICATION NUMBER ▼**

C C00870873

3. IS THIS REPORT ☒ NEW (N) **OR** ☐ AMENDED (A)

STATE ▼ FL DISTRICT 26

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 MM / DD / YYYY in the State of

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

☐ General (30G) ☐ Runoff (30R) ☐ Special (30S)

Election on MM / DD / YYYY in the State of

5. Covering Period 10 / 01 / 2025 through 12 / 31 / 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 BOLES, JASON, D, ,

Signature of Treasurer *BOLES, JASON, D, ,* Date 01 / 31 / 2026

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

Office Use Only							

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

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name
FRATTO FOR FLORIDA

Report Covering the Period: From: 10 / 01 / 2025 To: 12 / 31 / 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))	520.51	520.51
(b) Total Contribution Refunds (from Line 20(d))	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	520.51	520.51
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	50.69	729.08
(b) Total Offsets to Operating Expenditures (from Line 14).....	30.00	110.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))	20.69	619.08
8. Cash on Hand at Close of Reporting Period (from Line 27).....	439.82	
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)	15041.20	

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

DETAILED SUMMARY PAGE
of Receipts

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

Write or Type Committee Name

FRATTO FOR FLORIDA

Report Covering the Period: From: 10 / 01 / 2025 To: 12 / 31 / 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)	520.51	520.51
(ii) Unitemized	0.00	0.00
(iii) TOTAL of contributions from individuals ▶	520.51	520.51
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) The Candidate	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))	520.51	520.51
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
13. LOANS: (a) Made or Guaranteed by the Candidate	0.00	0.00
(b) All Other Loans	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b))	0.00	0.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	30.00	110.00
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) ▶	550.51	630.51

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	50.69	729.08
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate	0.00	0.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b))	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c))	0.00	0.00
21. OTHER DISBURSEMENTS	0.00	0.00
22. **TOTAL DISBURSEMENTS** (add Lines 17, 18, 19(c), 20(d), and 21) ▶	50.69	729.08

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD	– 60.00
24 TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3)	550.51
25. SUBTOTAL (add Line 23 and Line 24)	490.51
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)	50.69
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25)	439.82

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)
[X] 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)
FRATTO FOR FLORIDA

A.
Full Name (Last, First, Middle Initial): SCHNEIDER, JOHN, , ,
Mailing Address: 3830 64TH AVE NE
City: NAPLES | State: FL | Zip Code: 34120
FEC ID number of contributing federal political committee: C
Name of Employer: O'HARE SPRING COMPANY INC
Occupation: PRESIDENT
Receipt For: 2026
[X] Primary [ ] General
[ ] Other (specify)
Election Cycle-to-Date: 520.51

Date of Receipt: 12 / 01 / 2025
Transaction ID : A-176
Amount of Each Receipt this Period: 520.51
[ ] Memo Item
EARMARK VIA WINRED ON 2025-12-08

B.
Full Name (Last, First, Middle Initial): WINRED
Mailing Address: PO BOX 9891
City: ARLINGTON | State: VA | Zip Code: 22219
FEC ID number of contributing federal political committee: C C00694323
Name of Employer:
Occupation:
Receipt For: 2026
[X] Primary [ ] General
[ ] Other (specify)
Election Cycle-to-Date: 520.51

Date of Receipt: 12 / 08 / 2025
Transaction ID : A-176CM
Amount of Each Receipt this Period: 520.51
[x] Memo Item
EARMARKED-CONDUIT DETAILS. CONDUIT CONTRIBUTION LIMIT NOT AFFECTED.

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) ▶ 520.51

TOTAL This Period (last page this line number only) ▶ 520.51

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)
FRATTO FOR FLORIDA

A.
Full Name (Last, First, Middle Initial): SERVISFIRST BANK
Mailing Address: 300 GALLERIA PARKWAY SE, SUITE 100
City: ATLANTA | State: GA | Zip Code: 30339
FEC ID number of contributing federal political committee: C
Name of Employer:
Occupation:
Receipt For: 2026
☒ Primary ☐ General
☐ Other (specify)
Election Cycle-to-Date: 130.00
Date of Receipt: 10 / 03 / 2025
Transaction ID : A-170
Amount of Each Receipt this Period: 20.00
☐ Memo Item
REFUND OF BANK SERVICE FEE

B.
Full Name (Last, First, Middle Initial): SERVISFIRST BANK
Mailing Address: 300 GALLERIA PARKWAY SE, SUITE 100
City: ATLANTA | State: GA | Zip Code: 30339
FEC ID number of contributing federal political committee: C
Name of Employer:
Occupation:
Receipt For: 2026
☒ Primary ☐ General
☐ Other (specify)
Election Cycle-to-Date: 130.00
Date of Receipt: 10 / 03 / 2025
Transaction ID : A-171
Amount of Each Receipt this Period: 10.00
☐ Memo Item
REFUND OF BANK SERVICE FEE

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) ▶ 30.00

TOTAL This Period (last page this line number only) ▶ 30.00

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)
FRATTO FOR FLORIDA

A.
Full Name (Last, First, Middle Initial): SERVISFIRST BANK
Mailing Address: 300 GALLERIA PARKWAY SE, SUITE 100
City: ATLANTA | State: GA | Zip Code: 30339
Purpose of Disbursement: BANK SERVICE FEE
Category/Type: 001
Candidate Name:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2026 [X] Primary [ ] General [ ] Other (specify)
Date of Disbursement: 12 / 31 / 2025
FEC Identification Number: C
Amount of Each Disbursement this Period: 20.00
Transaction ID : B-177
[ ] Memo Item

B.
Full Name (Last, First, Middle Initial): SERVISFIRST BANK
Mailing Address: 300 GALLERIA PARKWAY SE, SUITE 100
City: ATLANTA | State: GA | Zip Code: 30339
Purpose of Disbursement: BANK SERVICE FEE
Category/Type: 001
Candidate Name:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2026 [X] Primary [ ] General [ ] Other (specify)
Date of Disbursement: 12 / 31 / 2025
FEC Identification Number: C
Amount of Each Disbursement this Period: 10.18
Transaction ID : B-178
[ ] Memo Item

C.
Full Name (Last, First, Middle Initial):
Mailing Address:
City: | State: | Zip Code:
Purpose of Disbursement:
Category/Type:
Candidate Name:
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) ▶ 30.18

TOTAL This Period (last page this line number only) ▶ 30.18

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one)
- [x] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)
FRATTO FOR FLORIDA

Transaction ID : C-130

LOAN SOURCE Full Name (Last, First, Middle Initial)
FRATTO, JOHN, ROBERT, ,

☐ Memo Item

Election: 2024
- [ ] Primary
- [x] General
- [ ] Other (specify) ▼

Mailing Address
6305 NAPLES BLVD
STE 1274

City	State	ZIP Code
NAPLES	FL	34109

☐ Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
7705.00	0.00	7705.00

TERMS

Date Incurred (MM / DD / YYYY)	Date Due (MM / DD / YYYY)	Interest Rate (If none, enter 0)	Secured:
07 / 11 / 2024	12/31/2026	0.00 % (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) ▶ 7705.00

TOTALS This Period (last page in this line only) ▶ 7705.00

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

SCHEDULE D (FEC Form 3)
DEBTS AND OBLIGATIONS
Excluding Loans

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)
- [ ] 9
- [x] 10

NAME OF COMMITTEE (In Full)

FRATTO FOR FLORIDA

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

TABULARIUS COMPLIANCE

Nature of Debt (Purpose):

COMPLIANCE AND ETHICS CONSULTING - REGULATORY REPORTING

Mailing Address 126 C STREET NW
THIRD FLOOR

City	State	Zip Code
WASHINGTON	DC	20001

Transaction ID : D-172

Outstanding Balance Beginning This Period	Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
7336.20	0.00	0.00	7336.20

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

Nature of Debt (Purpose):

Mailing Address

City	State	Zip Code

Outstanding Balance Beginning This Period	Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period

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

Nature of Debt (Purpose):

Mailing Address

City	State	Zip Code

Outstanding Balance Beginning This Period	Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period

1) **SUBTOTALS** This Period This Page (optional) ▶	7336.20
2) **TOTALS** This Period (last page this line number only) ▶	7336.20
3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ▶	7705.00
4) **ADD 2)** and **3)** and carry forward to appropriate line of Summary Page (last page only) ▶	15041.20