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 (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 04/01/2024 through 06/30/2024

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: 07/15/2024

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# 202407159661161199

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: 04 / 01 / 2024 To: 06 / 30 / 2024

	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))	88405.83	276864.75
(b) Total Contribution Refunds (from Line 20(d))	120.00	540.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	88285.83	276324.75
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	157448.62	600097.34
(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))	157448.62	600097.34
8. Cash on Hand at Close of Reporting Period (from Line 27).....	150147.59	
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)	3751820.13	

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

Image# 202407159661161200

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: 04 / 01 / 2024 To: 06 / 30 / 2024

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)	47335.13	96951.08
(ii) Unitemized	41070.70	179913.67
(iii) TOTAL of contributions from individuals ▶	88405.83	276864.75
(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))	88405.83	276864.75
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate	121415.76	473166.91
(b) All Other Loans	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b))	121415.76	473166.91
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	0.00	0.00
15. OTHER RECEIPTS (Dividends, Interest, etc.)	0.00	0.55
16. **TOTAL RECEIPTS** (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4) ▶	209821.59	750032.21

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	157448.62	600097.34
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate	0.00	0.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b))	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	120.00	540.00
(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))	120.00	540.00
21. OTHER DISBURSEMENTS	0.00	0.00
22. **TOTAL DISBURSEMENTS** (add Lines 17, 18, 19(c), 20(d), and 21) ▶	157568.62	600637.34

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD	97894.62
24 TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3)	209821.59
25. SUBTOTAL (add Line 23 and Line 24)	307716.21
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)	157568.62
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25)	150147.59

FEC MISCELLANEOUS TEXT RELATED TO A REPORT, SCHEDULE OR ITEMIZATION

Form/Schedule: **F3N**
Transaction ID :

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): 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: 2024 ☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 221.20

Date of Receipt: 06 / 20 / 2024
Transaction ID : AB8D1954BCE1E4D3C966
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: 2024 ☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 221894.51

Date of Receipt: 06 / 20 / 2024
Transaction ID : AFD3591B6D2B44F2EB25
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): 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: 2024 ☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 486.00

Date of Receipt: 04 / 11 / 2024
Transaction ID : A1AE87D451F0342E2A57
Amount of Each Receipt this Period: 27.00
☐ Memo Item
Earmark: ActBlue (non-directed)

SUBTOTAL of Receipts This Page (optional) ▶ 51.00

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: 2024
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 221894.51

Date of Receipt: 04 / 11 / 2024
Transaction ID : ADABBA4ED33E14BE5AF9
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: 2024
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 513.00

Date of Receipt: 05 / 11 / 2024
Transaction ID : A68A282AA224F42ADB3D
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: 2024
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 221894.51

Date of Receipt: 05 / 11 / 2024
Transaction ID : AE7301B9859FF44ECB74
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)
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: 2024
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 540.00

Date of Receipt: 06 / 11 / 2024
Transaction ID : A06F9835FB87A4732ADD
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: 2024
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 221894.51

Date of Receipt: 06 / 11 / 2024
Transaction ID : A7BBA163ACE5F4562B88
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)
Anderson, Theodore, , ,
Mailing Address 2544 Roncy Rd.
City: Benton Harbor | State: MI | Zip Code: 49022
FEC ID number of contributing federal political committee: C
Name of Employer: Not employed
Occupation: Not employed
Receipt For: 2024
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 203.00

Date of Receipt: 05 / 10 / 2024
Transaction ID : A528D9064E8684A3093E
Amount of Each Receipt this Period: 10.00
☐ Memo Item
Earmark: ActBlue (non-directed)

SUBTOTAL of Receipts This Page (optional) ▶ 37.00

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: 2024
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 221894.51

Date of Receipt: 05 / 10 / 2024
Transaction ID : A43842A98A9194127A6E
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)
Anderson, Theodore, , ,
Mailing Address 2544 Roncy Rd.
City: Benton Harbor | State: MI | Zip Code: 49022
FEC ID number of contributing federal political committee: C
Name of Employer: Not employed
Occupation: Not employed
Receipt For: 2024
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 213.00

Date of Receipt: 05 / 11 / 2024
Transaction ID : A621A9BBD7C944AC0B36
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: 2024
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 221894.51

Date of Receipt: 05 / 11 / 2024
Transaction ID : AFA809AE6C4424CA4843
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)
Anderson, Theodore, , ,
Mailing Address 2544 Roncy Rd.
City: Benton Harbor | State: MI | Zip Code: 49022
FEC ID number of contributing federal political committee: C
Name of Employer: Not employed
Occupation: Not employed
Receipt For: 2024
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 228.00

Date of Receipt: 05 / 18 / 2024
Transaction ID : AD35B1759FA454FAE93E
Amount of Each Receipt this Period: 15.00
☐ 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: 2024
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 221894.51

Date of Receipt: 05 / 18 / 2024
Transaction ID : A6298D7413B8348FCBAD
Amount of Each Receipt this Period: 15.00
☒ Memo Item
Intermediary
Total Earmarked through conduit. PAC limit not affected.

C.
Full Name (Last, First, Middle Initial)
Anderson, Theodore, , ,
Mailing Address 2544 Roncy Rd.
City: Benton Harbor | State: MI | Zip Code: 49022
FEC ID number of contributing federal political committee: C
Name of Employer: Not employed
Occupation: Not employed
Receipt For: 2024
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 238.00

Date of Receipt: 05 / 20 / 2024
Transaction ID : A231C9F1652E24088AA6
Amount of Each Receipt this Period: 10.00
☐ Memo Item
Earmark: ActBlue (non-directed)

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)
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: 2024
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 221894.51

Date of Receipt: 05 / 20 / 2024
Transaction ID : A0C53128933EC44C7B69
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)
Anderson, Theodore, , ,
Mailing Address 2544 Roncy Rd.
City: Benton Harbor | State: MI | Zip Code: 49022
FEC ID number of contributing federal political committee: C
Name of Employer: Not employed
Occupation: Not employed
Receipt For: 2024
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 262.00

Date of Receipt: 06 / 02 / 2024
Transaction ID : A0FCB3A8886F2458193F
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: 2024
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 221894.51

Date of Receipt: 06 / 02 / 2024
Transaction ID : A4971227474F14F6E9E0
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)
Anderson, Theodore, , ,
Mailing Address 2544 Roncy Rd.
City: Benton Harbor | State: MI | Zip Code: 49022
FEC ID number of contributing federal political committee: C
Name of Employer: Not employed
Occupation: Not employed
Receipt For: 2024
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 272.00

Date of Receipt: 06 / 10 / 2024
Transaction ID : A141C534D55AF4C5580B
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: 2024
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 221894.51

Date of Receipt: 06 / 10 / 2024
Transaction ID : AB4E0FEBC38F04EE6AF8
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)
Anderson, Theodore, , ,
Mailing Address 2544 Roncy Rd.
City: Benton Harbor | State: MI | Zip Code: 49022
FEC ID number of contributing federal political committee: C
Name of Employer: Not employed
Occupation: Not employed
Receipt For: 2024
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 282.00

Date of Receipt: 06 / 11 / 2024
Transaction ID : A2CC3373C5D764A31A42
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: 2024
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 221894.51

Date of Receipt: 06 / 11 / 2024
Transaction ID : A48FBD8136642406FB9D
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)
Anderson, Theodore, , ,
Mailing Address 2544 Roncy Rd.
City: Benton Harbor | State: MI | Zip Code: 49022
FEC ID number of contributing federal political committee: C
Name of Employer: Not employed
Occupation: Not employed
Receipt For: 2024
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 297.00

Date of Receipt: 06 / 18 / 2024
Transaction ID : A715C7D216D9B4726980
Amount of Each Receipt this Period: 15.00
☐ 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: 2024
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 221894.51

Date of Receipt: 06 / 18 / 2024
Transaction ID : A362CE17CABC14A14A21
Amount of Each Receipt this Period: 15.00
☒ Memo Item
Intermediary
Total Earmarked through conduit. PAC limit not affected.

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)
Anderson, Theodore, , ,
Mailing Address 2544 Roncy Rd.
City: Benton Harbor | State: MI | Zip Code: 49022
FEC ID number of contributing federal political committee: C
Name of Employer: Not employed
Occupation: Not employed
Receipt For: 2024
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 307.00

Date of Receipt: 06 / 20 / 2024
Transaction ID : A289DA4C390AB433A8A3
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: 2024
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 221894.51

Date of Receipt: 06 / 20 / 2024
Transaction ID : ABF492973012C4F878C5
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)
Bass, Eugene, N., ,
Mailing Address 4737 Alamanda Drive
City: Melbourne | State: FL | Zip Code: 32940-2322
FEC ID number of contributing federal political committee: C
Name of Employer: Retired
Occupation: Retired
Receipt For: 2024
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 3300.00

Date of Receipt: 05 / 31 / 2024
Transaction ID : ADCA84825F7F04D54A45
Amount of Each Receipt this Period: 3300.00
☐ Memo Item
Individual contribution

SUBTOTAL of Receipts This Page (optional) ▶ 3310.00

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)
Brittingham, Margaret, , ,
Mailing Address 6850 Palmetto Circle South Apt 130
City: Boca Raton | State: FL | Zip Code: 33486
FEC ID number of contributing federal political committee: C
Name of Employer: Not employed
Occupation: Not employed
Receipt For: 2024
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 260.72

Date of Receipt: 04 / 01 / 2024
Transaction ID : A4C6E0650EB1D40C7864
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: 2024
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 221894.51

Date of Receipt: 04 / 01 / 2024
Transaction ID : A9DF6EEC9B3BF4C4EBCE
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)
Brittingham, Margaret, , ,
Mailing Address 6850 Palmetto Circle South Apt 130
City: Boca Raton | State: FL | Zip Code: 33486
FEC ID number of contributing federal political committee: C
Name of Employer: Not employed
Occupation: Not employed
Receipt For: 2024
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 280.96

Date of Receipt: 04 / 04 / 2024
Transaction ID : A78A07303DA464B6D838
Amount of Each Receipt this Period: 20.24
☐ Memo Item
Earmark: ActBlue (non-directed)

SUBTOTAL of Receipts This Page (optional) ▶ 50.24

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: 2024
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 221894.51

Date of Receipt: 04 / 04 / 2024
Transaction ID : A0156AA4371D241FA988
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)
Brittingham, Margaret, , ,
Mailing Address 6850 Palmetto Circle South Apt 130
City: Boca Raton | State: FL | Zip Code: 33486
FEC ID number of contributing federal political committee: C
Name of Employer: Not employed
Occupation: Not employed
Receipt For: 2024
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 305.96

Date of Receipt: 04 / 14 / 2024
Transaction ID : A7321E61ABAB343A198B
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: 2024
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 221894.51

Date of Receipt: 04 / 14 / 2024
Transaction ID : A54729ACA692B4EC2AF2
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)
Brittingham, Margaret, , ,
Mailing Address 6850 Palmetto Circle South Apt 130
City: Boca Raton | State: FL | Zip Code: 33486
FEC ID number of contributing federal political committee: C
Name of Employer: Not employed
Occupation: Not employed
Receipt For: 2024
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 330.96

Date of Receipt: 04 / 28 / 2024
Transaction ID : A07BA0C65637447D8A81
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: 2024
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 221894.51

Date of Receipt: 04 / 28 / 2024
Transaction ID : A9F0BCAF8368A4134BC3
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)
Brittingham, Margaret, , ,
Mailing Address 6850 Palmetto Circle South Apt 130
City: Boca Raton | State: FL | Zip Code: 33486
FEC ID number of contributing federal political committee: C
Name of Employer: Not employed
Occupation: Not employed
Receipt For: 2024
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 360.96

Date of Receipt: 05 / 01 / 2024
Transaction ID : A97DA3866FCBD4C8F924
Amount of Each Receipt this Period: 30.00
☐ Memo Item
Earmark: ActBlue (non-directed)

SUBTOTAL of Receipts This Page (optional) ▶ 55.00

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: 2024
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 221894.51

Date of Receipt: 05 / 01 / 2024
Transaction ID : AC2EC06F4195F45059D6
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)
Brittingham, Margaret, , ,
Mailing Address 6850 Palmetto Circle South Apt 130
City: Boca Raton | State: FL | Zip Code: 33486
FEC ID number of contributing federal political committee: C
Name of Employer: Not employed
Occupation: Not employed
Receipt For: 2024
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 381.20

Date of Receipt: 05 / 04 / 2024
Transaction ID : A102838B9950C485FAE6
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: 2024
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 221894.51

Date of Receipt: 05 / 04 / 2024
Transaction ID : A412F0CE84ECD410CAAA
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)
Brittingham, Margaret, , ,
Mailing Address 6850 Palmetto Circle South Apt 130
City: Boca Raton | State: FL | Zip Code: 33486
FEC ID number of contributing federal political committee: C
Name of Employer: Not employed
Occupation: Not employed
Receipt For: 2024
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 406.20

Date of Receipt: 05 / 14 / 2024
Transaction ID : A94D9EDC7E0E4429E94C
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: 2024
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 221894.51

Date of Receipt: 05 / 14 / 2024
Transaction ID : A34FD48C97E0141E0843
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)
Brittingham, Margaret, , ,
Mailing Address 6850 Palmetto Circle South Apt 130
City: Boca Raton | State: FL | Zip Code: 33486
FEC ID number of contributing federal political committee: C
Name of Employer: Not employed
Occupation: Not employed
Receipt For: 2024
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 431.20

Date of Receipt: 05 / 28 / 2024
Transaction ID : A7889F1F1BB3C4D2187C
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: 2024
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 221894.51

Date of Receipt: 05 / 28 / 2024
Transaction ID : AF2E6DF6D173D4FBC956
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)
Brittingham, Margaret, , ,
Mailing Address 6850 Palmetto Circle South Apt 130
City: Boca Raton | State: FL | Zip Code: 33486
FEC ID number of contributing federal political committee: C
Name of Employer: Not employed
Occupation: Not employed
Receipt For: 2024
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 461.20

Date of Receipt: 06 / 03 / 2024
Transaction ID : AF3B462AFED5A44469C8
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: 2024
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 221894.51

Date of Receipt: 06 / 03 / 2024
Transaction ID : A1F67B1015CD14386BE5
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)
Brittingham, Margaret, , ,
Mailing Address 6850 Palmetto Circle South Apt 130
City: Boca Raton | State: FL | Zip Code: 33486
FEC ID number of contributing federal political committee: C
Name of Employer: Not employed
Occupation: Not employed
Receipt For: 2024
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 481.44

Date of Receipt: 06 / 04 / 2024
Transaction ID : AB7C82863C9D048348C4
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: 2024
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 221894.51

Date of Receipt: 06 / 04 / 2024
Transaction ID : A2EDE343F040849F1983
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)
Brittingham, Margaret, , ,
Mailing Address 6850 Palmetto Circle South Apt 130
City: Boca Raton | State: FL | Zip Code: 33486
FEC ID number of contributing federal political committee: C
Name of Employer: Not employed
Occupation: Not employed
Receipt For: 2024
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 506.44

Date of Receipt: 06 / 14 / 2024
Transaction ID : A580F41A462BE4EE4B1C
Amount of Each Receipt this Period: 25.00
☐ Memo Item
Earmark: ActBlue (non-directed)

SUBTOTAL of Receipts This Page (optional) ▶ 45.24

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: 2024
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 221894.51

Date of Receipt: 06 / 14 / 2024
Transaction ID : AF1D1CD763B5C42038B7
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)
Brittingham, Margaret, , ,
Mailing Address 6850 Palmetto Circle South Apt 130
City: Boca Raton | State: FL | Zip Code: 33486
FEC ID number of contributing federal political committee: C
Name of Employer: Not employed
Occupation: Not employed
Receipt For: 2024
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 531.44

Date of Receipt: 06 / 28 / 2024
Transaction ID : A8DE1D05AE993488E8B6
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: 2024
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 221894.51

Date of Receipt: 06 / 28 / 2024
Transaction ID : A3049391950664A01A45
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)
Brun-Cottan, Georges, , ,
Mailing Address 34 Baker Street
City: Belmont | State: MA | Zip Code: 02478
FEC ID number of contributing federal political committee: C
Name of Employer: Emc
Occupation: engineer
Receipt For: 2024
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 450.00

Date of Receipt: 04 / 18 / 2024
Transaction ID : A65FC0593782649828A7
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: 2024
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 221894.51

Date of Receipt: 04 / 18 / 2024
Transaction ID : A03FA5DD9E450470B893
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)
Budy, Bruce, , ,
Mailing Address 4695 w 103 circle
City: westninster | State: CO | Zip Code: 80031
FEC ID number of contributing federal political committee: C
Name of Employer: Not employed
Occupation: Not employed
Receipt For: 2024
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 201.20

Date of Receipt: 05 / 29 / 2024
Transaction ID : A98B2B56EC56C4B58B1D
Amount of Each Receipt this Period: 20.24
☐ Memo Item
Earmark: ActBlue (non-directed)

SUBTOTAL of Receipts This Page (optional) ▶ 45.24

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: 2024
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 221894.51

Date of Receipt: 05 / 29 / 2024
Transaction ID : AA03168BCFEF24225ADB
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)
Budy, Bruce, , ,
Mailing Address 4695 w 103 circle
City: westninster | State: CO | Zip Code: 80031
FEC ID number of contributing federal political committee: C
Name of Employer: Not employed
Occupation: Not employed
Receipt For: 2024
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 221.44

Date of Receipt: 06 / 29 / 2024
Transaction ID : AFAFFAD86BA444BD1AC5
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: 2024
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 221894.51

Date of Receipt: 06 / 29 / 2024
Transaction ID : AB9F111E119A74C34A63
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

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)
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: 2024
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 250.00

Date of Receipt: 04 / 27 / 2024
Transaction ID : A3FBAE4CDDEFC4F4EA92
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: 2024
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 221894.51

Date of Receipt: 04 / 27 / 2024
Transaction ID : AA2A3609D63B34EDC8FB
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)
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: 2024
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 300.00

Date of Receipt: 05 / 27 / 2024
Transaction ID : AC1DE58C0CF6C4EE4862
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: 2024
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 221894.51

Date of Receipt: 05 / 27 / 2024
Transaction ID : A4D6A02A4DA834239B52
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: 2024
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 350.00

Date of Receipt: 06 / 27 / 2024
Transaction ID : ACFBE86E8083949EF8D0
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: 2024
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 221894.51

Date of Receipt: 06 / 27 / 2024
Transaction ID : A3694A5A788D84EB4876
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)
Caracci, Home, , ,
Mailing Address 603 Longleaf Cove
City: Madison | State: MS | Zip Code: 39110
FEC ID number of contributing federal political committee: C
Name of Employer: Not employed | Occupation: Not employed
Receipt For: 2024
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 400.00

Date of Receipt: 04 / 03 / 2024
Transaction ID : ABF44704B6C4A4902864
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: 2024
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 221894.51

Date of Receipt: 04 / 03 / 2024
Transaction ID : A17FC3BB2AF8647F9B37
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)
Caracci, Home, , ,
Mailing Address 603 Longleaf Cove
City: Madison | State: MS | Zip Code: 39110
FEC ID number of contributing federal political committee: C
Name of Employer: Not employed | Occupation: Not employed
Receipt For: 2024
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 450.00

Date of Receipt: 04 / 06 / 2024
Transaction ID : A3F463E72C74A4A6CA43
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: 2024
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 221894.51

Date of Receipt: 04 / 06 / 2024
Transaction ID : A8B3922543BFC4BF8AB6
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)
Caracci, Home, , ,
Mailing Address 603 Longleaf Cove
City: Madison | State: MS | Zip Code: 39110
FEC ID number of contributing federal political committee: C
Name of Employer: Not employed
Occupation: Not employed
Receipt For: 2024
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 500.00

Date of Receipt: 04 / 13 / 2024
Transaction ID : A70747631D5254BE28EB
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: 2024
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 221894.51

Date of Receipt: 04 / 13 / 2024
Transaction ID : A1DBE03E4CABA44E4AE6
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)
Caracci, Home, , ,
Mailing Address 603 Longleaf Cove
City: Madison | State: MS | Zip Code: 39110
FEC ID number of contributing federal political committee: C
Name of Employer: Not employed
Occupation: Not employed
Receipt For: 2024
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 550.00

Date of Receipt: 04 / 18 / 2024
Transaction ID : AAE0D8E409BAC43D38F1
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: 2024
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 221894.51

Date of Receipt: 04 / 18 / 2024
Transaction ID : AA895E4E5831041B398A
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)
Caracci, Home, , ,
Mailing Address 603 Longleaf Cove
City: Madison | State: MS | Zip Code: 39110
FEC ID number of contributing federal political committee: C
Name of Employer: Not employed
Occupation: Not employed
Receipt For: 2024
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 600.00

Date of Receipt: 04 / 24 / 2024
Transaction ID : AAE1CEA91546447AB88D
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: 2024
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 221894.51

Date of Receipt: 04 / 24 / 2024
Transaction ID : AE8C730FF179443F0808
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)
Caracci, Home, , ,
Mailing Address 603 Longleaf Cove
City: Madison | State: MS | Zip Code: 39110
FEC ID number of contributing federal political committee: C
Name of Employer: Not employed
Occupation: Not employed
Receipt For: 2024
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 650.00

Date of Receipt: 05 / 03 / 2024
Transaction ID : AB5B6438921DC4273849
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: 2024
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 221894.51

Date of Receipt: 05 / 03 / 2024
Transaction ID : A04C7B33E23ED484CB23
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): Caracci, Home, , ,
Mailing Address 603 Longleaf Cove
City: Madison | State: MS | Zip Code: 39110
FEC ID number of contributing federal political committee: C
Name of Employer: Not employed | Occupation: Not employed
Receipt For: 2024 ☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 700.00

Date of Receipt: 05 / 06 / 2024
Transaction ID : A6B1A00B33DE24CC5BDD
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: 2024 ☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 221894.51

Date of Receipt: 05 / 06 / 2024
Transaction ID : A3244CA66C9154E40B9E
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): Caracci, Home, , ,
Mailing Address 603 Longleaf Cove
City: Madison | State: MS | Zip Code: 39110
FEC ID number of contributing federal political committee: C
Name of Employer: Not employed | Occupation: Not employed
Receipt For: 2024 ☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 750.00

Date of Receipt: 05 / 13 / 2024
Transaction ID : A139259B2D968481BAB1
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: 2024
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 221894.51

Date of Receipt: 05 / 13 / 2024
Transaction ID : A57540FF94F544CEF933
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)
Caracci, Home, , ,
Mailing Address 603 Longleaf Cove
City: Madison | State: MS | Zip Code: 39110
FEC ID number of contributing federal political committee: C
Name of Employer: Not employed
Occupation: Not employed
Receipt For: 2024
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 800.00

Date of Receipt: 05 / 18 / 2024
Transaction ID : A94F26F74DF974421962
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: 2024
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 221894.51

Date of Receipt: 05 / 18 / 2024
Transaction ID : A1AEF8BA3328B48EA90C
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)
Caracci, Home, , ,
Mailing Address 603 Longleaf Cove
City: Madison | State: MS | Zip Code: 39110
FEC ID number of contributing federal political committee: C
Name of Employer: Not employed | Occupation: Not employed
Receipt For: 2024 ☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 850.00

Date of Receipt: 05 / 24 / 2024
Transaction ID : AFF346DA94768441AB9A
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: 2024 ☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 221894.51

Date of Receipt: 05 / 24 / 2024
Transaction ID : AFD400F9BCF394FB8BCF
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)
Caracci, Home, , ,
Mailing Address 603 Longleaf Cove
City: Madison | State: MS | Zip Code: 39110
FEC ID number of contributing federal political committee: C
Name of Employer: Not employed | Occupation: Not employed
Receipt For: 2024 ☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 900.00

Date of Receipt: 06 / 03 / 2024
Transaction ID : A016BB530C7D24153ABE
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: 2024
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 221894.51

Date of Receipt: 06 / 03 / 2024
Transaction ID : A9CCF05538D43475B97C
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)
Caracci, Home, , ,
Mailing Address 603 Longleaf Cove
City: Madison | State: MS | Zip Code: 39110
FEC ID number of contributing federal political committee: C
Name of Employer: Not employed
Occupation: Not employed
Receipt For: 2024
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 950.00

Date of Receipt: 06 / 06 / 2024
Transaction ID : A261AA5DB5F44494A965
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: 2024
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 221894.51

Date of Receipt: 06 / 06 / 2024
Transaction ID : ACF15C6FE8E534F078C5
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): Caracci, Home, , ,
Mailing Address 603 Longleaf Cove
City: Madison | State: MS | Zip Code: 39110
FEC ID number of contributing federal political committee: C
Name of Employer: Not employed | Occupation: Not employed
Receipt For: 2024 ☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 1000.00

Date of Receipt: 06 / 13 / 2024
Transaction ID : AD4E4F92B237940C38F5
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: 2024 ☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 221894.51

Date of Receipt: 06 / 13 / 2024
Transaction ID : AEB1FB1828EF54A18A62
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): Caracci, Home, , ,
Mailing Address 603 Longleaf Cove
City: Madison | State: MS | Zip Code: 39110
FEC ID number of contributing federal political committee: C
Name of Employer: Not employed | Occupation: Not employed
Receipt For: 2024 ☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 1050.00

Date of Receipt: 06 / 18 / 2024
Transaction ID : A3CCAA1DF27054DA0B2F
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: 2024
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 221894.51

Date of Receipt: 06 / 18 / 2024
Transaction ID : ADB6689A5B21A427B8FA
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)
Caracci, Home, , ,
Mailing Address 603 Longleaf Cove
City: Madison | State: MS | Zip Code: 39110
FEC ID number of contributing federal political committee: C
Name of Employer: Not employed
Occupation: Not employed
Receipt For: 2024
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 1100.00

Date of Receipt: 06 / 24 / 2024
Transaction ID : A499104ABA0FA47E5952
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: 2024
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 221894.51

Date of Receipt: 06 / 24 / 2024
Transaction ID : AE2C071751D504DB6856
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)
Cardillo, Rebeccah L Cardillo, , ,
Mailing Address 829 S Delaware Ave
City: Tampa | State: FL | Zip Code: 33606
FEC ID number of contributing federal political committee: C
Name of Employer: Southern Pension Services
Occupation: Owner/Retirement Plan Administration
Receipt For: 2024
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 400.00

Date of Receipt: 05 / 01 / 2024
Transaction ID : AE5B2B281051A4983A27
Amount of Each Receipt this Period: 250.00
☐ 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: 2024
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 221894.51

Date of Receipt: 05 / 01 / 2024
Transaction ID : A1B3DF3B01EC34647A64
Amount of Each Receipt this Period: 250.00
☒ Memo Item
Intermediary
Total Earmarked through conduit. PAC limit not affected.

C.
Full Name (Last, First, Middle Initial)
Cardillo, Rebeccah L Cardillo, , ,
Mailing Address 829 S Delaware Ave
City: Tampa | State: FL | Zip Code: 33606
FEC ID number of contributing federal political committee: C
Name of Employer: Southern Pension Services
Occupation: Owner/Retirement Plan Administration
Receipt For: 2024
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 650.00

Date of Receipt: 06 / 01 / 2024
Transaction ID : AA5B169F2AC3F4BFDA3E
Amount of Each Receipt this Period: 250.00
☐ Memo Item
Earmark: ActBlue (non-directed)

SUBTOTAL of Receipts This Page (optional) ▶ 500.00

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: 2024
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 221894.51

Date of Receipt: 06 / 01 / 2024
Transaction ID : A1693BF132C9444F3BD4
Amount of Each Receipt this Period: 250.00
☒ Memo Item
Intermediary
Total Earmarked through conduit. PAC limit not affected.

B.
Full Name (Last, First, Middle Initial)
Carr, 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: 2024
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 450.00

Date of Receipt: 04 / 19 / 2024
Transaction ID : AF21F0241B36443A8805
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: 2024
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 221894.51

Date of Receipt: 04 / 19 / 2024
Transaction ID : AC3816480078D46B1BB6
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)
Carr, 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: 2024
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 475.00

Date of Receipt: 05 / 19 / 2024
Transaction ID : A0F5AC1BFC74F4BD98D5
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: 2024
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 221894.51

Date of Receipt: 05 / 19 / 2024
Transaction ID : AE1BA29A324F146AB9DF
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)
Carr, 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: 2024
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 500.00

Date of Receipt: 06 / 19 / 2024
Transaction ID : ACC63EFC1E6F048A285F
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: 2024
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 221894.51

Date of Receipt: 06 / 19 / 2024
Transaction ID : A502BB8E186B74EC791D
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)
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: 2024
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 349.20

Date of Receipt: 04 / 08 / 2024
Transaction ID : AB66EF0D7EE9C49C6B85
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: 2024
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 221894.51

Date of Receipt: 04 / 08 / 2024
Transaction ID : A531C9C87165543F1AFD
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: 2024 ☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 369.44

Date of Receipt: 04 / 15 / 2024
Transaction ID : A416DE560C03C41EF9F2
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: 2024 ☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 221894.51

Date of Receipt: 04 / 15 / 2024
Transaction ID : A7AB1AA5593A84B6A90F
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: 2024 ☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 389.68

Date of Receipt: 04 / 17 / 2024
Transaction ID : AB5759F1C0FFE4B2BA72
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: 2024
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 221894.51

Date of Receipt: 04 / 17 / 2024
Transaction ID : AC053C865FB754573987
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: 2024
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 413.68

Date of Receipt: 04 / 26 / 2024
Transaction ID : AD53027A6CCF54860B93
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: 2024
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 221894.51

Date of Receipt: 04 / 26 / 2024
Transaction ID : A16AB541453064FDAA2A
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: 2024
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 437.68

Date of Receipt: 04 / 30 / 2024
Transaction ID : A7394D58383044833AB6
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: 2024
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 221894.51

Date of Receipt: 04 / 30 / 2024
Transaction ID : AB96214B676C34B7C9BB
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: 2024
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 487.68

Date of Receipt: 05 / 08 / 2024
Transaction ID : A75356795FBC94499B8D
Amount of Each Receipt this Period: 50.00
☐ Memo Item
Earmark: ActBlue (non-directed)

SUBTOTAL of Receipts This Page (optional) ▶ 74.00

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: 2024
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 221894.51

Date of Receipt: 05 / 08 / 2024
Transaction ID : A36BF3A7460304A33ADC
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: 2024
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 531.92

Date of Receipt: 05 / 15 / 2024
Transaction ID : A5E3426848DF449E68A2
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: 2024
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 221894.51

Date of Receipt: 05 / 15 / 2024
Transaction ID : AA097F5EFD69D4AF2A15
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: 2024
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 531.92

Date of Receipt: 05 / 15 / 2024
Transaction ID : A86FA42CE3A5D4CD3814
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: 2024
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 221894.51

Date of Receipt: 05 / 15 / 2024
Transaction ID : A9D7C866648454F359FE
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: 2024
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 552.16

Date of Receipt: 05 / 17 / 2024
Transaction ID : A98619F1E56F244A094B
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: 2024
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 221894.51

Date of Receipt: 05 / 17 / 2024
Transaction ID : A375696BE813F4311941
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: 2024
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 576.16

Date of Receipt: 05 / 26 / 2024
Transaction ID : A5F294AB8EFE5478781D
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: 2024
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 221894.51

Date of Receipt: 05 / 26 / 2024
Transaction ID : A09382B7482574653A61
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: 2024
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 600.16

Date of Receipt: 05 / 30 / 2024
Transaction ID : A51C1D297D881441A920
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: 2024
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 221894.51

Date of Receipt: 05 / 30 / 2024
Transaction ID : A32EA6D1832A34307A7F
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: 2024
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 650.16

Date of Receipt: 06 / 08 / 2024
Transaction ID : A0C7F126A345C44D2962
Amount of Each Receipt this Period: 50.00
☐ Memo Item
Earmark: ActBlue (non-directed)

SUBTOTAL of Receipts This Page (optional) ▶ 74.00

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: 2024
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 221894.51

Date of Receipt: 06 / 08 / 2024
Transaction ID : AB19DF92E844A43908FA
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: 2024
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 670.40

Date of Receipt: 06 / 15 / 2024
Transaction ID : A7AADBB4927154948804
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: 2024
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 221894.51

Date of Receipt: 06 / 15 / 2024
Transaction ID : AF3071FA72FAF4C6690B
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: 2024
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 690.64

Date of Receipt: 06 / 17 / 2024
Transaction ID : AAF6A235C323E461A929
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: 2024
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 221894.51

Date of Receipt: 06 / 17 / 2024
Transaction ID : A3AE58939555D4576B8C
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: 2024
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 714.64

Date of Receipt: 06 / 26 / 2024
Transaction ID : AB615E37074AC4B50BC7
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: 2024
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 221894.51

Date of Receipt: 06 / 26 / 2024
Transaction ID : ABE77A03B12184E78945
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: 2024
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 738.64

Date of Receipt: 06 / 30 / 2024
Transaction ID : A64D0471757B84879A11
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: 2024
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 221894.51

Date of Receipt: 06 / 30 / 2024
Transaction ID : A1E2D64C2482240AEB2A
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: 2024 ☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 223.20

Date of Receipt: 04 / 21 / 2024
Transaction ID : A025A31D7A38544EC976
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: 2024 ☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 221894.51

Date of Receipt: 04 / 21 / 2024
Transaction ID : A21D0CF8BBC7B460F81D
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): 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: 2024 ☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 238.20

Date of Receipt: 05 / 04 / 2024
Transaction ID : A72561413952548E1B04
Amount of Each Receipt this Period: 15.00
☐ Memo Item
Earmark: ActBlue (non-directed)

SUBTOTAL of Receipts This Page (optional) ▶ 39.00

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

Image# 202407159661161249

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: 2024
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 221894.51

Date of Receipt: 05 / 04 / 2024
Transaction ID : A6750DDD49E964A60B9E
Amount of Each Receipt this Period: 15.00
☒ Memo Item
Intermediary
Total Earmarked through conduit. PAC limit not affected.

B.
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: 2024
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 258.44

Date of Receipt: 05 / 14 / 2024
Transaction ID : A597B1CFBEDB34DF8837
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: 2024
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 221894.51

Date of Receipt: 05 / 14 / 2024
Transaction ID : A7636FDE820764EDFBE9
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)
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: 2024
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 278.68

Date of Receipt: 06 / 14 / 2024
Transaction ID : AF069BF4B775444EC9C8
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: 2024
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 221894.51

Date of Receipt: 06 / 14 / 2024
Transaction ID : A928D44F5A2C24CC780D
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)
Cutler, Eva, , ,
Mailing Address 25055 SW 1234rd. ct
City: Homestead | State: FL | Zip Code: 33032
FEC ID number of contributing federal political committee: C
Name of Employer: Not employed
Occupation: Not employed
Receipt For: 2024
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 248.00

Date of Receipt: 06 / 20 / 2024
Transaction ID : A1C4F84D8391646DCA1F
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: 2024
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 221894.51

Date of Receipt: 06 / 20 / 2024
Transaction ID : A13C9B52D6FAF4E128B5
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)
Degallier, Joh, , ,
Mailing Address 2140 Fern Canyon Rd.
City: Ukiah | State: CA | Zip Code: 95482
FEC ID number of contributing federal political committee: C
Name of Employer: Ohlome College
Occupation: Instructor
Receipt For: 2024
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 270.00

Date of Receipt: 04 / 11 / 2024
Transaction ID : AEF721A60DFA24771BAC
Amount of Each Receipt this Period: 15.00
☐ 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: 2024
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 221894.51

Date of Receipt: 04 / 11 / 2024
Transaction ID : A25F41B2C4D3D4B33AAB
Amount of Each Receipt this Period: 15.00
☒ Memo Item
Intermediary
Total Earmarked through conduit. PAC limit not affected.

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)
Degallier, Joh, , ,
Mailing Address 2140 Fern Canyon Rd.
City: Ukiah | State: CA | Zip Code: 95482
FEC ID number of contributing federal political committee: C
Name of Employer: Ohlome College | Occupation: Instructor
Receipt For: 2024
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 285.00

Date of Receipt: 05 / 11 / 2024
Transaction ID : A1C194C791CBF4ADE930
Amount of Each Receipt this Period: 15.00
☐ 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: 2024
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 221894.51

Date of Receipt: 05 / 11 / 2024
Transaction ID : A0F96B0EFB6664D1DA08
Amount of Each Receipt this Period: 15.00
☒ Memo Item
Intermediary
Total Earmarked through conduit. PAC limit not affected.

C.
Full Name (Last, First, Middle Initial)
Degallier, Joh, , ,
Mailing Address 2140 Fern Canyon Rd.
City: Ukiah | State: CA | Zip Code: 95482
FEC ID number of contributing federal political committee: C
Name of Employer: Ohlome College | Occupation: Instructor
Receipt For: 2024
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 300.00

Date of Receipt: 06 / 11 / 2024
Transaction ID : A27F5D81B90B34665AAB
Amount of Each Receipt this Period: 15.00
☐ Memo Item
Earmark: ActBlue (non-directed)

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)
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: 2024
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 221894.51

Date of Receipt: 06 / 11 / 2024
Transaction ID : A20B8DAC4E86348DCB9A
Amount of Each Receipt this Period: 15.00
☒ Memo Item
Intermediary
Total Earmarked through conduit. PAC limit not affected.

B.
Full Name (Last, First, Middle Initial)
Dehr, Dennis, , ,
Mailing Address 3165 Baldwin Ave
City: Makawao | State: HI | Zip Code: 96768-9607
FEC ID number of contributing federal political committee: C
Name of Employer: self
Occupation: architect
Receipt For: 2024
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 202.40

Date of Receipt: 05 / 29 / 2024
Transaction ID : A19CAF6B80AA1459DB6C
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: 2024
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 221894.51

Date of Receipt: 05 / 29 / 2024
Transaction ID : AB3E4E2561EA34E23A28
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)
Dehr, Dennis, , ,
Mailing Address 3165 Baldwin Ave
City: Makawao | State: HI | Zip Code: 96768-9607
FEC ID number of contributing federal political committee: C
Name of Employer: self
Occupation: architect
Receipt For: 2024
☒ Primary ☐ General
☐ Other (specify) ▼
Election Cycle-to-Date ▼ 222.64

Date of Receipt: M M 06 / D D 29 / Y Y Y Y 2024
Transaction ID : A02BE243F8C6D4832B9F
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: 2024
☒ Primary ☐ General
☐ Other (specify) ▼
Election Cycle-to-Date ▼ 221894.51

Date of Receipt: M M 06 / D D 29 / Y Y Y Y 2024
Transaction ID : AF9959E73398242A8A55
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)
Elliott, Brendan, , ,
Mailing Address 46 North Greenwood Ave
City: Hopewell | State: NJ | Zip Code: 08525
FEC ID number of contributing federal political committee: C
Name of Employer: MuseAmi
Occupation: Software
Receipt For: 2024
☒ Primary ☐ General
☐ Other (specify) ▼
Election Cycle-to-Date ▼ 250.00

Date of Receipt: M M 06 / D D 15 / Y Y Y Y 2024
Transaction ID : A2B0ED8A20C344775A0D
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: 2024
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 221894.51

Date of Receipt: 06 / 15 / 2024
Transaction ID : AAF6FCD421DF54750A39
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)
Fabella, Danna, , ,
Mailing Address 125 Woodsworth
City: Pleasant Hill | State: CA | Zip Code: 94523
FEC ID number of contributing federal political committee: C
Name of Employer: self
Occupation: Retired/Consultant
Receipt For: 2024
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 300.00

Date of Receipt: 04 / 26 / 2024
Transaction ID : AA6ED6F31BA744B3B926
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: 2024
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 221894.51

Date of Receipt: 04 / 26 / 2024
Transaction ID : A6C1424FBC6DB42CAA80
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)
Fabella, Danna, , ,
Mailing Address 125 Woodsworth
City: Pleasant Hill | State: CA | Zip Code: 94523
FEC ID number of contributing federal political committee: C
Name of Employer: self
Occupation: Retired/Consultant
Receipt For: 2024
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 350.00

Date of Receipt: 05 / 26 / 2024
Transaction ID : AE9D521C854A441898E3
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: 2024
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 221894.51

Date of Receipt: 05 / 26 / 2024
Transaction ID : A9775BB9D91D64A9B8CD
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)
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: 2024
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 343.74

Date of Receipt: 04 / 07 / 2024
Transaction ID : A1B2D5402AA4E4BEABBC
Amount of Each Receipt this Period: 20.22
☐ Memo Item
Earmark: ActBlue (non-directed)

SUBTOTAL of Receipts This Page (optional) ▶ 70.22

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: 2024
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 221894.51

Date of Receipt: 04 / 07 / 2024
Transaction ID : A7CAD5C0292E84F8C889
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)
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: 2024
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 363.96

Date of Receipt: 05 / 07 / 2024
Transaction ID : A722EE54125424599B99
Amount of Each Receipt this Period: 20.22
☐ 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: 2024
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 221894.51

Date of Receipt: 05 / 07 / 2024
Transaction ID : AADA2CDB7BB104FEEA35
Amount of Each Receipt this Period: 20.22
☒ Memo Item
Intermediary
Total Earmarked through conduit. PAC limit not affected.

SUBTOTAL of Receipts This Page (optional) ▶ 20.22

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)
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: 2024
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 384.18

Date of Receipt: 06 / 07 / 2024
Transaction ID : AFFB096CF61894A8F896
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: 2024
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 221894.51

Date of Receipt: 06 / 07 / 2024
Transaction ID : AFD8EF19424AF43C49DE
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)
Fuicelli, Jennifer, , ,
Mailing Address 423 N Snowmass Cir
City: Superior | State: CO | Zip Code: 80027
FEC ID number of contributing federal political committee: C
Name of Employer: Not employed
Occupation: Not employed
Receipt For: 2024
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 350.00

Date of Receipt: 04 / 02 / 2024
Transaction ID : AA45E7D3A137A4172B36
Amount of Each Receipt this Period: 250.00
☐ Memo Item
Earmark: ActBlue (non-directed)

SUBTOTAL of Receipts This Page (optional) ▶ 270.22

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: 2024
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 221894.51

Date of Receipt: 04 / 02 / 2024
Transaction ID : A291D21A3AE9B4C43BE4
Amount of Each Receipt this Period: 250.00
☒ Memo Item
Intermediary
Total Earmarked through conduit. PAC limit not affected.

B.
Full Name (Last, First, Middle Initial)
Fuicelli, Jennifer, , ,
Mailing Address 423 N Snowmass Cir
City: Superior | State: CO | Zip Code: 80027
FEC ID number of contributing federal political committee: C
Name of Employer: Not employed
Occupation: Not employed
Receipt For: 2024
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 350.00

Date of Receipt: 04 / 02 / 2024
Transaction ID : A46928B24EAD94250A2D
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: 2024
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 221894.51

Date of Receipt: 04 / 02 / 2024
Transaction ID : ADDC849C8EC84401F9E8
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)
Fuicelli, Jennifer, , ,
Mailing Address 423 N Snowmass Cir
City: Superior | State: CO | Zip Code: 80027
FEC ID number of contributing federal political committee: C
Name of Employer: Not employed | Occupation: Not employed
Receipt For: 2024 ☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 450.00

Date of Receipt: 05 / 02 / 2024
Transaction ID : AC45F2DBE3B724A31833
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: 2024 ☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 221894.51

Date of Receipt: 05 / 02 / 2024
Transaction ID : A7EF20DFE929549C1949
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)
Fuicelli, Jennifer, , ,
Mailing Address 423 N Snowmass Cir
City: Superior | State: CO | Zip Code: 80027
FEC ID number of contributing federal political committee: C
Name of Employer: Not employed | Occupation: Not employed
Receipt For: 2024 ☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 550.00

Date of Receipt: 06 / 02 / 2024
Transaction ID : A853DF33F4AC9480EA6C
Amount of Each Receipt this Period: 100.00
☐ Memo Item
Earmark: ActBlue (non-directed)

SUBTOTAL of Receipts This Page (optional) ▶ 200.00

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: 2024
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 221894.51

Date of Receipt: 06 / 02 / 2024
Transaction ID : ABADDA34D15C74813BA4
Amount of Each Receipt this Period: 100.00
☒ 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: 2024
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 210.00

Date of Receipt: 04 / 02 / 2024
Transaction ID : AE1C76D20499048BA92F
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: 2024
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 221894.51

Date of Receipt: 04 / 02 / 2024
Transaction ID : ADC2B3EE19AB24B08A03
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: 2024
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 220.00

Date of Receipt: 04 / 03 / 2024
Transaction ID : A79ED403CE0EA4BB09B8
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: 2024
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 221894.51

Date of Receipt: 04 / 03 / 2024
Transaction ID : AF146EE8B76B44122959
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: 2024
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 230.00

Date of Receipt: 04 / 04 / 2024
Transaction ID : AEE827F5099754CA3A93
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: 2024
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 221894.51

Date of Receipt: 04 / 04 / 2024
Transaction ID : A7CA7F28B27D4445B80B
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: 2024
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 235.00

Date of Receipt: 04 / 05 / 2024
Transaction ID : A4B4B599775AB4D8FB93
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: 2024
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 221894.51

Date of Receipt: 04 / 05 / 2024
Transaction ID : AC93D5536C9E04F71A96
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: 2024 ☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 245.00

Date of Receipt: 04 / 06 / 2024
Transaction ID : A6C779F80E4C048A39B0
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: 2024 ☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 221894.51

Date of Receipt: 04 / 06 / 2024
Transaction ID : A51FBE60A822C4862B85
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: 2024 ☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 260.00

Date of Receipt: 04 / 07 / 2024
Transaction ID : AE18EDD7BAA5C48CBADE
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: 2024
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 221894.51

Date of Receipt: 04 / 07 / 2024
Transaction ID : A0329FA106E0D41C3946
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: 2024
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 260.00

Date of Receipt: 04 / 07 / 2024
Transaction ID : A75DD95256D414FB28D7
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: 2024
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 221894.51

Date of Receipt: 04 / 07 / 2024
Transaction ID : A6396328CE70A465FAF0
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)
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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: 2024 ☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 270.00

Date of Receipt: 04 / 08 / 2024
Transaction ID : A7BC8E0E9B9CB4FB0A05
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: 2024 ☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 221894.51

Date of Receipt: 04 / 08 / 2024
Transaction ID : AD29C884243CF4588BA8
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: 2024 ☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 280.00

Date of Receipt: 04 / 09 / 2024
Transaction ID : A8D223F31E24942BF8CC
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

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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: 2024
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 221894.51

Date of Receipt: 04 / 09 / 2024
Transaction ID : A685051DDFE764FEDAD9
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: 2024
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 290.00

Date of Receipt: 04 / 11 / 2024
Transaction ID : A470236AC0A484411830
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: 2024
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 221894.51

Date of Receipt: 04 / 11 / 2024
Transaction ID : A675B1726BDCC4E4E983
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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FOR LINE NUMBER: (check only one)
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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: 2024
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 300.00

Date of Receipt: 04 / 13 / 2024
Transaction ID : A45BB7E3F76274B0FAF7
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: 2024
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 221894.51

Date of Receipt: 04 / 13 / 2024
Transaction ID : A8F78978725084FCA93A
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: 2024
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 310.00

Date of Receipt: 04 / 14 / 2024
Transaction ID : A2E80957E1A59426C9F0
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

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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: 2024
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 221894.51

Date of Receipt: 04 / 14 / 2024
Transaction ID : A89986175ACC84F3E8EB
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: 2024
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 320.00

Date of Receipt: 04 / 17 / 2024
Transaction ID : AFBD139E811F144A98F4
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: 2024
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 221894.51

Date of Receipt: 04 / 17 / 2024
Transaction ID : A1A9E3B42C7A541CBAB5
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

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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: 2024
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 325.00

Date of Receipt: 04 / 19 / 2024
Transaction ID : AA3753D8F53504D4E946
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: 2024
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 221894.51

Date of Receipt: 04 / 19 / 2024
Transaction ID : A9E005CE0CCE54773A2F
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: 2024
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 335.00

Date of Receipt: 04 / 28 / 2024
Transaction ID : AE565F30084ED4CD4A4E
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)
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Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
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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: 2024
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 221894.51

Date of Receipt: 04 / 28 / 2024
Transaction ID : AF11C65C220524847AC2
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: 2024
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 350.00

Date of Receipt: 04 / 29 / 2024
Transaction ID : ADA50AFCA21944F2D975
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: 2024
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 221894.51

Date of Receipt: 04 / 29 / 2024
Transaction ID : A8BC5C268501C48F5A77
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

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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: 2024
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 350.00

Date of Receipt: 04 / 29 / 2024
Transaction ID : A2BEBEA9DA45F41BFB20
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: 2024
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 221894.51

Date of Receipt: 04 / 29 / 2024
Transaction ID : A5460913F1ECB49BEAC9
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: 2024
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 355.00

Date of Receipt: 04 / 30 / 2024
Transaction ID : A586CC21C617A4753A15
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

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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: 2024
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 221894.51

Date of Receipt: 04 / 30 / 2024
Transaction ID : AD89996359A86468E92F
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: 2024
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 360.00

Date of Receipt: 05 / 05 / 2024
Transaction ID : A243DBDA0395F434C8D3
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: 2024
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 221894.51

Date of Receipt: 05 / 05 / 2024
Transaction ID : A0208B1601A8C45B2A3D
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

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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: 2024
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 370.00

Date of Receipt: 05 / 08 / 2024
Transaction ID : A5B72E06357344CDAB3F
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: 2024
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 221894.51

Date of Receipt: 05 / 08 / 2024
Transaction ID : AB2E5AD5A752E4DD88C0
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: 2024
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 380.00

Date of Receipt: 05 / 09 / 2024
Transaction ID : A698B4C6EA68C4D4BA96
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

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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)
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: 2024
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 221894.51

Date of Receipt: 05 / 09 / 2024
Transaction ID : A9EE94ED483D64C7CA98
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: 2024
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 390.00

Date of Receipt: 05 / 11 / 2024
Transaction ID : A07D61F9D185A472C8E5
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: 2024
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 221894.51

Date of Receipt: 05 / 11 / 2024
Transaction ID : A1F0B919999FA4A17974
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: 2024 ☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 400.00

Date of Receipt: 05 / 13 / 2024
Transaction ID : A0B9B364903954F2CAD3
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: 2024 ☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 221894.51

Date of Receipt: 05 / 13 / 2024
Transaction ID : A267CB84149904E0F90A
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: 2024 ☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 410.00

Date of Receipt: 05 / 17 / 2024
Transaction ID : ACDF0C628EBE44107A6E
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: 2024
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 221894.51

Date of Receipt: 05 / 17 / 2024
Transaction ID : AA66126181D854D8DB27
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: 2024
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 415.00

Date of Receipt: 05 / 19 / 2024
Transaction ID : AA5E63DB68E924223A3D
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: 2024
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 221894.51

Date of Receipt: 05 / 19 / 2024
Transaction ID : A3C3C6D5E7583417F8E2
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: 2024 ☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 425.00

Date of Receipt: 05 / 28 / 2024
Transaction ID : A1F565E1D6DF3403AB61
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: 2024 ☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 221894.51

Date of Receipt: 05 / 28 / 2024
Transaction ID : ABD36E586B2DD4BDAA23
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: 2024 ☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 440.00

Date of Receipt: 05 / 29 / 2024
Transaction ID : A737F6B1AB7A249D1AA5
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: 2024
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 221894.51

Date of Receipt: 05 / 29 / 2024
Transaction ID : A68D3EAAF188547BE926
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: 2024
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 440.00

Date of Receipt: 05 / 29 / 2024
Transaction ID : ACF458D03493C410BAD2
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: 2024
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 221894.51

Date of Receipt: 05 / 29 / 2024
Transaction ID : ADE85125C2D7A4152BC5
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: 2024
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 445.00

Date of Receipt: 05 / 30 / 2024
Transaction ID : AD847A368458E48FB952
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: 2024
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 221894.51

Date of Receipt: 05 / 30 / 2024
Transaction ID : AE5E70C7DF78943A8A7B
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: 2024
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 450.00

Date of Receipt: 06 / 05 / 2024
Transaction ID : A733DE0EA18DC424C848
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: 2024
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 221894.51

Date of Receipt: 06 / 05 / 2024
Transaction ID : A6B0B249356C447E5BF5
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: 2024
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 460.00

Date of Receipt: 06 / 08 / 2024
Transaction ID : AA2EDDE578A934C23938
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: 2024
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 221894.51

Date of Receipt: 06 / 08 / 2024
Transaction ID : AD129C8E1192140E3A23
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: 2024
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 470.00

Date of Receipt: 06 / 09 / 2024
Transaction ID : AB14E4D21F00541BAB25
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: 2024
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 221894.51

Date of Receipt: 06 / 09 / 2024
Transaction ID : A4C945C63925E46A9977
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: 2024
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 480.00

Date of Receipt: 06 / 11 / 2024
Transaction ID : AA6E39AEC6F474492BD5
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: 2024
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 221894.51

Date of Receipt: 06 / 11 / 2024
Transaction ID : A57614A34E6604327A40
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: 2024
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 490.00

Date of Receipt: 06 / 13 / 2024
Transaction ID : A76C8E32E347842D7858
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: 2024
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 221894.51

Date of Receipt: 06 / 13 / 2024
Transaction ID : AED01A427C8384D9291B
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: 2024
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 500.00

Date of Receipt: 06 / 17 / 2024
Transaction ID : A95798CBAE1F34FC6B18
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: 2024
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 221894.51

Date of Receipt: 06 / 17 / 2024
Transaction ID : AF95B1D7A2A9A47489C1
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: 2024
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 505.00

Date of Receipt: 06 / 19 / 2024
Transaction ID : A53B919F648A247678A3
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: 2024
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 221894.51

Date of Receipt: 06 / 19 / 2024
Transaction ID : A73CDD87BCD724AA8BA2
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: 2024
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 515.00

Date of Receipt: 06 / 28 / 2024
Transaction ID : A00649DE6D42F48A1B4A
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: 2024
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 221894.51

Date of Receipt: 06 / 28 / 2024
Transaction ID : ABCC972FD88AA42B89BC
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: 2024
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 530.00

Date of Receipt: 06 / 29 / 2024
Transaction ID : AAC560FF19B764344B39
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: 2024
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 221894.51

Date of Receipt: 06 / 29 / 2024
Transaction ID : AE94F36C1EA3B428FB8A
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: 2024
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 530.00

Date of Receipt: 06 / 29 / 2024
Transaction ID : A9172E3B29E984DD58B5
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

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: 2024
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 221894.51

Date of Receipt: 06 / 29 / 2024
Transaction ID : A46932E9BD6CA44FA9AC
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: 2024
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 535.00

Date of Receipt: 06 / 30 / 2024
Transaction ID : AE2CE276188FC4D549AA
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: 2024
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 221894.51

Date of Receipt: 06 / 30 / 2024
Transaction ID : A86B0C3E133E34873AF7
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)
Grayson, Dorothy, , ,
Mailing Address 4737 Alamanda Dr
City: Melbourne | State: FL | Zip Code: 32940-2322
FEC ID number of contributing federal political committee: C
Name of Employer: Not employed
Occupation: Not employed
Receipt For: 2024
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 3300.00

Date of Receipt: 05 / 31 / 2024
Transaction ID : A02E10F5559514576B79
Amount of Each Receipt this Period: 3300.00
☐ Memo Item
Individual contribution

B.
Full Name (Last, First, Middle Initial)
Guillot, Robert, , ,
Mailing Address 16 Fortrose Circle
City: Pinehurst | State: NC | Zip Code: 28374
FEC ID number of contributing federal political committee: C
Name of Employer: RCG of NC LLC
Occupation: sales
Receipt For: 2024
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 1000.00

Date of Receipt: 04 / 30 / 2024
Transaction ID : AABCD9961B40A463F995
Amount of Each Receipt this Period: 1000.00
☐ 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: 2024
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 221894.51

Date of Receipt: 04 / 30 / 2024
Transaction ID : A8FE04A9321A34E27917
Amount of Each Receipt this Period: 1000.00
☒ Memo Item
Intermediary
Total Earmarked through conduit. PAC limit not affected.

SUBTOTAL of Receipts This Page (optional) ▶ 4300.00

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)
Hamilton, Robert, , ,
Mailing Address 3015 NW 58TH ST
City: SEATTLE | State: WA | Zip Code: 98107-2554
FEC ID number of contributing federal political committee: C
Name of Employer: Weyerhaeuser NR
Occupation: scientist
Receipt For: 2024
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 207.00

Date of Receipt: 04 / 29 / 2024
Transaction ID : AB251DE0A7FF84512AE3
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: 2024
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 221894.51

Date of Receipt: 04 / 29 / 2024
Transaction ID : A576D4545FC93455C94F
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)
Hamilton, Robert, , ,
Mailing Address 3015 NW 58TH ST
City: SEATTLE | State: WA | Zip Code: 98107-2554
FEC ID number of contributing federal political committee: C
Name of Employer: Weyerhaeuser NR
Occupation: scientist
Receipt For: 2024
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 217.00

Date of Receipt: 05 / 29 / 2024
Transaction ID : A589FA1A9BD1E4E9389D
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: 2024
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 221894.51

Date of Receipt: 05 / 29 / 2024
Transaction ID : AF96A7C7F8F5C419C8AC
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)
Hamilton, Robert, , ,
Mailing Address 3015 NW 58TH ST
City: SEATTLE | State: WA | Zip Code: 98107-2554
FEC ID number of contributing federal political committee: C
Name of Employer: Weyerhaeuser NR
Occupation: scientist
Receipt For: 2024
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 227.00

Date of Receipt: 06 / 29 / 2024
Transaction ID : A4286047964F348C5AB3
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: 2024
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 221894.51

Date of Receipt: 06 / 29 / 2024
Transaction ID : A9A5DBD99988D41C1A06
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)
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: 2024
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 450.00

Date of Receipt: 04 / 24 / 2024
Transaction ID : A955EA15238EE49AA883
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: 2024
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 221894.51

Date of Receipt: 04 / 24 / 2024
Transaction ID : A283EEF7E493B427E94D
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: 2024
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 475.00

Date of Receipt: 05 / 24 / 2024
Transaction ID : A69E3D7F08E2641B7B09
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: 2024
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 221894.51

Date of Receipt: 05 / 24 / 2024
Transaction ID : A5ADD1C5E34604189A32
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: 2024
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 500.00

Date of Receipt: 06 / 24 / 2024
Transaction ID : AE644DF7E22E44F96B06
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: 2024
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 221894.51

Date of Receipt: 06 / 24 / 2024
Transaction ID : AD401E78CADA2489FB8E
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)
Hecht, Ann Fischer, , ,
Mailing Address 1152 Laurel St.
City: Berkeley | State: CA | Zip Code: 94708
FEC ID number of contributing federal political committee: C
Name of Employer: Not employed | Occupation: Not employed
Receipt For: 2024 ☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 250.00

Date of Receipt: 05 / 25 / 2024
Transaction ID : A1020E169585944DAB81
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: 2024 ☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 221894.51

Date of Receipt: 05 / 25 / 2024
Transaction ID : A15B44785E6354194847
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)
Hecht, Ann Fischer, , ,
Mailing Address 1152 Laurel St.
City: Berkeley | State: CA | Zip Code: 94708
FEC ID number of contributing federal political committee: C
Name of Employer: Not employed | Occupation: Not employed
Receipt For: 2024 ☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 300.00

Date of Receipt: 06 / 25 / 2024
Transaction ID : AC018646A314440F5BCB
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: 2024
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 221894.51

Date of Receipt: 06 / 25 / 2024
Transaction ID : A96B2BB042FA24E1396C
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: 2024
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 1300.00

Date of Receipt: 04 / 15 / 2024
Transaction ID : A78407100B3754330AA6
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: 2024
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 221894.51

Date of Receipt: 04 / 15 / 2024
Transaction ID : AFE366221548A4E1698A
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: 2024
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 1350.00

Date of Receipt: 04 / 23 / 2024
Transaction ID : A1BA04D517B454351AD2
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: 2024
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 221894.51

Date of Receipt: 04 / 23 / 2024
Transaction ID : AF277FD209EB64329888
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: 2024
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 1450.00

Date of Receipt: 05 / 15 / 2024
Transaction ID : A304565D490D2469395F
Amount of Each Receipt this Period: 100.00
☐ 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: 2024
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 221894.51

Date of Receipt: 05 / 15 / 2024
Transaction ID : ACCBDE4FCB1BD4512A30
Amount of Each Receipt this Period: 100.00
☒ 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: 2024
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 1500.00

Date of Receipt: 05 / 23 / 2024
Transaction ID : A66E4542AFA2A4D588AB
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: 2024
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 221894.51

Date of Receipt: 05 / 23 / 2024
Transaction ID : AECB4DE00CA834D26940
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)
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: 2024
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 1600.00

Date of Receipt: 06 / 15 / 2024
Transaction ID : A6FBA10B8B17C4BDEB73
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: 2024
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 221894.51

Date of Receipt: 06 / 15 / 2024
Transaction ID : A49C78F9B07E742A3A98
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: 2024
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 1650.00

Date of Receipt: 06 / 23 / 2024
Transaction ID : A407DC3264800461DABA
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: 2024
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 221894.51

Date of Receipt: 06 / 23 / 2024
Transaction ID : ADBA419388CF348F68C3
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)
Hess, Karen, , ,
Mailing Address 113 Merchants Path box 1466
City: Wainscott NY 11975 | State: NY | Zip Code: 11975
FEC ID number of contributing federal political committee: C
Name of Employer: self
Occupation: psychotherapist
Receipt For: 2024
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 200.24

Date of Receipt: 06 / 03 / 2024
Transaction ID : A4709F93DB7EB442AB62
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: 2024
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 221894.51

Date of Receipt: 06 / 03 / 2024
Transaction ID : AE0F0E24AD7224178A12
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)
Hudgens, Jeffrey, , ,
Mailing Address 207 Upton Street
City: Rockville | State: MD | Zip Code: 20950
FEC ID number of contributing federal political committee: C
Name of Employer: Not employed
Occupation: Not employed
Receipt For: 2024
☒ Primary ☐ General
☐ Other (specify) ▼
Election Cycle-to-Date ▼ 213.68

Date of Receipt: 06 / 23 / 2024
Transaction ID : A8FC45629DDC44EF395A
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: 2024
☒ Primary ☐ General
☐ Other (specify) ▼
Election Cycle-to-Date ▼ 221894.51

Date of Receipt: 06 / 23 / 2024
Transaction ID : A8D188341D8A64F4493B
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)
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: 2024
☒ Primary ☐ General
☐ Other (specify) ▼
Election Cycle-to-Date ▼ 450.00

Date of Receipt: 04 / 20 / 2024
Transaction ID : A437955FAC0F74C069EC
Amount of Each Receipt this Period: 25.00
☐ 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: 2024
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 221894.51

Date of Receipt: 04 / 20 / 2024
Transaction ID : A9AED1AE20701422D873
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)
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: 2024
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 475.00

Date of Receipt: 05 / 20 / 2024
Transaction ID : A770A44AE235F4422872
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: 2024
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 221894.51

Date of Receipt: 05 / 20 / 2024
Transaction ID : AE6B6DA5B1D6C4F2F8FD
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)
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: 2024
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 500.00

Date of Receipt: 06 / 20 / 2024
Transaction ID : A0C214F33C1D340C99C7
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: 2024
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 221894.51

Date of Receipt: 06 / 20 / 2024
Transaction ID : A8A247858A3E049AC93D
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)
Jackson, Natalie, , ,
Mailing Address 529 Hillside Avenue
City: Daytona Beach | State: FL | Zip Code: 32118
FEC ID number of contributing federal political committee: C
Name of Employer: Ben Crump Law PLLC
Occupation: attorney
Receipt For: 2024
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 250.00

Date of Receipt: 05 / 08 / 2024
Transaction ID : A97C5C1E199AF478DB61
Amount of Each Receipt this Period: 250.00
☐ Memo Item
Earmark: ActBlue (non-directed)

SUBTOTAL of Receipts This Page (optional) ▶ 275.00

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: 2024
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 221894.51

Date of Receipt: 05 / 08 / 2024
Transaction ID : A822F529F79C74472B2C
Amount of Each Receipt this Period: 250.00
☒ Memo Item
Intermediary
Total Earmarked through conduit. PAC limit not affected.

B.
Full Name (Last, First, Middle Initial)
Joe, Edward, , ,
Mailing Address 6004 Fair Oaks Dr
City: Bakersfield | State: CA | Zip Code: 93306-2406
FEC ID number of contributing federal political committee: C
Name of Employer: County of Kern
Occupation: hospital accountant
Receipt For: 2024
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 200.20

Date of Receipt: 05 / 05 / 2024
Transaction ID : AC8ACB25F3EE849FFB78
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: 2024
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 221894.51

Date of Receipt: 05 / 05 / 2024
Transaction ID : A6224282C0454422F9F4
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)
Jonas, Debbie, , ,
Mailing Address 3020 Palisade Avenue
City: Bronx | State: NY | Zip Code: 10463-1000
FEC ID number of contributing federal political committee: C
Name of Employer: Not Employed
Occupation: Not Employed
Receipt For: 2024
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 3300.00

Date of Receipt: 05 / 01 / 2024
Transaction ID : A78EF9759C5A2435BA89
Amount of Each Receipt this Period: 3300.00
☐ Memo Item
Individual Contribution

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: 2024
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 221894.51

Date of Receipt: 05 / 01 / 2024
Transaction ID : AA3E37032587846CBB5C
Amount of Each Receipt this Period: 3300.00
☒ Memo Item
Intermediary
Total Earmarked through conduit. PAC limit not affected.

C.
Full Name (Last, First, Middle Initial)
Jonas, Howard, , ,
Mailing Address 3020 Palisade Avenue
City: Bronx | State: NY | Zip Code: 10463-1000
FEC ID number of contributing federal political committee: C
Name of Employer: IDT Corporation
Occupation: CEO
Receipt For: 2024
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 3300.00

Date of Receipt: 05 / 01 / 2024
Transaction ID : A0719E5217C6F45629E9
Amount of Each Receipt this Period: 3300.00
☐ Memo Item
Individual contribution

SUBTOTAL of Receipts This Page (optional) ▶ 6600.00

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: 2024
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 221894.51

Date of Receipt: 05 / 01 / 2024
Transaction ID : A86C5F08081F74C15A46
Amount of Each Receipt this Period: 3300.00
☒ Memo Item
Intermediary
Total Earmarked through conduit. PAC limit not affected.

B.
Full Name (Last, First, Middle Initial)
Knapp, Richard, , ,
Mailing Address 3005 Palos Verdes Dr N
City: Palos Verdes Estat | State: CA | Zip Code: 90274
FEC ID number of contributing federal political committee: C
Name of Employer: Whale Tail Enterprises LLC
Occupation: entreprenuer
Receipt For: 2024
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 250.00

Date of Receipt: 05 / 21 / 2024
Transaction ID : A885F8337960744198F7
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: 2024
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 221894.51

Date of Receipt: 05 / 21 / 2024
Transaction ID : A5C7C79B7BEBE49EAAFC
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)
Knapp, Richard, , ,
Mailing Address 3005 Palos Verdes Dr N
City: Palos Verdes Estat | State: CA | Zip Code: 90274
FEC ID number of contributing federal political committee: C
Name of Employer: Whale Tail Enterprises LLC
Occupation: entreprenuer
Receipt For: 2024
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 300.00

Date of Receipt: 06 / 21 / 2024
Transaction ID : AEF6A843B04AC42588D2
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: 2024
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 221894.51

Date of Receipt: 06 / 21 / 2024
Transaction ID : AFAC944E018F84B08A12
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)
Lennon, William, , ,
Mailing Address 24 CALVIN LN
City: NEWBURGH | State: NY | Zip Code: 12550
FEC ID number of contributing federal political committee: C
Name of Employer: Not employed
Occupation: Not employed
Receipt For: 2024
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 250.00

Date of Receipt: 06 / 26 / 2024
Transaction ID : ACCD8B97751DD4757A72
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: 2024
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 221894.51

Date of Receipt: 06 / 26 / 2024
Transaction ID : A6AF2B46C06B249C38F8
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)
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: 2024
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 566.61

Date of Receipt: 04 / 04 / 2024
Transaction ID : A4E37BF1F9E9C41C2A39
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: 2024
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 221894.51

Date of Receipt: 04 / 04 / 2024
Transaction ID : A48719E7ECC8A485A9CA
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

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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: 2024 ☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 599.94

Date of Receipt: 05 / 04 / 2024
Transaction ID : AE83F32FC41A74D4A88B
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: 2024 ☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 221894.51

Date of Receipt: 05 / 04 / 2024
Transaction ID : A97EBCB1B224A4017902
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)
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: 2024 ☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 633.27

Date of Receipt: 06 / 04 / 2024
Transaction ID : A9B0CC3435880433BA49
Amount of Each Receipt this Period: 33.33
☐ Memo Item
Earmark: ActBlue (non-directed)

SUBTOTAL of Receipts This Page (optional) ▶ 66.66

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: 2024
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 221894.51

Date of Receipt: 06 / 04 / 2024
Transaction ID : AC688B0AF05F64BA8BDA
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)
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: 2024
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 450.00

Date of Receipt: 04 / 30 / 2024
Transaction ID : AC51EB0C754A048B0883
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: 2024
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 221894.51

Date of Receipt: 04 / 30 / 2024
Transaction ID : A760FCF924CA84B5FB90
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)
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: 2024
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 475.00

Date of Receipt: 05 / 30 / 2024
Transaction ID : AC1DED3A290BC46358CE
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: 2024
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 221894.51

Date of Receipt: 05 / 30 / 2024
Transaction ID : A6BBEC967984C4F69916
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)
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: 2024
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 500.00

Date of Receipt: 06 / 30 / 2024
Transaction ID : AF9EA0AC2C1384DE3B64
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: 2024
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 221894.51

Date of Receipt: 06 / 30 / 2024
Transaction ID : A764EADF37B8A46D186D
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)
Lisa, Pudlicki, , ,
Mailing Address 11589 Douglas Road
City: Temperance | State: MI | Zip Code: 48182
FEC ID number of contributing federal political committee: C
Name of Employer: Hoover Wells
Occupation: Treasurer
Receipt For: 2024
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 400.00

Date of Receipt: 04 / 03 / 2024
Transaction ID : A75E5A755615649ACB2F
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: 2024
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 221894.51

Date of Receipt: 04 / 03 / 2024
Transaction ID : AF50B32FAE52443BDA16
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)
Merrill, Colleen, , ,
Mailing Address PO Box 511283
City: Salt Lake City | State: UT | Zip Code: 84151
FEC ID number of contributing federal political committee: C
Name of Employer: Not Employed | Occupation: Not Employed
Receipt For: 2024
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 12500.00

Date of Receipt: 04 / 26 / 2024
Transaction ID : A8140CE84202C43F1A66
Amount of Each Receipt this Period: 3300.00
☐ Memo Item
Individual contribution

B.
Full Name (Last, First, Middle Initial)
Merrill, Colleen, , ,
Mailing Address PO Box 511283
City: Salt Lake City | State: UT | Zip Code: 84151
FEC ID number of contributing federal political committee: C
Name of Employer: Not Employed | Occupation: Not Employed
Receipt For: 2018
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 12500.00

Date of Receipt: 04 / 26 / 2024
Transaction ID : AFBCBD13AE5E14A4A8EF
Amount of Each Receipt this Period: 600.00
☐ Memo Item
DEBT RETIREMENT

C.
Full Name (Last, First, Middle Initial)
Merrill, Colleen, , ,
Mailing Address PO Box 511283
City: Salt Lake City | State: UT | Zip Code: 84151
FEC ID number of contributing federal political committee: C
Name of Employer: Not Employed | Occupation: Not Employed
Receipt For: 2012
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 12500.00

Date of Receipt: 04 / 26 / 2024
Transaction ID : AD98F6AC3C31F4AE1A76
Amount of Each Receipt this Period: 500.00
☐ Memo Item
DEBT RETIREMENT

SUBTOTAL of Receipts This Page (optional) ▶ 4400.00

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)
Merrill, Colleen, , ,
Mailing Address PO Box 511283
City: Salt Lake City | State: UT | Zip Code: 84151
FEC ID number of contributing federal political committee: C
Name of Employer: Not Employed
Occupation: Not Employed
Receipt For: 2014
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 12500.00

Date of Receipt: 04 / 26 / 2024
Transaction ID : A3D186AAE149F41C9873
Amount of Each Receipt this Period: 2600.00
☐ Memo Item
DEBT RETIREMENT

B.
Full Name (Last, First, Middle Initial)
Merrill, Colleen, , ,
Mailing Address PO Box 511283
City: Salt Lake City | State: UT | Zip Code: 84151
FEC ID number of contributing federal political committee: C
Name of Employer: Not Employed
Occupation: Not Employed
Receipt For: 2020
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 12500.00

Date of Receipt: 04 / 26 / 2024
Transaction ID : A6058F98FC66C413E8A0
Amount of Each Receipt this Period: 2800.00
☐ Memo Item
DEBT RETIREMENT

C.
Full Name (Last, First, Middle Initial)
Merrill, Colleen, , ,
Mailing Address PO Box 511283
City: Salt Lake City | State: UT | Zip Code: 84151
FEC ID number of contributing federal political committee: C
Name of Employer: Not Employed
Occupation: Not Employed
Receipt For: 2016
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 12500.00

Date of Receipt: 04 / 26 / 2024
Transaction ID : A01A8F8C315A341FE8A3
Amount of Each Receipt this Period: 2700.00
☐ Memo Item
DEBT RETIREMENT

SUBTOTAL of Receipts This Page (optional) ▶ 8100.00

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)
Merrill, David, , ,
Mailing Address PO Box 511283
City: Salt Lake City | State: UT | Zip Code: 84151
FEC ID number of contributing federal political committee: C
Name of Employer: Mission Support
Occupation: Businessman
Receipt For: 2014
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 12500.00

Date of Receipt: 04 / 26 / 2024
Transaction ID : ACC401F9992C041D38BF
Amount of Each Receipt this Period: 500.00
☐ Memo Item
DEBT RETIREMENT

B.
Full Name (Last, First, Middle Initial)
Merrill, David, , ,
Mailing Address PO Box 511283
City: Salt Lake City | State: UT | Zip Code: 84151
FEC ID number of contributing federal political committee: C
Name of Employer: Mission Support
Occupation: Businessman
Receipt For: 2024
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 12500.00

Date of Receipt: 04 / 26 / 2024
Transaction ID : ADA527CAD869847419C3
Amount of Each Receipt this Period: 3300.00
☐ Memo Item
Individual Contribution

C.
Full Name (Last, First, Middle Initial)
Merrill, David, , ,
Mailing Address PO Box 511283
City: Salt Lake City | State: UT | Zip Code: 84151
FEC ID number of contributing federal political committee: C
Name of Employer: Mission Support
Occupation: Businessman
Receipt For: 2020
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 12500.00

Date of Receipt: 04 / 26 / 2024
Transaction ID : A03E1DAFA87A64C43AB9
Amount of Each Receipt this Period: 2800.00
☐ Memo Item
DEBT RETIREMENT

SUBTOTAL of Receipts This Page (optional) ▶ 6600.00

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)
Merrill, David, , ,
Mailing Address PO Box 511283
City: Salt Lake City | State: UT | Zip Code: 84151
FEC ID number of contributing federal political committee: C
Name of Employer: Mission Support
Occupation: Businessman
Receipt For: 2016
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 12500.00

Date of Receipt: 04 / 26 / 2024
Transaction ID : A6FE93FE64A514AB294B
Amount of Each Receipt this Period: 2600.00
☐ Memo Item
DEBT RETIREMENT

B.
Full Name (Last, First, Middle Initial)
Merrill, David, , ,
Mailing Address PO Box 511283
City: Salt Lake City | State: UT | Zip Code: 84151
FEC ID number of contributing federal political committee: C
Name of Employer: Mission Support
Occupation: Businessman
Receipt For: 2016
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 12500.00

Date of Receipt: 04 / 26 / 2024
Transaction ID : A9B46F33B3A0144A2B9F
Amount of Each Receipt this Period: 2700.00
☐ Memo Item
DEBT RETIREMENT

C.
Full Name (Last, First, Middle Initial)
Merrill, David, , ,
Mailing Address PO Box 511283
City: Salt Lake City | State: UT | Zip Code: 84151
FEC ID number of contributing federal political committee: C
Name of Employer: Mission Support
Occupation: Businessman
Receipt For: 2018
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 12500.00

Date of Receipt: 04 / 26 / 2024
Transaction ID : A0CEB6F86A2ED4A9E8C0
Amount of Each Receipt this Period: 600.00
☐ Memo Item
DEBT RETIREMENT

SUBTOTAL of Receipts This Page (optional) ▶ 5900.00

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: 2024
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 363.96

Date of Receipt: 04 / 14 / 2024
Transaction ID : A1B514EBFFBA5487291C
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: 2024
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 221894.51

Date of Receipt: 04 / 14 / 2024
Transaction ID : A105D41A9D397432EBBA
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)
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: 2024
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 384.18

Date of Receipt: 05 / 14 / 2024
Transaction ID : A2988D22897464A7D8C6
Amount of Each Receipt this Period: 20.22
☐ Memo Item
Earmark: ActBlue (non-directed)

SUBTOTAL of Receipts This Page (optional) ▶ 40.44

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: 2024
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 221894.51

Date of Receipt: 05 / 14 / 2024
Transaction ID : A8EECBCA87D05412EA14
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)
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: 2024
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 404.40

Date of Receipt: 06 / 14 / 2024
Transaction ID : A2C8EFE4DFDAF491B9E1
Amount of Each Receipt this Period: 20.22
☐ 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: 2024
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 221894.51

Date of Receipt: 06 / 14 / 2024
Transaction ID : A4CBE2422B3D54F9B95D
Amount of Each Receipt this Period: 20.22
☒ Memo Item
Intermediary
Total Earmarked through conduit. PAC limit not affected.

SUBTOTAL of Receipts This Page (optional) ▶ 20.22

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)
Moyle, Nancy B, , ,
Mailing Address 245 Currey Ln
City: Sausalito | State: CA | Zip Code: 94965
FEC ID number of contributing federal political committee: C
Name of Employer: Not employed | Occupation: Not employed
Receipt For: 2024 ☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 250.00

Date of Receipt: 05 / 26 / 2024
Transaction ID : AD8ECBA65BC4F4DB1871
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: 2024 ☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 221894.51

Date of Receipt: 05 / 26 / 2024
Transaction ID : A76DE2BDFC10E4BF9A6A
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)
Moyle, Nancy B, , ,
Mailing Address 245 Currey Ln
City: Sausalito | State: CA | Zip Code: 94965
FEC ID number of contributing federal political committee: C
Name of Employer: Not employed | Occupation: Not employed
Receipt For: 2024 ☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 300.00

Date of Receipt: 06 / 26 / 2024
Transaction ID : A971DDA22A46F4812B74
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: 2024
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 221894.51

Date of Receipt: 06 / 26 / 2024
Transaction ID : A7DD9E787B16349FC8EA
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)
Mudry, Laura, , ,
Mailing Address 5407 28th Avenue South
City: Gulfport | State: FL | Zip Code: 33707
FEC ID number of contributing federal political committee: C
Name of Employer: Not employed
Occupation: Not employed
Receipt For: 2024
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 300.00

Date of Receipt: 05 / 12 / 2024
Transaction ID : A19594C25E4D74FFFBE9
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: 2024
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 221894.51

Date of Receipt: 05 / 12 / 2024
Transaction ID : A99EA328EF871447CB47
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)
Mudry, Laura, , ,
Mailing Address 5407 28th Avenue South
City: Gulfport | State: FL | Zip Code: 33707
FEC ID number of contributing federal political committee: C
Name of Employer: Not employed
Occupation: Not employed
Receipt For: 2024
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 400.00

Date of Receipt: 06 / 12 / 2024
Transaction ID : A26CC86C3B8344218965
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: 2024
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 221894.51

Date of Receipt: 06 / 12 / 2024
Transaction ID : A6075E55B09A34FB6A7A
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)
Munroe, Jan, , ,
Mailing Address 1632 Lemoyne Street
City: Los Angeles | State: CA | Zip Code: 90026-2640
FEC ID number of contributing federal political committee: C
Name of Employer: N.A.
Occupation: ACTOR
Receipt For: 2024
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 1000.00

Date of Receipt: 04 / 14 / 2024
Transaction ID : ACD7CC439CBC04776957
Amount of Each Receipt this Period: 1000.00
☐ Memo Item
Earmark: ActBlue (non-directed)

SUBTOTAL of Receipts This Page (optional) ▶ 1100.00

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: 2024
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 221894.51

Date of Receipt: 04 / 14 / 2024
Transaction ID : A5C26659178E240B399C
Amount of Each Receipt this Period: 1000.00
☒ Memo Item
Intermediary
Total Earmarked through conduit. PAC limit not affected.

B.
Full Name (Last, First, Middle Initial)
Myers, Ellen, , ,
Mailing Address 952 noyac path PO Box 1452
City: Water Mill | State: NY | Zip Code: 11976
FEC ID number of contributing federal political committee: C
Name of Employer: self
Occupation: Creative
Receipt For: 2024
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 250.00

Date of Receipt: 05 / 10 / 2024
Transaction ID : A27CD96572ADF4B26872
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: 2024
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 221894.51

Date of Receipt: 05 / 10 / 2024
Transaction ID : A6083ED5C704E4122B31
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)
Myers, Ellen, , ,
Mailing Address 952 noyac path PO Box 1452
City: Water Mill | State: NY | Zip Code: 11976
FEC ID number of contributing federal political committee: C
Name of Employer: self | Occupation: Creative
Receipt For: 2024
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 300.00

Date of Receipt: 06 / 10 / 2024
Transaction ID : A2B419A57F25F4106B26
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: 2024
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 221894.51

Date of Receipt: 06 / 10 / 2024
Transaction ID : AD3FEC5E928484E25A7B
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)
Oliver, Patricia, , ,
Mailing Address 512 Rio Ct
City: Saint Augustine | State: FL | Zip Code: 32086
FEC ID number of contributing federal political committee: C
Name of Employer: retired | Occupation: Retired
Receipt For: 2024
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 300.00

Date of Receipt: 05 / 11 / 2024
Transaction ID : A7A44A4779F6A47CAABE
Amount of Each Receipt this Period: 100.00
☐ 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: 2024
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 221894.51

Date of Receipt: 05 / 11 / 2024
Transaction ID : A49C974EDC88644B1BB8
Amount of Each Receipt this Period: 100.00
☒ Memo Item
Intermediary
Total Earmarked through conduit. PAC limit not affected.

B.
Full Name (Last, First, Middle Initial)
Oneill, Karen, , ,
Mailing Address 1180 evansburg
City: Collegeville | State: PA | Zip Code: 19426
FEC ID number of contributing federal political committee: C
Name of Employer: Not employed
Occupation: Not employed
Receipt For: 2024
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 300.00

Date of Receipt: 05 / 17 / 2024
Transaction ID : A182E2DB2250641DE933
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: 2024
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 221894.51

Date of Receipt: 05 / 17 / 2024
Transaction ID : A8218CD709C454A10AC3
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): Oneill, Karen, , ,
Mailing Address 1180 evansburg
City: Collegeville | State: PA | Zip Code: 19426
FEC ID number of contributing federal political committee: C
Name of Employer: Not employed | Occupation: Not employed
Receipt For: 2024 ☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 400.00

Date of Receipt: 06 / 17 / 2024
Transaction ID : ACFA80F467AA24987BBC
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: 2024 ☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 221894.51

Date of Receipt: 06 / 17 / 2024
Transaction ID : AE272CB152D5C4F8A83B
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): Orndorff, Robert, , ,
Mailing Address 156 Saint Mildreds Court
City: Danville | State: KY | Zip Code: 40422
FEC ID number of contributing federal political committee: C
Name of Employer: Not employed | Occupation: Not employed
Receipt For: 2024 ☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 350.00

Date of Receipt: 05 / 01 / 2024
Transaction ID : AA774C0F861664ADA991
Amount of Each Receipt this Period: 100.00
☐ Memo Item
Earmark: ActBlue (non-directed)

SUBTOTAL of Receipts This Page (optional) ▶ 200.00

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: 2024
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 221894.51

Date of Receipt: 05 / 01 / 2024
Transaction ID : A46412AC0419641A48D5
Amount of Each Receipt this Period: 100.00
☒ Memo Item
Intermediary
Total Earmarked through conduit. PAC limit not affected.

B.
Full Name (Last, First, Middle Initial)
Ortiz, Rodrigo, , ,
Mailing Address 11724 SW 118th Terrace
City: Miami | State: FL | Zip Code: 33186-3985
FEC ID number of contributing federal political committee: C
Name of Employer: Collahuasi
Occupation: Mine engineer
Receipt For: 2024
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 210.00

Date of Receipt: 04 / 04 / 2024
Transaction ID : A9A80F399C8BE4DB38D4
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: 2024
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 221894.51

Date of Receipt: 04 / 04 / 2024
Transaction ID : AF3DA844851394E8AB9A
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)
Ortiz, Rodrigo, , ,
Mailing Address 11724 SW 118th Terrace
City: Miami | State: FL | Zip Code: 33186-3985
FEC ID number of contributing federal political committee: C
Name of Employer: Collahuasi
Occupation: Mine engineer
Receipt For: 2024
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 215.00

Date of Receipt: 04 / 17 / 2024
Transaction ID : A57717F641E2641B18E2
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: 2024
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 221894.51

Date of Receipt: 04 / 17 / 2024
Transaction ID : A3ECA5025B66848F9A62
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)
Ortiz, Rodrigo, , ,
Mailing Address 11724 SW 118th Terrace
City: Miami | State: FL | Zip Code: 33186-3985
FEC ID number of contributing federal political committee: C
Name of Employer: Collahuasi
Occupation: Mine engineer
Receipt For: 2024
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 225.00

Date of Receipt: 05 / 04 / 2024
Transaction ID : A8ACF3836DC0841F989E
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

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: 2024
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 221894.51

Date of Receipt: 05 / 04 / 2024
Transaction ID : AF19F84CA839342F3BFD
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)
Ortiz, Rodrigo, , ,
Mailing Address 11724 SW 118th Terrace
City: Miami | State: FL | Zip Code: 33186-3985
FEC ID number of contributing federal political committee: C
Name of Employer: Collahuasi
Occupation: Mine engineer
Receipt For: 2024
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 230.00

Date of Receipt: 05 / 17 / 2024
Transaction ID : A55475C6F4231477B903
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: 2024
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 221894.51

Date of Receipt: 05 / 17 / 2024
Transaction ID : A3645BAF154104298A4B
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)
Ortiz, Rodrigo, , ,
Mailing Address 11724 SW 118th Terrace
City: Miami | State: FL | Zip Code: 33186-3985
FEC ID number of contributing federal political committee: C
Name of Employer: Collahuasi
Occupation: Mine engineer
Receipt For: 2024
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 240.00

Date of Receipt: 06 / 04 / 2024
Transaction ID : A0345EED85CDD4439A07
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: 2024
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 221894.51

Date of Receipt: 06 / 04 / 2024
Transaction ID : A288C63000F204947B7E
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: 2024
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 210.00

Date of Receipt: 06 / 26 / 2024
Transaction ID : ADED9C4903B8044D3964
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: 2024
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 221894.51

Date of Receipt: 06 / 26 / 2024
Transaction ID : ACFFAEBA4B58641AD890
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: 2024
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 450.00

Date of Receipt: 04 / 17 / 2024
Transaction ID : ABC1F559EF9D34B9EA05
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: 2024
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 221894.51

Date of Receipt: 04 / 17 / 2024
Transaction ID : AB9191FEB6F0A45668B9
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: 2024
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 475.00

Date of Receipt: 05 / 17 / 2024
Transaction ID : A746B814A705F401AB96
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: 2024
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 221894.51

Date of Receipt: 05 / 17 / 2024
Transaction ID : A9AAF1461E474401DA63
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: 2024
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 500.00

Date of Receipt: 06 / 17 / 2024
Transaction ID : AB1A5B30A3409415EA90
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: 2024
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 221894.51

Date of Receipt: 06 / 17 / 2024
Transaction ID : AE3DE23AE28FA4672BE3
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)
Roth, Susan K, , ,
Mailing Address 4351 Casper Ct
City: Hollywood | State: FL | Zip Code: 33021
FEC ID number of contributing federal political committee: C
Name of Employer: Not employed
Occupation: Not employed
Receipt For: 2024
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 212.48

Date of Receipt: 04 / 01 / 2024
Transaction ID : AB6E76253E1004BB6BAE
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: 2024
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 221894.51

Date of Receipt: 04 / 01 / 2024
Transaction ID : A2E8CE507C1994EF2AE1
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)
Roth, Susan K, , ,
Mailing Address 4351 Casper Ct
City: Hollywood | State: FL | Zip Code: 33021
FEC ID number of contributing federal political committee: C
Name of Employer: Not employed
Occupation: Not employed
Receipt For: 2024
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 232.72

Date of Receipt: 04 / 16 / 2024
Transaction ID : A3AF4BF8D2D3E4A6EB99
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: 2024
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 221894.51

Date of Receipt: 04 / 16 / 2024
Transaction ID : A21AF5470C5C2450EA4C
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)
Roth, Susan K, , ,
Mailing Address 4351 Casper Ct
City: Hollywood | State: FL | Zip Code: 33021
FEC ID number of contributing federal political committee: C
Name of Employer: Not employed
Occupation: Not employed
Receipt For: 2024
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 252.96

Date of Receipt: 05 / 16 / 2024
Transaction ID : AF6B788EC7A3840079BB
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: 2024
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 221894.51

Date of Receipt: 05 / 16 / 2024
Transaction ID : A004D1541AEDD477CAC9
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)
Roth, Susan K, , ,
Mailing Address 4351 Casper Ct
City: Hollywood | State: FL | Zip Code: 33021
FEC ID number of contributing federal political committee: C
Name of Employer: Not employed
Occupation: Not employed
Receipt For: 2024
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 273.20

Date of Receipt: 06 / 16 / 2024
Transaction ID : A76780B31C4C14390AA6
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: 2024
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 221894.51

Date of Receipt: 06 / 16 / 2024
Transaction ID : A681FC5C3DD594A88876
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)
SCULLY, VINCENT, , ,
Mailing Address 2751 Challenger Drive
City: Palm Harbor | State: FL | Zip Code: 34683
FEC ID number of contributing federal political committee: C
Name of Employer: self
Occupation: Insurances
Receipt For: 2024
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 300.00

Date of Receipt: 05 / 25 / 2024
Transaction ID : A5FE2F34D15EE4F6E887
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: 2024
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 221894.51

Date of Receipt: 05 / 25 / 2024
Transaction ID : A34FEB8B767AD478295E
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)
SCULLY, VINCENT, , ,
Mailing Address 2751 Challenger Drive
City: Palm Harbor | State: FL | Zip Code: 34683
FEC ID number of contributing federal political committee: C
Name of Employer: self
Occupation: Insurances
Receipt For: 2024
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 400.00

Date of Receipt: 06 / 25 / 2024
Transaction ID : A60D21ABDDF054D929C9
Amount of Each Receipt this Period: 100.00
☐ Memo Item
Earmark: ActBlue (non-directed)

SUBTOTAL of Receipts This Page (optional) ▶ 200.00

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: 2024
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 221894.51

Date of Receipt: 06 / 25 / 2024
Transaction ID : A44029666E9A94A06AEC
Amount of Each Receipt this Period: 100.00
☒ Memo Item
Intermediary
Total Earmarked through conduit. PAC limit not affected.

B.
Full Name (Last, First, Middle Initial)
Shippen, Sam, , ,
Mailing Address 37 Ortega dr
City: Newbury Park | State: CA | Zip Code: 91320
FEC ID number of contributing federal political committee: C
Name of Employer: Richard Carpenter
Occupation: handyman
Receipt For: 2024
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 270.00

Date of Receipt: 04 / 21 / 2024
Transaction ID : A4D09CFBE48AA40EAB9E
Amount of Each Receipt this Period: 15.00
☐ 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: 2024
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 221894.51

Date of Receipt: 04 / 21 / 2024
Transaction ID : A292EEF3ED52D42E79E8
Amount of Each Receipt this Period: 15.00
☒ Memo Item
Intermediary
Total Earmarked through conduit. PAC limit not affected.

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)
Shippen, Sam, , ,
Mailing Address 37 Ortega dr
City: Newbury Park | State: CA | Zip Code: 91320
FEC ID number of contributing federal political committee: C
Name of Employer: Richard Carpenter
Occupation: handyman
Receipt For: 2024
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 285.00

Date of Receipt: 05 / 21 / 2024
Transaction ID : AAE2DE61D5A8E40FEA1A
Amount of Each Receipt this Period: 15.00
☐ 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: 2024
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 221894.51

Date of Receipt: 05 / 21 / 2024
Transaction ID : A9E2E8BFC777943479D3
Amount of Each Receipt this Period: 15.00
☒ Memo Item
Intermediary
Total Earmarked through conduit. PAC limit not affected.

C.
Full Name (Last, First, Middle Initial)
Shippen, Sam, , ,
Mailing Address 37 Ortega dr
City: Newbury Park | State: CA | Zip Code: 91320
FEC ID number of contributing federal political committee: C
Name of Employer: Richard Carpenter
Occupation: handyman
Receipt For: 2024
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 300.00

Date of Receipt: 06 / 21 / 2024
Transaction ID : AEC40353A4468484ABD4
Amount of Each Receipt this Period: 15.00
☐ Memo Item
Earmark: ActBlue (non-directed)

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)
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: 2024
☒ Primary ☐ General
☐ Other (specify) ▼
Election Cycle-to-Date ▼ 221894.51

Date of Receipt: 06 / 21 / 2024
Transaction ID : AB43E63186FD94AEBBF9
Amount of Each Receipt this Period: 15.00
☒ Memo Item
Intermediary
Total Earmarked through conduit. PAC limit not affected.

B.
Full Name (Last, First, Middle Initial)
SINGER, ROBERT, , ,
Mailing Address 15060 ventura blvd
City: sherman oaks | State: CA | Zip Code: 91403
FEC ID number of contributing federal political committee: C
Name of Employer: dec 3rd prod.
Occupation: tv producer
Receipt For: 2024
☒ Primary ☐ General
☐ Other (specify) ▼
Election Cycle-to-Date ▼ 450.00

Date of Receipt: 04 / 12 / 2024
Transaction ID : A0E219CDAF182452AB68
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: 2024
☒ Primary ☐ General
☐ Other (specify) ▼
Election Cycle-to-Date ▼ 221894.51

Date of Receipt: 04 / 12 / 2024
Transaction ID : A00513FDB7022491C8FF
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)
SINGER, ROBERT, , ,
Mailing Address 15060 ventura blvd
City: sherman oaks | State: CA | Zip Code: 91403
FEC ID number of contributing federal political committee: C
Name of Employer: dec 3rd prod. | Occupation: tv producer
Receipt For: 2024 ☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 500.00

Date of Receipt: 05 / 12 / 2024
Transaction ID : A6BF8C93258664885A0E
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: 2024 ☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 221894.51

Date of Receipt: 05 / 12 / 2024
Transaction ID : AD659071E1F2547FBA64
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)
SINGER, ROBERT, , ,
Mailing Address 15060 ventura blvd
City: sherman oaks | State: CA | Zip Code: 91403
FEC ID number of contributing federal political committee: C
Name of Employer: dec 3rd prod. | Occupation: tv producer
Receipt For: 2024 ☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 550.00

Date of Receipt: 06 / 12 / 2024
Transaction ID : A8E97209D5D8444DBA11
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: 2024
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 221894.51

Date of Receipt: 06 / 12 / 2024
Transaction ID : A9649D1037D8C48EE949
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)
Smith, Ed, , ,
Mailing Address 2466 Breakwater Circle
City: Sarasota | State: FL | Zip Code: 34231
FEC ID number of contributing federal political committee: C
Name of Employer: State Farm
Occupation: Insurance Agent
Receipt For: 2024
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 250.00

Date of Receipt: 06 / 16 / 2024
Transaction ID : A68606C2D79734E529FD
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: 2024
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 221894.51

Date of Receipt: 06 / 16 / 2024
Transaction ID : A3F16BA2C0AD74A6F800
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: 2024
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 250.00

Date of Receipt: 05 / 01 / 2024
Transaction ID : A761229F5794540EA81A
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: 2024
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 221894.51

Date of Receipt: 05 / 01 / 2024
Transaction ID : A82CA2170F9F8476188F
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: 2024
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 300.00

Date of Receipt: 05 / 24 / 2024
Transaction ID : A741590E2818C479382A
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: 2024
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 221894.51

Date of Receipt: 05 / 24 / 2024
Transaction ID : A0A3584C2DDA84AFC892
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: 2024
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 350.00

Date of Receipt: 06 / 01 / 2024
Transaction ID : A51BD42BF9E044E42A74
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: 2024
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 221894.51

Date of Receipt: 06 / 01 / 2024
Transaction ID : AD4D6A3B85CE24763834
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: 2024 ☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 400.00

Date of Receipt: 06 / 24 / 2024
Transaction ID : AA9A32E3977A3497884B
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: 2024 ☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 221894.51

Date of Receipt: 06 / 24 / 2024
Transaction ID : A91859867EF5846D08F5
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): Waldo, Gary, , ,
Mailing Address 497 Scrub Jay Dr
City: Saint Augustine | State: FL | Zip Code: 32092
FEC ID number of contributing federal political committee: C
Name of Employer: Not employed
Occupation: Not employed
Receipt For: 2024 ☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 205.24

Date of Receipt: 05 / 28 / 2024
Transaction ID : A73019E76724042E0A32
Amount of Each Receipt this Period: 10.00
☐ 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: 2024
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 221894.51

Date of Receipt: 05 / 28 / 2024
Transaction ID : A04348B401D1D4D9791E
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)
Waldo, Gary, , ,
Mailing Address 497 Scrub Jay Dr
City: Saint Augustine | State: FL | Zip Code: 32092
FEC ID number of contributing federal political committee: C
Name of Employer: Not employed
Occupation: Not employed
Receipt For: 2024
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 215.24

Date of Receipt: 06 / 04 / 2024
Transaction ID : ADB94C9402AEA4E75890
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: 2024
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 221894.51

Date of Receipt: 06 / 04 / 2024
Transaction ID : ADA65093EC48942A6827
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)
Waldo, Gary, , ,
Mailing Address 497 Scrub Jay Dr
City: Saint Augustine | State: FL | Zip Code: 32092
FEC ID number of contributing federal political committee: C
Name of Employer: Not employed
Occupation: Not employed
Receipt For: 2024
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 225.24

Date of Receipt: 06 / 28 / 2024
Transaction ID : AE862F115AAE34D0AAB9
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: 2024
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 221894.51

Date of Receipt: 06 / 28 / 2024
Transaction ID : A71BC3DA3102A4C319FD
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)
Weisbeck, Jean, , ,
Mailing Address 13046 Broadway
City: Alden | State: NY | Zip Code: 14004
FEC ID number of contributing federal political committee: C
Name of Employer: Not employed
Occupation: Not employed
Receipt For: 2024
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 225.00

Date of Receipt: 06 / 22 / 2024
Transaction ID : ACE6C380BF711406FBEC
Amount of Each Receipt this Period: 25.00
☐ Memo Item
Earmark: ActBlue (non-directed)

SUBTOTAL of Receipts This Page (optional) ▶ 35.00

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: 2024
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 221894.51

Date of Receipt: 06 / 22 / 2024
Transaction ID : A6711552DCD54469786B
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)
wertz, kristin, , ,
Mailing Address 1798 Jefferson Ave
City: StPaul | State: MN | Zip Code: 55105
FEC ID number of contributing federal political committee: C
Name of Employer: none
Occupation: Not employed
Receipt For: 2024
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 300.00

Date of Receipt: 04 / 29 / 2024
Transaction ID : A4385C7042ADD407FBB8
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: 2024
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 221894.51

Date of Receipt: 04 / 29 / 2024
Transaction ID : A6F7B1A6E16FF4B70B89
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): Williams, Sarah, , ,
Mailing Address 220 Matich St
City: Lake Elsinore | State: CA | Zip Code: 92530-3236
FEC ID number of contributing federal political committee: C
Name of Employer: Not employed | Occupation: Not employed
Receipt For: 2024 ☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 243.00

Date of Receipt: 04 / 29 / 2024
Transaction ID : A4FB698686E4B4C8DB1F
Amount of Each Receipt this Period: 13.50
☐ 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: 2024 ☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 221894.51

Date of Receipt: 04 / 29 / 2024
Transaction ID : AA035B8404E6A4F768C6
Amount of Each Receipt this Period: 13.50
☒ Memo Item
Intermediary
Total Earmarked through conduit. PAC limit not affected.

C.
Full Name (Last, First, Middle Initial): Williams, Sarah, , ,
Mailing Address 220 Matich St
City: Lake Elsinore | State: CA | Zip Code: 92530-3236
FEC ID number of contributing federal political committee: C
Name of Employer: Not employed | Occupation: Not employed
Receipt For: 2024 ☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 256.50

Date of Receipt: 05 / 29 / 2024
Transaction ID : AF2B57AE931B642ABA29
Amount of Each Receipt this Period: 13.50
☐ Memo Item
Earmark: ActBlue (non-directed)

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)
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: 2024
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 221894.51

Date of Receipt: 05 / 29 / 2024
Transaction ID : A97ADD7B32E7345F5B80
Amount of Each Receipt this Period: 13.50
☒ Memo Item
Intermediary
Total Earmarked through conduit. PAC limit not affected.

B.
Full Name (Last, First, Middle Initial)
Williams, Sarah, , ,
Mailing Address 220 Matich St
City: Lake Elsinore | State: CA | Zip Code: 92530-3236
FEC ID number of contributing federal political committee: C
Name of Employer: Not employed
Occupation: Not employed
Receipt For: 2024
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 270.00

Date of Receipt: 06 / 29 / 2024
Transaction ID : A52793302050D4F9E9B9
Amount of Each Receipt this Period: 13.50
☐ 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: 2024
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 221894.51

Date of Receipt: 06 / 29 / 2024
Transaction ID : AB1BE56E4DBE24778ABC
Amount of Each Receipt this Period: 13.50
☒ Memo Item
Intermediary
Total Earmarked through conduit. PAC limit not affected.

SUBTOTAL of Receipts This Page (optional) ▶ 13.50

TOTAL This Period (last page this line number only) ▶ 47335.13

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: 2024 ☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 363974.89

Date of Receipt: 04 / 30 / 2024
Transaction ID : A475E3D1EC9244A56A84
Amount of Each Receipt this Period: 12223.74
☐ Memo Item
Loan made from candidate 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: 2024 ☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 376812.80

Date of Receipt: 05 / 31 / 2024
Transaction ID : A8B90B12A7F4D485E8F3
Amount of Each Receipt this Period: 12837.91
☐ Memo Item
Loan made from candidate 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: 2024 ☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 386812.80

Date of Receipt: 06 / 13 / 2024
Transaction ID : AA10AA42FB65E4D499E6
Amount of Each Receipt this Period: 10000.00
☐ Memo Item
Loan made from candidate personal funds

SUBTOTAL of Receipts This Page (optional) ▶ 35061.65

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): 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: 2024 ☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 416812.80

Date of Receipt: 06 / 21 / 2024
Transaction ID : A1DD22A20EFBD4E6BADF
Amount of Each Receipt this Period: 30000.00
☐ Memo Item
Loan made from candidate 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: 2024 ☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 441812.80

Date of Receipt: 06 / 28 / 2024
Transaction ID : AF5AC09DBA5984216B32
Amount of Each Receipt this Period: 25000.00
☐ Memo Item
Loan from Candidate 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: 2024 ☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 473166.91

Date of Receipt: 06 / 30 / 2024
Transaction ID : A1616A17B5CAB4D98A09
Amount of Each Receipt this Period: 31354.11
☐ Memo Item
Loan made from candidate personal funds

SUBTOTAL of Receipts This Page (optional) ▶ 86354.11

TOTAL This Period (last page this line number only) ▶ 121415.76

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)
AAdvantage MC Barclay

Mailing Address Barclays
PO Box 13337

City: Philadelphia | State: PA | Zip Code: 19101-3337

Purpose of Disbursement: Annual fee

Category/Type: 001

Candidate Name

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

Disbursement For: 2024
☒ Primary ☐ General ☐ Other (specify)

Date of Disbursement: 04 / 02 / 2024

FEC Identification Number: C

Amount of Each Disbursement this Period: 99.00

Transaction ID : BF7D1C965780B4DA8A7A

☐ Memo Item

B.
Full Name (Last, First, Middle Initial)
AAdvantage MC Barclay

Mailing Address Barclays
PO Box 13337

City: Philadelphia | State: PA | Zip Code: 19101-3337

Purpose of Disbursement: Credit Card: See Below

Category/Type: 003

Candidate Name

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

Disbursement For: 2024
☒ Primary ☐ General ☐ Other (specify)

Date of Disbursement: 05 / 02 / 2024

FEC Identification Number: C

Amount of Each Disbursement this Period: 199.00

Transaction ID : BF8051866E68F433A94A

☐ Memo Item

C.
Full Name (Last, First, Middle Initial)
Saleshandy

Mailing Address 502 Dwarkesh Business Hub Opp
Highway Motera, Chandkheda

City: Gujarat 382424 | State: | Zip Code:

Purpose of Disbursement: Website and domain names

Category/Type: 001

Candidate Name

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

Disbursement For: 2024
☒ Primary ☐ General ☐ Other (specify)

Date of Disbursement: 05 / 02 / 2024

FEC Identification Number: C

Amount of Each Disbursement this Period: 199.00

Transaction ID : B4E737F91B69A4562A9D

☒ Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 298.00

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)
ActBlue

Mailing Address 14 Arrow St
Ste 11

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

Purpose of Disbursement: Credit card processing fees
Category/Type: 003

Candidate Name: ActBlue

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

Disbursement For: 2024
☒ Primary ☐ General ☐ Other (specify)

Date of Disbursement: 04 / 30 / 2024

FEC Identification Number: C C00401224

Amount of Each Disbursement this Period: 1286.77

Transaction ID : B3FF91E8E33044C7E92C

☐ 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: Credit card processing fees
Category/Type: 003

Candidate Name: ActBlue

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

Disbursement For: 2024
☒ Primary ☐ General ☐ Other (specify)

Date of Disbursement: 05 / 17 / 2024

FEC Identification Number: C C00401224

Amount of Each Disbursement this Period: 1.59

Transaction ID : B6B5519370F214D9EB0B

☐ 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: Credit card processing fees
Category/Type: 003

Candidate Name: ActBlue

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

Disbursement For: 2024
☒ Primary ☐ General ☐ Other (specify)

Date of Disbursement: 05 / 31 / 2024

FEC Identification Number: C C00401224

Amount of Each Disbursement this Period: 663.76

Transaction ID : B2E3D7837743A477CB52

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 1952.12

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)
ActBlue

Mailing Address 14 Arrow St
Ste 11

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

Purpose of Disbursement: Credit card processing fees
Category/Type: 003

Candidate Name: ActBlue

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

Disbursement For: 2024
☒ Primary ☐ General ☐ Other (specify)

Date of Disbursement: 06 / 28 / 2024

FEC Identification Number: C C00401224

Amount of Each Disbursement this Period: 0.14

Transaction ID : B8576D7F71EB44452B5D

☐ 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: Credit card processing fees
Category/Type: 003

Candidate Name: ActBlue

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

Disbursement For: 2024
☒ Primary ☐ General ☐ Other (specify)

Date of Disbursement: 06 / 30 / 2024

FEC Identification Number: C C00401224

Amount of Each Disbursement this Period: 1.59

Transaction ID : BCE37C141ED4F42DFBBC

☐ 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: Credit card processing fees
Category/Type: 003

Candidate Name: ActBlue

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

Disbursement For: 2024
☒ Primary ☐ General ☐ Other (specify)

Date of Disbursement: 06 / 30 / 2024

FEC Identification Number: C C00401224

Amount of Each Disbursement this Period: 300.02

Transaction ID : B1F8222E1A2A945D28DC

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 301.75

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

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☒ 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: Interest Expense
Category/Type: 001
Candidate Name
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: 2024
☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 04 / 14 / 2024
FEC Identification Number: C
Amount of Each Disbursement this Period: 214.37
Transaction ID : B6921BAF74FDA46D1B40
☐ 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: 04 / 14 / 2024
FEC Identification Number: C
Amount of Each Disbursement this Period: 260.63
Transaction ID : B2D270013F2504232BF7
☐ 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: 05 / 08 / 2024
FEC Identification Number: C
Amount of Each Disbursement this Period: 235.36
Transaction ID : BC9E843233B4E4E9995A
☐ Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 710.36

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)
Alliant Visa

Mailing Address PO Box 1666

City: Des Plaines | State: IL | Zip Code: 60017-1666

Purpose of Disbursement: Interest expense and fees

Category/Type: 001

Candidate Name

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

Disbursement For: 2024
☒ Primary ☐ General ☐ Other (specify)

Date of Disbursement: 05 / 14 / 2024

FEC Identification Number: C

Amount of Each Disbursement this Period: 237.64

Transaction ID : B1ED3239B6B8747879A4

☐ 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: 001

Candidate Name

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

Disbursement For: 2022
☒ Primary ☐ General ☐ Other (specify)

Date of Disbursement: 05 / 15 / 2024

FEC Identification Number: C

Amount of Each Disbursement this Period: 328.87

Transaction ID : BF1B513C23F05417D895

☐ 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: 06 / 08 / 2024

FEC Identification Number: C

Amount of Each Disbursement this Period: 452.00

Transaction ID : B277EED99FD054799BF8

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 1018.51

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

Image# 202407159661161354

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)
B2BXclusive
Mailing Address
City | State | Zip Code
Purpose of Disbursement: Social Media Communications
Candidate Name
Category/ Type
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: 2024 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 06 / 11 / 2024
FEC Identification Number: C
Amount of Each Disbursement this Period: 3500.00
Transaction ID : B2EFC2352DE984A018C9
☒ Memo Item

B.
Full Name (Last, First, Middle Initial)
B2BXclusive
Mailing Address
City | State | Zip Code
Purpose of Disbursement: Social Media Communications
Candidate Name
Category/ Type
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: 2024 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 06 / 11 / 2024
FEC Identification Number: C
Amount of Each Disbursement this Period: 271.38
Transaction ID : BCE37CB4C508B47F3BFD
☒ 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 expense
Candidate Name
Category/ Type
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: 2024 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 06 / 11 / 2024
FEC Identification Number: C
Amount of Each Disbursement this Period: 506.66
Transaction ID : B3E1A0FBF3FEE4A5DB3D
☒ Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 0.00

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)
American Express Business Gold
Mailing Address PO Box 650448
City: Dallas | State: TX | Zip Code: 75265-0448
Purpose of Disbursement: CC Interest and fees
Category/Type: 001
Candidate Name
Office Sought: ☐ House ☐ Senate ☐ President
Disbursement For: 2024 ☒ Primary ☐ General ☐ Other (specify)
State: District:
Date of Disbursement: 05 / 03 / 2024
FEC Identification Number: C
Amount of Each Disbursement this Period: 375.00
Transaction ID : BFB3DDF951B6840DAB31
☒ Memo Item

B.
Full Name (Last, First, Middle Initial)
American Express Business Gold
Mailing Address PO Box 650448
City: Dallas | State: TX | Zip Code: 75265-0448
Purpose of Disbursement: CC Interest
Category/Type: 001
Candidate Name
Office Sought: ☐ House ☐ Senate ☐ President
Disbursement For: 2024 ☒ Primary ☐ General ☐ Other (specify)
State: District:
Date of Disbursement: 05 / 03 / 2024
FEC Identification Number: C
Amount of Each Disbursement this Period: 79.00
Transaction ID : B5C098C48F7C743DC8C2
☒ Memo Item

C.
Full Name (Last, First, Middle Initial)
Self Storage Plus
Mailing Address 24 Virginia Avenue Ext
City: Martinsburg | State: WV | Zip Code: 25401-2585
Purpose of Disbursement: Storage
Category/Type: 001
Candidate Name
Office Sought: ☐ House ☐ Senate ☐ President
Disbursement For: 2024 ☒ Primary ☐ General ☐ Other (specify)
State: District:
Date of Disbursement: 05 / 03 / 2024
FEC Identification Number: C
Amount of Each Disbursement this Period: 319.00
Transaction ID : B560E2CC5B7ED49BDB27
☒ Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 0.00

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

Image# 202407159661161356

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 Gold
Mailing Address PO Box 650448
City: Dallas | State: TX | Zip Code: 75265-0448
Purpose of Disbursement: Interest Expense
Category/Type: 004
Candidate Name
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: 2024
☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 04 / 03 / 2024
FEC Identification Number: C
Amount of Each Disbursement this Period: 74.44
Transaction ID : BB144A12053B14C39BBC
☐ Memo Item

B.
Full Name (Last, First, Middle Initial)
American Express Business Gold
Mailing Address PO Box 650448
City: Dallas | State: TX | Zip Code: 75265-0448
Purpose of Disbursement: Digital advertising
Category/Type: 004
Candidate Name
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: 2022
☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 04 / 03 / 2024
FEC Identification Number: C
Amount of Each Disbursement this Period: 41.56
Transaction ID : BE808DB8AE5864F73B90
☐ Memo Item

C.
Full Name (Last, First, Middle Initial)
American Express Business Gold
Mailing Address PO Box 650448
City: Dallas | State: TX | Zip Code: 75265-0448
Purpose of Disbursement: CC fees and interest
Category/Type: 001
Candidate Name
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: 2024
☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 05 / 03 / 2024
FEC Identification Number: C
Amount of Each Disbursement this Period: 499.00
Transaction ID : B9452DB60138B4E87B31
☐ Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 615.00

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)
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: 2024
☒ Primary ☐ General ☐ Other (specify)

Date of Disbursement: 04 / 08 / 2024

FEC Identification Number: C

Amount of Each Disbursement this Period: 1497.76

Transaction ID : B4F50AAB3E7D54434B17

☐ Memo Item

B. Full Name (Last, First, Middle Initial)
B2BXclusive

Mailing Address

City | State | Zip Code

Purpose of Disbursement: Social media communications

Category/Type: 004

Candidate Name

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

Disbursement For: 2024
☒ Primary ☐ General ☐ Other (specify)

Date of Disbursement: 04 / 08 / 2024

FEC Identification Number: C

Amount of Each Disbursement this Period: 1000.00

Transaction ID : B5B26C8C4F9BD41B3A47

☒ Memo Item

C. Full Name (Last, First, Middle Initial)
Google, Inc.

Mailing Address 1600 Amphitheatre Parkway

City: Mountain View | State: CA | Zip Code: 94043-1351

Purpose of Disbursement: Digital Advertising

Category/Type: 004

Candidate Name

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

Disbursement For: 2024
☒ Primary ☐ General ☐ Other (specify)

Date of Disbursement: 04 / 08 / 2024

FEC Identification Number: C

Amount of Each Disbursement this Period: 12.00

Transaction ID : B4CC526506B83463CB5C

☒ Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 1497.76

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

Image# 202407159661161358

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)
Godaddy.com

Mailing Address 14455 N Hayden Road
Suite 226

City: Scottsdale | State: AZ | Zip Code: 85260-6993

Purpose of Disbursement: Email from website

Category/Type: 001

Candidate Name

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

Disbursement For: 2024
☒ Primary ☐ General ☐ Other (specify)

Date of Disbursement: 04 / 08 / 2024

FEC Identification Number: C

Amount of Each Disbursement this Period: 156.01

Transaction ID : BE705070C4B664C2A86E

☒ 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

Category/Type: 001

Candidate Name

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

Disbursement For: 2024
☒ Primary ☐ General ☐ Other (specify)

Date of Disbursement: 04 / 08 / 2024

FEC Identification Number: C

Amount of Each Disbursement this Period: 301.85

Transaction ID : B3B1EA941AECD4D33AA2

☒ 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: 2024
☒ Primary ☐ General ☐ Other (specify)

Date of Disbursement: 05 / 08 / 2024

FEC Identification Number: C

Amount of Each Disbursement this Period: 1519.86

Transaction ID : B83C5AC03C843427CA5E

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 1519.86

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)
Godaddy.com

Mailing Address 14455 N Hayden Road
Suite 226

City: Scottsdale | State: AZ | Zip Code: 85260-6993

Purpose of Disbursement: Email from website

Category/Type: 001

Candidate Name

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

Disbursement For: 2024
☒ Primary ☐ General ☐ Other (specify)

Date of Disbursement: 05 / 08 / 2024

FEC Identification Number: C

Amount of Each Disbursement this Period: 20.97

Transaction ID : BD3E41DAECB1949BAA78

☒ 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

Category/Type: 001

Candidate Name

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

Disbursement For: 2024
☒ Primary ☐ General ☐ Other (specify)

Date of Disbursement: 05 / 08 / 2024

FEC Identification Number: C

Amount of Each Disbursement this Period: 301.85

Transaction ID : B0A37791786754DA58D9

☒ Memo Item

C. Full Name (Last, First, Middle Initial)
B2BXclusive

Mailing Address

City | State | Zip Code

Purpose of Disbursement: Social media communications

Category/Type: 004

Candidate Name

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

Disbursement For: 2024
☒ Primary ☐ General ☐ Other (specify)

Date of Disbursement: 05 / 08 / 2024

FEC Identification Number: C

Amount of Each Disbursement this Period: 271.38

Transaction ID : B912EE811F9F04357ADA

☒ Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 0.00

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

Image# 202407159661161360

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)
AirBNB

Mailing Address 541 8th Street

City: San Francisco | State: CA | Zip Code: 94103

Purpose of Disbursement: Lodging/Rooms

Category/Type: 002

Candidate Name

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

Disbursement For: 2024
☒ Primary ☐ General ☐ Other (specify)

Date of Disbursement: 05 / 08 / 2024

FEC Identification Number: C

Amount of Each Disbursement this Period: 362.55

Transaction ID : B1FFB563FC35B494C9F3

☒ Memo Item

B. Full Name (Last, First, Middle Initial)
Google, Inc.

Mailing Address 1600 Amphitheatre Parkway

City: Mountain View | State: CA | Zip Code: 94043-1351

Purpose of Disbursement: Digital advertising

Category/Type: 004

Candidate Name

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

Disbursement For: 2024
☒ Primary ☐ General ☐ Other (specify)

Date of Disbursement: 05 / 08 / 2024

FEC Identification Number: C

Amount of Each Disbursement this Period: 12.84

Transaction ID : BDCC84BF7D0EC4C3FBC6

☒ Memo Item

C. Full Name (Last, First, Middle Initial)
Saleshandy

Mailing Address 502 Dwarkesh Business Hub Opp Highway Motera, Chandkheda

City: Gujarat 382424 | State: | Zip Code:

Purpose of Disbursement: Automated emails

Category/Type: 003

Candidate Name

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

Disbursement For: 2024
☒ Primary ☐ General ☐ Other (specify)

Date of Disbursement: 05 / 08 / 2024

FEC Identification Number: C

Amount of Each Disbursement this Period: 327.17

Transaction ID : B53F5879E67564867970

☒ Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 0.00

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)
Delta Airlines

Mailing Address PO Box 20706

City: Atlanta | State: GA | Zip Code: 30320-6001

Purpose of Disbursement: Airfare

Category/Type: 002

Candidate Name

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

Disbursement For: 2024
☒ Primary ☐ General ☐ Other (specify)

Date of Disbursement: 05 / 08 / 2024

FEC Identification Number: C

Amount of Each Disbursement this Period: 223.10

Transaction ID : B0CC154FAE9F94A2B89C

☒ 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: 2024
☒ Primary ☐ General ☐ Other (specify)

Date of Disbursement: 06 / 08 / 2024

FEC Identification Number: C

Amount of Each Disbursement this Period: 1937.46

Transaction ID : BA9C1A103890440F9864

☐ Memo Item

C. Full Name (Last, First, Middle Initial)
Facebook Advertising

Mailing Address 156 University Avenue

City: Palo Alto | State: CA | Zip Code: 94301-1688

Purpose of Disbursement: Internet Advertising Expense

Category/Type: 004

Candidate Name

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

Disbursement For: 2024
☒ Primary ☐ General ☐ Other (specify)

Date of Disbursement: 06 / 08 / 2024

FEC Identification Number: C

Amount of Each Disbursement this Period: 900.00

Transaction ID : B9203D22D5CD341E6A94

☒ Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 1937.46

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

Image# 202407159661161362

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)
Godaddy.com

Mailing Address 14455 N Hayden Road
Suite 226

City: Scottsdale | State: AZ | Zip Code: 85260-6993

Purpose of Disbursement: Email from website

Category/Type: 001

Candidate Name

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

Disbursement For: 2024
☒ Primary ☐ General ☐ Other (specify)

Date of Disbursement: 06 / 08 / 2024

FEC Identification Number: C

Amount of Each Disbursement this Period: 125.84

Transaction ID : B8EB44C9DD7884A83AE5

☒ 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

Category/Type: 001

Candidate Name

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

Disbursement For: 2024
☒ Primary ☐ General ☐ Other (specify)

Date of Disbursement: 06 / 08 / 2024

FEC Identification Number: C

Amount of Each Disbursement this Period: 301.85

Transaction ID : B55268903CECA4F76B93

☒ Memo Item

C. Full Name (Last, First, Middle Initial)
Google, Inc.

Mailing Address 1600 Amphitheatre Parkway

City: Mountain View | State: CA | Zip Code: 94043-1351

Purpose of Disbursement: Digital Advertising

Category/Type: 004

Candidate Name

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

Disbursement For: 2024
☒ Primary ☐ General ☐ Other (specify)

Date of Disbursement: 06 / 08 / 2024

FEC Identification Number: C

Amount of Each Disbursement this Period: 14.40

Transaction ID : B4D47318222E14A07915

☒ Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 0.00

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)
Saleshandy

Mailing Address 502 Dwarkesh Business Hub Opp
Highway Motera, Chandkheda

City: Gujarat 382424 | State: | Zip Code:

Purpose of Disbursement: Automated emails
Category/Type: 003

Candidate Name:

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

Disbursement For: 2024
☒ Primary ☐ General ☐ Other (specify)

Date of Disbursement: 06 / 08 / 2024

FEC Identification Number: C

Amount of Each Disbursement this Period: 299.00

Transaction ID : B8587A2CD44FA4F648E6

☒ Memo Item

B. Full Name (Last, First, Middle Initial)
B2BXclusive

Mailing Address

City | State | Zip Code

Purpose of Disbursement: Social media communications
Category/Type: 004

Candidate Name:

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

Disbursement For: 2024
☒ Primary ☐ General ☐ Other (specify)

Date of Disbursement: 06 / 08 / 2024

FEC Identification Number: C

Amount of Each Disbursement this Period: 271.38

Transaction ID : B043AC6ADB5E6411E869

☒ Memo Item

C. Full Name (Last, First, Middle Initial)
American Express Schwab Business Platinum

Mailing Address PO Box 650448

City: Dallas | State: TX | Zip Code: 75265-0448

Purpose of Disbursement: Print media
Category/Type: 004

Candidate Name:

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

Disbursement For: 2022
☒ Primary ☐ General ☐ Other (specify)

Date of Disbursement: 04 / 10 / 2024

FEC Identification Number: C

Amount of Each Disbursement this Period: 53.17

Transaction ID : B1432AC0328A84C118BA

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 53.17

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

Image# 202407159661161364

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 Schwab Business Platinum
Mailing Address PO Box 650448
City: Dallas | State: TX | Zip Code: 75265-0448
Purpose of Disbursement: Interest expense
Category/Type: 001
Candidate Name:
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: 2024 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 04 / 11 / 2024
FEC Identification Number: C
Amount of Each Disbursement this Period: 87.83
Transaction ID : BE67EE9455ADA4AE9897
☐ Memo Item

B.
Full Name (Last, First, Middle Initial)
American Express Schwab Business Platinum
Mailing Address PO Box 650448
City: Dallas | State: TX | Zip Code: 75265-0448
Purpose of Disbursement: CC interest expense and fees
Category/Type: 001
Candidate Name:
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: 2024 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 05 / 10 / 2024
FEC Identification Number: C
Amount of Each Disbursement this Period: 128.99
Transaction ID : B26DF2FA194614FE18FD
☐ Memo Item

C.
Full Name (Last, First, Middle Initial)
American Express Schwab Business Platinum
Mailing Address PO Box 650448
City: Dallas | State: TX | Zip Code: 75265-0448
Purpose of Disbursement: Print media
Category/Type: 004
Candidate Name:
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: 2022 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 05 / 10 / 2024
FEC Identification Number: C
Amount of Each Disbursement this Period: 53.01
Transaction ID : BFCEC91D16E7447E1A28
☐ Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 269.83

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

Image# 202407159661161365

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 Schwab Business Platinum

Mailing Address PO Box 650448

City: Dallas | State: TX | Zip Code: 75265-0448

Purpose of Disbursement: CC interest expense

Category/Type: 001

Candidate Name

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

Disbursement For: 2024
☒ Primary ☐ General ☐ Other (specify)

Date of Disbursement: 06 / 10 / 2024

FEC Identification Number: C

Amount of Each Disbursement this Period: 89.05

Transaction ID : B2EAB6EEBD7DE4BBC81B

☐ Memo Item

B. Full Name (Last, First, Middle Initial)
American Express Schwab Business Platinum

Mailing Address PO Box 650448

City: Dallas | State: TX | Zip Code: 75265-0448

Purpose of Disbursement: Print media

Category/Type: 004

Candidate Name

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

Disbursement For: 2022
☒ Primary ☐ General ☐ Other (specify)

Date of Disbursement: 06 / 10 / 2024

FEC Identification Number: C

Amount of Each Disbursement this Period: 51.95

Transaction ID : BC63300C536B94643BE6

☐ 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 expense

Category/Type: 001

Candidate Name

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

Disbursement For: 2024
☒ Primary ☐ General ☐ Other (specify)

Date of Disbursement: 04 / 18 / 2024

FEC Identification Number: C

Amount of Each Disbursement this Period: 525.27

Transaction ID : B019BE2E187B64A37A54

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 666.27

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

Image# 202407159661161366

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: 04 / 18 / 2024
FEC Identification Number: C
Amount of Each Disbursement this Period: 300.43
Transaction ID : BA621D182D330438E89C
☐ 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: 2024
☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 05 / 18 / 2024
FEC Identification Number: C
Amount of Each Disbursement this Period: 556.08
Transaction ID : BDCF4FE97AD3548DAB3A
☐ 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: 05 / 18 / 2024
FEC Identification Number: C
Amount of Each Disbursement this Period: 297.92
Transaction ID : B4640C4FF0FA34BF4A82
☐ Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 1154.43

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: Interest expense
Category/Type: 001
Candidate Name
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: 2024
☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 06 / 19 / 2024
FEC Identification Number: C
Amount of Each Disbursement this Period: 533.11
Transaction ID : BB5DBCB9C70CC4F0CA3E
☐ 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: 06 / 19 / 2024
FEC Identification Number: C
Amount of Each Disbursement this Period: 294.89
Transaction ID : B909FEAE35CA040A6BEA
☐ 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: Interest expense
Category/Type: 001
Candidate Name
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: 2024
☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 04 / 19 / 2024
FEC Identification Number: C
Amount of Each Disbursement this Period: 318.61
Transaction ID : B2891C351B6D14084AFF
☐ Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 1146.61

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/Outdoor advertising
Category/Type: 001
Candidate Name
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: 2022
☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 04 / 19 / 2024
FEC Identification Number: C
Amount of Each Disbursement this Period: 189.39
Transaction ID : B867FBFF85626491D8BC
☐ 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 expense
Category/Type: 001
Candidate Name
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: 2024
☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 05 / 19 / 2024
FEC Identification Number: C
Amount of Each Disbursement this Period: 337.13
Transaction ID : BA2C574E32682459FAEB
☐ 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/Outdoor advertising
Category/Type: 001
Candidate Name
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: 2022
☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 05 / 19 / 2024
FEC Identification Number: C
Amount of Each Disbursement this Period: 186.87
Transaction ID : B09EF964734BA4195A9E
☐ Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 713.39

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: CC Interest expense
Category/Type: 001
Candidate Name
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: 2024
☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 06 / 19 / 2024
FEC Identification Number: C
Amount of Each Disbursement this Period: 323.19
Transaction ID : BBA06591007CE482CA12
☐ 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/Outdoor advertising
Category/Type: 001
Candidate Name
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: 2022
☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 06 / 19 / 2024
FEC Identification Number: C
Amount of Each Disbursement this Period: 184.81
Transaction ID : BF0AAA450444F410BA62
☐ Memo Item

C.
Full Name (Last, First, Middle Initial)
Bank Of America
Mailing Address 4048 Town Center Boulevard
City: Orlando | State: FL | Zip Code: 32837-6104
Purpose of Disbursement: Bank fees - new debit card
Category/Type: 001
Candidate Name
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: 2024
☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 06 / 12 / 2024
FEC Identification Number: C
Amount of Each Disbursement this Period: 15.00
Transaction ID : B61D6CBC3A7AC45F6AA3
☐ Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 523.00

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)
Barclays Miles & More MC
Mailing Address PO Box 13337
City: Philadelphia | State: PA | Zip Code: 19101-3337
Purpose of Disbursement: Social media advertising
Category/Type: 004
Candidate Name:
Office Sought: ☐ House ☐ Senate ☐ President
Disbursement For: 2024 ☒ Primary ☐ General ☐ Other (specify)
State: District:
Date of Disbursement: 04 / 17 / 2024
FEC Identification Number: C
Amount of Each Disbursement this Period: 208.74
Transaction ID : B3D755569E1B44170BB4
☐ Memo Item

B.
Full Name (Last, First, Middle Initial)
Facebook Advertising
Mailing Address 156 University Avenue
City: Palo Alto | State: CA | Zip Code: 94301-1688
Purpose of Disbursement: Internet Advertising Expense
Category/Type: 004
Candidate Name:
Office Sought: ☐ House ☐ Senate ☐ President
Disbursement For: 2024 ☒ Primary ☐ General ☐ Other (specify)
State: District:
Date of Disbursement: 04 / 02 / 2024
FEC Identification Number: C
Amount of Each Disbursement this Period: 3600.00
Transaction ID : B9C3257B513D147FCAB6
☒ Memo Item

C.
Full Name (Last, First, Middle Initial)
Barclays Miles & More MC
Mailing Address PO Box 13337
City: Philadelphia | State: PA | Zip Code: 19101-3337
Purpose of Disbursement: Interest expense
Category/Type: 001
Candidate Name:
Office Sought: ☐ House ☐ Senate ☐ President
Disbursement For: 2024 ☒ Primary ☐ General ☐ Other (specify)
State: District:
Date of Disbursement: 05 / 16 / 2024
FEC Identification Number: C
Amount of Each Disbursement this Period: 118.47
Transaction ID : BE393316D6289464CB69
☐ Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 327.21

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)
Barclays Miles & More MC

Mailing Address PO Box 13337

City: Philadelphia | State: PA | Zip Code: 19101-3337

Purpose of Disbursement: Social media advertising

Category/Type: 004

Candidate Name

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

Disbursement For: 2024
☒ Primary ☐ General ☐ Other (specify)

Date of Disbursement: 05 / 16 / 2024

FEC Identification Number: C

Amount of Each Disbursement this Period: 78.33

Transaction ID : B7CA17F8CF85A49CDB07

☐ Memo Item

B. Full Name (Last, First, Middle Initial)
Barclays Miles & More MC

Mailing Address PO Box 13337

City: Philadelphia | State: PA | Zip Code: 19101-3337

Purpose of Disbursement: Interest expense

Category/Type: 001

Candidate Name

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

Disbursement For: 2024
☒ Primary ☐ General ☐ Other (specify)

Date of Disbursement: 06 / 16 / 2024

FEC Identification Number: C

Amount of Each Disbursement this Period: 199.97

Transaction ID : B8A9F4D42225849C0BD1

☐ Memo Item

C. Full Name (Last, First, Middle Initial)
Barclays Miles & More MC

Mailing Address PO Box 13337

City: Philadelphia | State: PA | Zip Code: 19101-3337

Purpose of Disbursement: Social media advertising

Category/Type: 004

Candidate Name

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

Disbursement For: 2024
☒ Primary ☐ General ☐ Other (specify)

Date of Disbursement: 06 / 16 / 2024

FEC Identification Number: C

Amount of Each Disbursement this Period: 78.79

Transaction ID : B6788EDBE9D3442EF834

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 357.09

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

Image# 202407159661161372

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)
Best Buy Visa

Mailing Address PO Box 9001007

City: Louisville | State: KY | Zip Code: 40290-1007

Purpose of Disbursement: Social media advertising

Category/Type: 004

Candidate Name

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

Disbursement For: 2024
☒ Primary ☐ General ☐ Other (specify)

Date of Disbursement: 04 / 13 / 2024

FEC Identification Number: C

Amount of Each Disbursement this Period: 1799.71

Transaction ID : BE3A817C0AF004645BC7

☐ Memo Item

B. Full Name (Last, First, Middle Initial)
MarTech Marketing

Mailing Address 88 Schoolhouse Road
PO Box 3103

City: Edgartown | State: MA | Zip Code: 02539

Purpose of Disbursement: Sub-Vendor

Category/Type: 004

Candidate Name

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

Disbursement For: 2024
☒ Primary ☐ General ☐ Other (specify)

Date of Disbursement: 03 / 08 / 2024

FEC Identification Number: C

Amount of Each Disbursement this Period: 1750.00

Transaction ID : B00DCCF85CFCE45C589A

☒ Memo Item

C. Full Name (Last, First, Middle Initial)
Best Buy Visa

Mailing Address PO Box 9001007

City: Louisville | State: KY | Zip Code: 40290-1007

Purpose of Disbursement: Social media advertising

Category/Type:

Candidate Name

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

Disbursement For: 2024
☒ Primary ☐ General ☐ Other (specify)

Date of Disbursement: 06 / 13 / 2024

FEC Identification Number: C

Amount of Each Disbursement this Period: 3687.47

Transaction ID : B4DCDF4572F7B4F66944

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 5487.18

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)
Amazon.com
Mailing Address 1516 2nd Avenue
City: Seattle | State: WA | Zip Code: 98101-1543
Purpose of Disbursement: Web services
Category/Type: 004
Candidate Name:
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: 2024 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 06 / 13 / 2024
FEC Identification Number: C
Amount of Each Disbursement this Period: 87.47
Transaction ID : BD525FC977A9C4EA082C
☒ Memo Item

B. Full Name (Last, First, Middle Initial)
Facebook Advertising
Mailing Address 156 University Avenue
City: Palo Alto | State: CA | Zip Code: 94301-1688
Purpose of Disbursement: Internet Advertising Expense
Category/Type: 004
Candidate Name:
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: 2024 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 06 / 13 / 2024
FEC Identification Number: C
Amount of Each Disbursement this Period: 3600.00
Transaction ID : BB84B9D6C618947DD8D5
☒ 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: Interest expense
Category/Type: 001
Candidate Name:
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: 2024 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 04 / 10 / 2024
FEC Identification Number: C
Amount of Each Disbursement this Period: 262.42
Transaction ID : BACA8F2D5C0BA450DB10
☐ Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 262.42

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: Outdoor advertising
Category/Type: 004
Candidate Name
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: 2022
☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 04 / 10 / 2024
FEC Identification Number: C
Amount of Each Disbursement this Period: 182.58
Transaction ID : BD6822FA5A83C40FEA07
☐ 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: Interest expense
Category/Type: 001
Candidate Name
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: 2024
☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 05 / 09 / 2024
FEC Identification Number: C
Amount of Each Disbursement this Period: 305.95
Transaction ID : B4B4971C279B841CE994
☐ 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: 05 / 09 / 2024
FEC Identification Number: C
Amount of Each Disbursement this Period: 181.05
Transaction ID : B1C1A96E1FAFA4D0CB63
☐ Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 669.58

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 expense

Category/Type: 001

Candidate Name

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

Disbursement For: 2024
☒ Primary ☐ General ☐ Other (specify)

Date of Disbursement: 06 / 09 / 2024

FEC Identification Number: C

Amount of Each Disbursement this Period: 266.54

Transaction ID : B654498581D974936B0E

☐ 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 advertising

Category/Type: 004

Candidate Name

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

Disbursement For: 2022
☒ Primary ☐ General ☐ Other (specify)

Date of Disbursement: 06 / 09 / 2024

FEC Identification Number: C

Amount of Each Disbursement this Period: 179.46

Transaction ID : B17DB244FC1104BE39DE

☐ Memo Item

C. Full Name (Last, First, Middle Initial)
Boggs, Matthew, , ,

Mailing Address 4327 Rummel Rd

City: Saint Cloud | State: FL | Zip Code: 34769-1705

Purpose of Disbursement: Campaign consulting

Category/Type: 001

Candidate Name

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

Disbursement For: 2024
☒ Primary ☐ General ☐ Other (specify)

Date of Disbursement: 06 / 18 / 2024

FEC Identification Number: C

Amount of Each Disbursement this Period: 2500.00

Transaction ID : BBA0C35AC5BB3429AB45

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 2946.00

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)
British Airways Chase
Mailing Address PO Box 6294
City: Carol Stream | State: IL | Zip Code: 60197-6294
Purpose of Disbursement: CC interest and fees
Category/Type: 001
Candidate Name
Office Sought: ☐ House ☐ Senate ☐ President
Disbursement For: 2024 ☒ Primary ☐ General ☐ Other (specify)
State: District:
Date of Disbursement: 04 / 08 / 2024
FEC Identification Number: C
Amount of Each Disbursement this Period: 1011.07
Transaction ID : B6DDE2CF2DF674FF4BE8
☐ 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: 04 / 08 / 2024
FEC Identification Number: C
Amount of Each Disbursement this Period: 525.93
Transaction ID : BF66810EDA97244FDADC
☐ 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 and fees
Category/Type: 001
Candidate Name
Office Sought: ☐ House ☐ Senate ☐ President
Disbursement For: 2024 ☒ Primary ☐ General ☐ Other (specify)
State: District:
Date of Disbursement: 05 / 08 / 2024
FEC Identification Number: C
Amount of Each Disbursement this Period: 1066.79
Transaction ID : BD3C54E31F173481CA05
☐ Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 2603.79

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: 05 / 08 / 2024

FEC Identification Number: C

Amount of Each Disbursement this Period: 520.21

Transaction ID : BAE75817BE352491B957

☐ 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 and fees

Candidate Name

Category/ Type: 001

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

Disbursement For: 2024
☒ Primary ☐ General ☐ Other (specify)

Date of Disbursement: 06 / 08 / 2024

FEC Identification Number: C

Amount of Each Disbursement this Period: 984.16

Transaction ID : B79F5D5094CFD4CEA816

☐ 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: 06 / 08 / 2024

FEC Identification Number: C

Amount of Each Disbursement this Period: 554.84

Transaction ID : B4618BF0664024419AD2

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 2059.21

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)
CapitalOne Spark Card
Mailing Address PO Box 71083
City: Charlotte | State: NC | Zip Code: 28272-1083
Purpose of Disbursement: Credit Card - See Below
Category/Type: 004
Candidate Name
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: 2024 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 04 / 02 / 2024
FEC Identification Number: C
Amount of Each Disbursement this Period: 10000.00
Transaction ID : B2982065D295C4D278A8
☐ Memo Item

B.
Full Name (Last, First, Middle Initial)
Facebook Advertising
Mailing Address 156 University Avenue
City: Palo Alto | State: CA | Zip Code: 94301-1688
Purpose of Disbursement: Internet Advertising Expense
Category/Type: 004
Candidate Name
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: 2024 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 04 / 02 / 2024
FEC Identification Number: C
Amount of Each Disbursement this Period: 10000.00
Transaction ID : BC1DA0FB4BC0D4BFF895
☒ Memo Item

C.
Full Name (Last, First, Middle Initial)
CapitalOne Spark Card
Mailing Address PO Box 71083
City: Charlotte | State: NC | Zip Code: 28272-1083
Purpose of Disbursement: Credit Card - See Below
Category/Type: 004
Candidate Name
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: 2024 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 04 / 04 / 2024
FEC Identification Number: C
Amount of Each Disbursement this Period: 10000.00
Transaction ID : BA72342A9FB9E4A8E84F
☐ Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 20000.00

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)
Facebook Advertising

Mailing Address 156 University Avenue

City: Palo Alto | State: CA | Zip Code: 94301-1688

Purpose of Disbursement: Internet Advertising Expense

Category/Type: 004

Candidate Name

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

Disbursement For: 2024
☒ Primary ☐ General ☐ Other (specify)

Date of Disbursement: 04 / 04 / 2024

FEC Identification Number: C

Amount of Each Disbursement this Period: 10000.00

Transaction ID : B0D6108B9653544C6A60

☒ Memo Item

B. Full Name (Last, First, Middle Initial)
CapitalOne Spark Card

Mailing Address PO Box 71083

City: Charlotte | State: NC | Zip Code: 28272-1083

Purpose of Disbursement: Credit Card - See Below

Category/Type: 004

Candidate Name

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

Disbursement For: 2024
☒ Primary ☐ General ☐ Other (specify)

Date of Disbursement: 04 / 11 / 2024

FEC Identification Number: C

Amount of Each Disbursement this Period: 5000.00

Transaction ID : BCA09963B37A847F4B0F

☐ Memo Item

C. Full Name (Last, First, Middle Initial)
Facebook Advertising

Mailing Address 156 University Avenue

City: Palo Alto | State: CA | Zip Code: 94301-1688

Purpose of Disbursement: Internet Advertising Expense

Category/Type: 004

Candidate Name

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

Disbursement For: 2024
☒ Primary ☐ General ☐ Other (specify)

Date of Disbursement: 04 / 11 / 2024

FEC Identification Number: C

Amount of Each Disbursement this Period: 5000.00

Transaction ID : B3249D051E9EA48E0BEA

☒ Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 5000.00

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

Image# 202407159661161380

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)
CapitalOne Spark Card
Mailing Address PO Box 71083
City: Charlotte | State: NC | Zip Code: 28272-1083
Purpose of Disbursement: Credit Card - See Below
Category/Type: 004
Candidate Name
Office Sought: ☐ House ☐ Senate ☐ President
Disbursement For: 2024 ☒ Primary ☐ General ☐ Other (specify)
State: District:
Date of Disbursement: 04 / 27 / 2024
FEC Identification Number: C
Amount of Each Disbursement this Period: 5000.00
Transaction ID : BFD2C80D7AE7946B4ABA
☐ Memo Item

B.
Full Name (Last, First, Middle Initial)
Facebook Advertising
Mailing Address 156 University Avenue
City: Palo Alto | State: CA | Zip Code: 94301-1688
Purpose of Disbursement: Internet Advertising Expense
Category/Type: 004
Candidate Name
Office Sought: ☐ House ☐ Senate ☐ President
Disbursement For: 2024 ☒ Primary ☐ General ☐ Other (specify)
State: District:
Date of Disbursement: 04 / 27 / 2024
FEC Identification Number: C
Amount of Each Disbursement this Period: 5000.00
Transaction ID : BBDA9FD668B794FAB8B9
☒ Memo Item

C.
Full Name (Last, First, Middle Initial)
CapitalOne Spark Card
Mailing Address PO Box 71083
City: Charlotte | State: NC | Zip Code: 28272-1083
Purpose of Disbursement: Credit Card - See Below
Category/Type: 004
Candidate Name
Office Sought: ☐ House ☐ Senate ☐ President
Disbursement For: 2024 ☒ Primary ☐ General ☐ Other (specify)
State: District:
Date of Disbursement: 05 / 01 / 2024
FEC Identification Number: C
Amount of Each Disbursement this Period: 10000.00
Transaction ID : B520F0C9FF350419C8CA
☐ Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 15000.00

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)
Facebook Advertising

Mailing Address 156 University Avenue

City: Palo Alto | State: CA | Zip Code: 94301-1688

Purpose of Disbursement: Internet Advertising Expense

Category/Type: 004

Candidate Name

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

Disbursement For: 2024
☒ Primary ☐ General ☐ Other (specify)

Date of Disbursement: 05 / 01 / 2024

FEC Identification Number: C

Amount of Each Disbursement this Period: 10000.00

Transaction ID : B33B7B9090B494735A8A

☒ Memo Item

B. Full Name (Last, First, Middle Initial)
CapitalOne Spark Card

Mailing Address PO Box 71083

City: Charlotte | State: NC | Zip Code: 28272-1083

Purpose of Disbursement: Credit Card - See Below

Category/Type: 004

Candidate Name

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

Disbursement For: 2024
☒ Primary ☐ General ☐ Other (specify)

Date of Disbursement: 05 / 02 / 2024

FEC Identification Number: C

Amount of Each Disbursement this Period: 19600.00

Transaction ID : BF481843DCC7049ACB59

☐ Memo Item

C. Full Name (Last, First, Middle Initial)
Facebook Advertising

Mailing Address 156 University Avenue

City: Palo Alto | State: CA | Zip Code: 94301-1688

Purpose of Disbursement: Internet Advertising Expense

Category/Type: 004

Candidate Name

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

Disbursement For: 2024
☒ Primary ☐ General ☐ Other (specify)

Date of Disbursement: 05 / 02 / 2024

FEC Identification Number: C

Amount of Each Disbursement this Period: 19600.00

Transaction ID : B8FDEFC787119414989A

☒ Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 19600.00

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: Interest expense and fees

Category/Type: 001

Candidate Name

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

Disbursement For: 2024
☒ Primary ☐ General ☐ Other (specify)

Date of Disbursement: 04 / 15 / 2024

FEC Identification Number: C

Amount of Each Disbursement this Period: 561.74

Transaction ID : BCE11BA4D32B940C38F9

☐ 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
State: District:

Disbursement For: 2022
☒ Primary ☐ General ☐ Other (specify)

Date of Disbursement: 04 / 15 / 2024

FEC Identification Number: C

Amount of Each Disbursement this Period: 293.26

Transaction ID : BC5DF9C9DB355479C999

☐ 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: Interest expense

Category/Type: 001

Candidate Name

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

Disbursement For: 2024
☒ Primary ☐ General ☐ Other (specify)

Date of Disbursement: 05 / 15 / 2024

FEC Identification Number: C

Amount of Each Disbursement this Period: 553.13

Transaction ID : B0E34C46FA0FB4ACA9C5

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 1408.13

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: Interest expense and fees

Category/Type: 001

Candidate Name

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

Disbursement For: 2024
☒ Primary ☐ General ☐ Other (specify)

Date of Disbursement: 06 / 15 / 2024

FEC Identification Number: C

Amount of Each Disbursement this Period: 569.37

Transaction ID : B01EADC11CC7C4B7B853

☐ 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
State: District:

Disbursement For: 2022
☒ Primary ☐ General ☐ Other (specify)

Date of Disbursement: 06 / 15 / 2024

FEC Identification Number: C

Amount of Each Disbursement this Period: 286.63

Transaction ID : B3CB12A0AE5AE4BA9922

☐ Memo Item

C. Full Name (Last, First, Middle Initial)
Chase BA Visa

Mailing Address PO Box 1423

City: Charlotte | State: NC | Zip Code: 28201-1423

Purpose of Disbursement: Credit card fees

Category/Type: 001

Candidate Name

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

Disbursement For: 2022
☐ Primary ☒ General ☐ Other (specify)

Date of Disbursement: 12 / 28 / 2022

FEC Identification Number: C

Amount of Each Disbursement this Period: 29.00

Transaction ID : B8507980EA90B488696B

☒ Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 856.00

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

Image# 202407159661161384

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 BA Visa
Mailing Address PO Box 1423
City: Charlotte | State: NC | Zip Code: 28201-1423
Purpose of Disbursement: Interest charges
Category/Type: 001
Candidate Name
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: 2022 ☐ Primary ☒ General ☐ Other (specify)
Date of Disbursement: 12 / 28 / 2022
FEC Identification Number: C
Amount of Each Disbursement this Period: 205.71
Transaction ID : BCBCD20BB45B7428988A
☒ Memo Item

B.
Full Name (Last, First, Middle Initial)
Chase BA Visa
Mailing Address PO Box 1423
City: Charlotte | State: NC | Zip Code: 28201-1423
Purpose of Disbursement: Credit card principal
Category/Type: 001
Candidate Name
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: 2022 ☐ Primary ☒ General ☐ Other (specify)
Date of Disbursement: 12 / 28 / 2022
FEC Identification Number: C
Amount of Each Disbursement this Period: 95.29
Transaction ID : B1C2132C4794946BDB25
☒ Memo Item

C.
Full Name (Last, First, Middle Initial)
Chase BA Visa
Mailing Address PO Box 1423
City: Charlotte | State: NC | Zip Code: 28201-1423
Purpose of Disbursement: CC Interest and fees
Category/Type: 001
Candidate Name
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: 2024 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 04 / 28 / 2024
FEC Identification Number: C
Amount of Each Disbursement this Period: 238.56
Transaction ID : B47A4EDFB6B1D4887AF3
☐ Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 238.56

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 BA Visa
Mailing Address PO Box 1423
City: Charlotte | State: NC | Zip Code: 28201-1423
Purpose of Disbursement: Digital advertising
Candidate Name
Category/ Type:
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: 2022 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 04 / 28 / 2024
FEC Identification Number: C
Amount of Each Disbursement this Period: 68.44
Transaction ID : BAAD3D5E8B4F34C669F9
☐ Memo Item

B.
Full Name (Last, First, Middle Initial)
Chase BA Visa
Mailing Address PO Box 1423
City: Charlotte | State: NC | Zip Code: 28201-1423
Purpose of Disbursement: Interest expense
Candidate Name
Category/ Type: 001
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: 2024 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 05 / 28 / 2024
FEC Identification Number: C
Amount of Each Disbursement this Period: 107.51
Transaction ID : B70259C85CC844864A8A
☐ Memo Item

C.
Full Name (Last, First, Middle Initial)
Chase BA Visa
Mailing Address PO Box 1423
City: Charlotte | State: NC | Zip Code: 28201-1423
Purpose of Disbursement: DIgital advertising
Candidate Name
Category/ Type:
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: 2022 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 05 / 28 / 2024
FEC Identification Number: C
Amount of Each Disbursement this Period: 107.51
Transaction ID : B070936C357B44ACE84E
☐ Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 283.46

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)
Chase BA Visa
Mailing Address PO Box 1423
City: Charlotte | State: NC | Zip Code: 28201-1423
Purpose of Disbursement: Interest expense
Category/Type: 001
Candidate Name
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: 2024
☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 06 / 28 / 2024
FEC Identification Number: C
Amount of Each Disbursement this Period: 194.67
Transaction ID : B7A659AD114F848AD909
☐ Memo Item

B.
Full Name (Last, First, Middle Initial)
Chase BA Visa
Mailing Address PO Box 1423
City: Charlotte | State: NC | Zip Code: 28201-1423
Purpose of Disbursement: Digital advertising
Category/Type:
Candidate Name
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: 2022
☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 06 / 28 / 2024
FEC Identification Number: C
Amount of Each Disbursement this Period: 106.33
Transaction ID : B174D725DE32540699DC
☐ 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: CC Interest and fees
Category/Type: 001
Candidate Name
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: 2024
☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 04 / 27 / 2024
FEC Identification Number: C
Amount of Each Disbursement this Period: 1585.81
Transaction ID : B791B8A73D47F45F98D9
☐ Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 1886.81

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: Billboards

Category/Type: 004

Candidate Name

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

Disbursement For: 2024
☒ Primary ☐ General ☐ Other (specify)

Date of Disbursement: 04 / 27 / 2024

FEC Identification Number: C

Amount of Each Disbursement this Period: 868.19

Transaction ID : B8FC804A3F15544AEB22

☐ 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: Billboards

Category/Type: 004

Candidate Name

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

Disbursement For: 2024
☒ Primary ☐ General ☐ Other (specify)

Date of Disbursement: 05 / 27 / 2024

FEC Identification Number: C

Amount of Each Disbursement this Period: 858.92

Transaction ID : BE07F136FF1A74680AA7

☐ 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: CC Interest and fees

Category/Type: 001

Candidate Name

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

Disbursement For: 2024
☒ Primary ☐ General ☐ Other (specify)

Date of Disbursement: 05 / 27 / 2024

FEC Identification Number: C

Amount of Each Disbursement this Period: 1521.08

Transaction ID : BFF9958592A8443D2A35

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 3248.19

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: Billboards
Category/Type: 004
Candidate Name
Office Sought: ☐ House ☐ Senate ☐ President
Disbursement For: 2024 ☒ Primary ☐ General ☐ Other (specify)
State: District:
Date of Disbursement: 06 / 28 / 2024
FEC Identification Number: C
Amount of Each Disbursement this Period: 850.59
Transaction ID : B0F9FB50519AA49459E1
☐ 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: Interest expense
Category/Type: 001
Candidate Name
Office Sought: ☐ House ☐ Senate ☐ President
Disbursement For: 2024 ☒ Primary ☐ General ☐ Other (specify)
State: District:
Date of Disbursement: 06 / 28 / 2024
FEC Identification Number: C
Amount of Each Disbursement this Period: 1554.41
Transaction ID : B01F1390BCF534B94BBF
☐ 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: Interest expense
Category/Type: 001
Candidate Name
Office Sought: ☐ House ☐ Senate ☐ President
Disbursement For: 2024 ☒ Primary ☐ General ☐ Other (specify)
State: District:
Date of Disbursement: 04 / 09 / 2024
FEC Identification Number: C
Amount of Each Disbursement this Period: 624.75
Transaction ID : BE843E2B0D35D484BA43
☐ Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 3029.75

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: Digital advertising

Category/Type: 004

Candidate Name

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

Disbursement For: 2022
☒ Primary ☐ General ☐ Other (specify)

Date of Disbursement: 04 / 09 / 2024

FEC Identification Number: C

Amount of Each Disbursement this Period: 364.00

Transaction ID : BB3AEDB0BA52442FDA48

☐ 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: Interest expense

Category/Type: 001

Candidate Name

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

Disbursement For: 2024
☒ Primary ☐ General ☐ Other (specify)

Date of Disbursement: 05 / 09 / 2024

FEC Identification Number: C

Amount of Each Disbursement this Period: 615.25

Transaction ID : B5BBB9E45AE9A4247900

☐ 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: Digital advertising

Category/Type: 004

Candidate Name

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

Disbursement For: 2022
☒ Primary ☐ General ☐ Other (specify)

Date of Disbursement: 05 / 09 / 2024

FEC Identification Number: C

Amount of Each Disbursement this Period: 360.00

Transaction ID : BCC803C3FA1F64274B2C

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 1339.25

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: Interest expense
Category/Type: 001
Candidate Name
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: 2024
☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 06 / 09 / 2024
FEC Identification Number: C
Amount of Each Disbursement this Period: 672.29
Transaction ID : B9D24015DCCE343DBA8C
☐ 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: Interest expense
Category/Type: 001
Candidate Name
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: 2024
☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 04 / 22 / 2024
FEC Identification Number: C
Amount of Each Disbursement this Period: 455.49
Transaction ID : B763691BE5BC54F95826
☐ 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: 04 / 22 / 2024
FEC Identification Number: C
Amount of Each Disbursement this Period: 221.00
Transaction ID : B98FC107030764016A1E
☐ Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 1348.78

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

Image# 202407159661161391

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 expense

Category/Type: 001

Candidate Name

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

Disbursement For: 2024
☒ Primary ☐ General ☐ Other (specify)

Date of Disbursement: 05 / 23 / 2024

FEC Identification Number: C

Amount of Each Disbursement this Period: 451.00

Transaction ID : B0CFC6C2E244248FE97C

☐ 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: 05 / 23 / 2024

FEC Identification Number: C

Amount of Each Disbursement this Period: 219.00

Transaction ID : B402388DC40CE48C6896

☐ 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 expense

Category/Type: 001

Candidate Name

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

Disbursement For: 2024
☒ Primary ☐ General ☐ Other (specify)

Date of Disbursement: 06 / 22 / 2024

FEC Identification Number: C

Amount of Each Disbursement this Period: 503.77

Transaction ID : BDD8784D8FB234689848

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 1173.77

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: Printing/advertising

Candidate Name

Category/ Type:

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

Disbursement For: 2022
☒ Primary ☐ General ☐ Other (specify)

Date of Disbursement: 06 / 22 / 2024

FEC Identification Number: C

Amount of Each Disbursement this Period: 217.00

Transaction ID : B33333F2852A34BC4907

☐ 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: 2024
☒ Primary ☐ General ☐ Other (specify)

Date of Disbursement: 01 / 11 / 2024

FEC Identification Number: C

Amount of Each Disbursement this Period: 3000.00

Transaction ID : B0DFCB19282DE4E5D808

☒ 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: Interest expense

Category/ Type: 001

Candidate Name

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

Disbursement For: 2024
☒ Primary ☐ General ☐ Other (specify)

Date of Disbursement: 04 / 11 / 2024

FEC Identification Number: C

Amount of Each Disbursement this Period: 471.33

Transaction ID : B8C9AC1AC942B4E99945

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 688.33

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: Outdoor advertising
Category/Type: 001
Candidate Name
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: 2022
☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 04 / 11 / 2024
FEC Identification Number: C
Amount of Each Disbursement this Period: 322.67
Transaction ID : B496CCEBEB1DB47749FB
☐ 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 expense
Category/Type: 001
Candidate Name
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: 2024
☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 05 / 11 / 2024
FEC Identification Number: C
Amount of Each Disbursement this Period: 499.23
Transaction ID : B1EAC5AC9D0984136A7D
☐ 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: 05 / 11 / 2024
FEC Identification Number: C
Amount of Each Disbursement this Period: 318.77
Transaction ID : B30D94C24F24943B6A03
☐ Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 1140.67

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: Social media communications

Category/Type: 004

Candidate Name:

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

Disbursement For: 2024
☒ Primary ☐ General ☐ Other (specify)

Date of Disbursement: 06 / 11 / 2024

FEC Identification Number: C

Amount of Each Disbursement this Period: 353.34

Transaction ID : B53607C3C5E914063821

☐ Memo Item

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

Mailing Address 555 W Granada Blvd
Ste G6

City: Ormond Beach | State: FL | Zip Code: 32174-9408

Purpose of Disbursement: Email Lists and distribution

Category/Type: 004

Candidate Name:

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

Disbursement For: 2024
☒ Primary ☐ General ☐ Other (specify)

Date of Disbursement: 06 / 26 / 2024

FEC Identification Number: C

Amount of Each Disbursement this Period: 847.58

Transaction ID : BE17B1E53EFFB489781E

☐ Memo Item

C. Full Name (Last, First, Middle Initial)
DeStefano, Paul, , ,

Mailing Address

City: Orlando | State: FL | Zip Code:

Purpose of Disbursement: Campaign Strategy

Category/Type:

Candidate Name:

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

Disbursement For: 2024
☒ Primary ☐ General ☐ Other (specify)

Date of Disbursement: 06 / 18 / 2024

FEC Identification Number: C

Amount of Each Disbursement this Period: 2500.00

Transaction ID : BDB090EFC99EF49C2B83

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 3700.92

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. Discover It Card
Full Name (Last, First, Middle Initial)
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: 04 / 28 / 2024
FEC Identification Number: C
Amount of Each Disbursement this Period: 51.24
Transaction ID : B3BC1BC5162ED49B389C
☐ Memo Item

B. Facebook Advertising
Full Name (Last, First, Middle Initial)
Mailing Address 156 University Avenue
City: Palo Alto | State: CA | Zip Code: 94301-1688
Purpose of Disbursement: Digital Advertising Expense
Category/ Type: 004
Candidate Name
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: 2024 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 05 / 31 / 2024
FEC Identification Number: C
Amount of Each Disbursement this Period: 17099.99
Transaction ID : BFADA85467CEE4F9C835
☒ Memo Item

C. Discover It Card
Full Name (Last, First, Middle Initial)
Mailing Address PO Box 6103
City: Carol Stream | State: IL | Zip Code: 60197-6103
Purpose of Disbursement: Credit Card: See Below
Category/ Type: 001
Candidate Name
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: 2024 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 04 / 28 / 2024
FEC Identification Number: C
Amount of Each Disbursement this Period: 248.76
Transaction ID : B086B13CF2AB04D35918
☐ Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 300.00

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)
Discover It Card

Mailing Address PO Box 6103

City: Carol Stream | State: IL | Zip Code: 60197-6103

Purpose of Disbursement: CC Interest Expense

Category/Type: 001

Candidate Name

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

Disbursement For: 2024
☒ Primary ☐ General ☐ Other (specify)

Date of Disbursement: 04 / 28 / 2024

FEC Identification Number: C

Amount of Each Disbursement this Period: 220.80

Transaction ID : B138B43FA5DC4439491A

☒ 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 Advertisin

Category/Type:

Candidate Name

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

Disbursement For: 2024
☒ Primary ☐ General ☐ Other (specify)

Date of Disbursement: 05 / 28 / 2024

FEC Identification Number: C

Amount of Each Disbursement this Period: 58.01

Transaction ID : BBE50C3685FB649FF95A

☐ 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: Credit Card: See Below

Category/Type: 001

Candidate Name

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

Disbursement For: 2024
☒ Primary ☐ General ☐ Other (specify)

Date of Disbursement: 05 / 28 / 2024

FEC Identification Number: C

Amount of Each Disbursement this Period: 240.99

Transaction ID : BCF0D4EE12BBE485BB52

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 299.00

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)
Discover It Card
Mailing Address PO Box 6103
City: Carol Stream | State: IL | Zip Code: 60197-6103
Purpose of Disbursement: Interest Expense
Category/Type: 001
Candidate Name
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: 2024
☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 05 / 28 / 2024
FEC Identification Number: C
Amount of Each Disbursement this Period: 213.03
Transaction ID : B8B58ADE46AC34349897
☒ 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: 05 / 31 / 2024
FEC Identification Number: C
Amount of Each Disbursement this Period: 15000.00
Transaction ID : BE07DAE8CA9164425BE5
☐ 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
Category/Type:
Candidate Name
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: 2024
☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 06 / 28 / 2024
FEC Identification Number: C
Amount of Each Disbursement this Period: 22.85
Transaction ID : B7C7DE892206A47F39CA
☐ Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 15022.85

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)
Discover It Card
Mailing Address PO Box 6103
City: Carol Stream | State: IL | Zip Code: 60197-6103
Purpose of Disbursement: CREDIT CARD - SEE BELOW
Category/Type: 001
Candidate Name
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: 2024 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 06 / 28 / 2024
FEC Identification Number: C
Amount of Each Disbursement this Period: 298.00
Transaction ID : B2BC6B748D66746BD86C
☐ 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: Interest Expense
Category/Type: 001
Candidate Name
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: 2024 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 06 / 28 / 2024
FEC Identification Number: C
Amount of Each Disbursement this Period: 219.23
Transaction ID : B23E0E24C37344B9E9B0
☒ Memo Item

C.
Full Name (Last, First, Middle Initial)
Florida Division Of Elections
Mailing Address 400 S Monroe St Unite 1801
City: Tallahassee | State: FL | Zip Code: 32399-6536
Purpose of Disbursement: Qualifying Fee
Category/Type: 001
Candidate Name
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: 2024 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 04 / 23 / 2024
FEC Identification Number: C
Amount of Each Disbursement this Period: 10440.00
Transaction ID : B20A310710E534DC3991
☐ Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 10738.00

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

Image# 202407159661161399

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)
Florida Secretary Of State

Mailing Address RA Gray Bldg, Room 316
500 S Bronough Street

City: Tallahassee | State: FL | Zip Code: 32399-0001

Purpose of Disbursement: Qualifying fee

Category/Type: 001

Candidate Name

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

Disbursement For: 2024
☒ Primary ☐ General ☐ Other (specify)

Date of Disbursement: 06 / 11 / 2024

FEC Identification Number: C

Amount of Each Disbursement this Period: 1782.82

Transaction ID : BC6982B74745E4FBBB4C

☐ Memo Item

B. Full Name (Last, First, Middle Initial)
Hines, Kerry, Brook, ,

Mailing Address 1625 Cypress Ridge Dr

City: Orlando | State: FL | Zip Code: 32825-8851

Purpose of Disbursement: Campaign Consulting

Category/Type: 004

Candidate Name

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

Disbursement For: 2024
☒ Primary ☐ General ☐ Other (specify)

Date of Disbursement: 05 / 01 / 2024

FEC Identification Number: C

Amount of Each Disbursement this Period: 2000.00

Transaction ID : B058F3CBE57874492A51

☐ Memo Item

C. Full Name (Last, First, Middle Initial)
Hines, Kerry, Brook, ,

Mailing Address 1625 Cypress Ridge Dr

City: Orlando | State: FL | Zip Code: 32825-8851

Purpose of Disbursement: Campaign Consulting

Category/Type: 004

Candidate Name

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

Disbursement For: 2024
☒ Primary ☐ General ☐ Other (specify)

Date of Disbursement: 05 / 07 / 2024

FEC Identification Number: C

Amount of Each Disbursement this Period: 2000.00

Transaction ID : BE21DE77270CE4C9D90D

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 5782.82

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

Image# 202407159661161400

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)
Home Depot

Mailing Address 6130 E Colonial Drive

City: Orlando | State: FL | Zip Code: 32807-3414

Purpose of Disbursement: Wood

Category/Type: 004

Candidate Name

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

Disbursement For: 2024
☒ Primary ☐ General ☐ Other (specify)

Date of Disbursement: 06 / 26 / 2024

FEC Identification Number: C

Amount of Each Disbursement this Period: 353.68

Transaction ID : B90E53EF855DF47DEA55

☐ Memo Item

B. Full Name (Last, First, Middle Initial)
Home Depot

Mailing Address 6130 E Colonial Drive

City: Orlando | State: FL | Zip Code: 32807-3414

Purpose of Disbursement: Wood for signs

Category/Type: 004

Candidate Name

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

Disbursement For: 2024
☒ Primary ☐ General ☐ Other (specify)

Date of Disbursement: 06 / 28 / 2024

FEC Identification Number: C

Amount of Each Disbursement this Period: 353.68

Transaction ID : BD6BA2D780D714DDAABC

☐ Memo Item

C. Full Name (Last, First, Middle Initial)
Lawton Connect

Mailing Address 649 Triumph Court

City: Orlando | State: FL | Zip Code: 32805-1276

Purpose of Disbursement: Mailing services

Category/Type: 004

Candidate Name

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

Disbursement For: 2024
☒ Primary ☐ General ☐ Other (specify)

Date of Disbursement: 06 / 27 / 2024

FEC Identification Number: C

Amount of Each Disbursement this Period: 329.97

Transaction ID : B6AEEB6312555468BB2B

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 1037.33

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

Image# 202407159661161401

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)
Saleshandy
Mailing Address 502 Dwarkesh Business Hub Opp
Highway Motera, Chandkheda
City: Gujarat 382424 | State: | Zip Code:
Purpose of Disbursement: Email distribution assistance
Category/Type: 004
Candidate Name:
Office Sought: ☐ House ☐ Senate ☐ President
Disbursement For: 2024 ☒ Primary ☐ General ☐ Other (specify)
State: District:
Date of Disbursement: 06 / 27 / 2024
FEC Identification Number: C
Amount of Each Disbursement this Period: 299.00
Transaction ID : B49F0F3240820403BA18
☐ Memo Item

B.
Full Name (Last, First, Middle Initial)
Schwartz, Dylan, M, ,
Mailing Address 417 Courtney Springs Circle
City: Winter Springs | State: FL | Zip Code: 32708-6337
Purpose of Disbursement: Development & Strategy Support
Category/Type: 001
Candidate Name:
Office Sought: ☐ House ☐ Senate ☐ President
Disbursement For: 2024 ☒ Primary ☐ General ☐ Other (specify)
State: District:
Date of Disbursement: 04 / 10 / 2024
FEC Identification Number: C
Amount of Each Disbursement this Period: 2000.00
Transaction ID : BB027DFEA34F44312A2E
☐ Memo Item

C.
Full Name (Last, First, Middle Initial)
Schwartz, Dylan, M, ,
Mailing Address 417 Courtney Springs Circle
City: Winter Springs | State: FL | Zip Code: 32708-6337
Purpose of Disbursement: Development & Strategy support
Category/Type: 001
Candidate Name:
Office Sought: ☐ House ☐ Senate ☐ President
Disbursement For: 2024 ☒ Primary ☐ General ☐ Other (specify)
State: District:
Date of Disbursement: 04 / 15 / 2024
FEC Identification Number: C
Amount of Each Disbursement this Period: 2000.00
Transaction ID : B2CC2A6B913864E09AE0
☐ Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 4299.00

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)
Schwartz, Dylan, M, ,

Mailing Address 417 Courtney Springs Circle

City: Winter Springs | State: FL | Zip Code: 32708-6337

Purpose of Disbursement: Development & Strategy Support

Category/Type: 001

Candidate Name

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

Disbursement For: 2024
☒ Primary ☐ General ☐ Other (specify)

Date of Disbursement: 04 / 23 / 2024

FEC Identification Number: C

Amount of Each Disbursement this Period: 2000.00

Transaction ID : BF129277292814AFBBB4

☐ Memo Item

B. Full Name (Last, First, Middle Initial)
Schwartz, Dylan, M, ,

Mailing Address 417 Courtney Springs Circle

City: Winter Springs | State: FL | Zip Code: 32708-6337

Purpose of Disbursement: Development & Strategy support

Category/Type: 001

Candidate Name

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

Disbursement For: 2024
☒ Primary ☐ General ☐ Other (specify)

Date of Disbursement: 04 / 29 / 2024

FEC Identification Number: C

Amount of Each Disbursement this Period: 2000.00

Transaction ID : B9EC1FA1CC3E74820855

☐ Memo Item

C. Full Name (Last, First, Middle Initial)
Schwartz, Dylan, M, ,

Mailing Address 417 Courtney Springs Circle

City: Winter Springs | State: FL | Zip Code: 32708-6337

Purpose of Disbursement: Development & Strategy Support

Category/Type: 001

Candidate Name

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

Disbursement For: 2024
☒ Primary ☐ General ☐ Other (specify)

Date of Disbursement: 05 / 10 / 2024

FEC Identification Number: C

Amount of Each Disbursement this Period: 2000.00

Transaction ID : B6FFCA199A7E34A3CA7D

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 6000.00

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)
Schwartz, Dylan, M, ,

Mailing Address 417 Courtney Springs Circle

City: Winter Springs | State: FL | Zip Code: 32708-6337

Purpose of Disbursement: Development & Strategy support

Category/Type: 001

Candidate Name

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

Disbursement For: 2024
☒ Primary ☐ General ☐ Other (specify)

Date of Disbursement: 05 / 28 / 2024

FEC Identification Number: C

Amount of Each Disbursement this Period: 2000.00

Transaction ID : B99EAA859C22A477DA05

☐ Memo Item

B. Full Name (Last, First, Middle Initial)
Schwartz, Dylan, M, ,

Mailing Address 417 Courtney Springs Circle

City: Winter Springs | State: FL | Zip Code: 32708-6337

Purpose of Disbursement: Development & Strategy support

Category/Type: 001

Candidate Name

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

Disbursement For: 2024
☒ Primary ☐ General ☐ Other (specify)

Date of Disbursement: 05 / 31 / 2024

FEC Identification Number: C

Amount of Each Disbursement this Period: 2000.00

Transaction ID : B7F6E2EC4829F4DEF870

☐ 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: CC Interest expense

Category/Type: 001

Candidate Name

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

Disbursement For: 2024
☒ Primary ☐ General ☐ Other (specify)

Date of Disbursement: 04 / 23 / 2024

FEC Identification Number: C

Amount of Each Disbursement this Period: 356.26

Transaction ID : B868D8F1E13114FB5A1B

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 4356.26

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: 04 / 23 / 2024
FEC Identification Number: C
Amount of Each Disbursement this Period: 113.74
Transaction ID : B69EE7E661A3347E48A9
☐ 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: 2024
☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 05 / 23 / 2024
FEC Identification Number: C
Amount of Each Disbursement this Period: 329.73
Transaction ID : BC1D8056916174F439F8
☐ 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: 05 / 23 / 2024
FEC Identification Number: C
Amount of Each Disbursement this Period: 137.27
Transaction ID : B17337FE461974C7A844
☐ Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 580.74

TOTAL This Period (last page this line number only) ▶ 157448.62

Image# 202407159661161405

SCHEDULE C (FEC Form 3)
LOANS

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

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

NAME OF COMMITTEE (In Full)

Committee to Elect Alan Grayson

Transaction ID : CCEA7243CCC2A44A09A4

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
329.00	931.03	– 602.03

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) ▶	– 602.03
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# 202407159661161406

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the 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 [X] No

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

1. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

4. Full 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# 202407159661161407

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the 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 (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 / 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) ▶	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# 202407159661161408

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the 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# 202407159661161409

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the 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)

[ ] 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
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# 202407159661161410

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the 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)
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
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# 202407159661161411

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the 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

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
175806.72	52278.00	123528.72

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 / 26 / 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) ▶	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# 202407159661161412

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the 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.

Image# 202407159661161413

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the 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)

[ ] Memo Item

Grayson, Alan Mark, , ,

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
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# 202407159661161414

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 : C365D5A3C91754187B53

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
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 ☒ No

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

1. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

4. Full 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# 202407159661161415

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the 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)
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
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# 202407159661161416

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the 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: 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
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.

Image# 202407159661161417

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the 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 ☒ No

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

1. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

4. Full 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# 202407159661161418

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the 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

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
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# 202407159661161419

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the 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# 202407159661161420

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the 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# 202407159661161421

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the 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.

Image# 202407159661161422

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the 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# 202407159661161423

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the 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# 202407159661161424

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the 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# 202407159661161425

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the 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

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 (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# 202407159661161426

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the 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# 202407159661161427

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the 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	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
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 ☒ No

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

1. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

4. Full 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# 202407159661161428

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the 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

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
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# 202407159661161429

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the 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	0.00	250000.00

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) ▶	250000.00
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# 202407159661161430

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the 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)

[ ] 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
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# 202407159661161431

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the 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 (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 / 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# 202407159661161432

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the 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)
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
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# 202407159661161433

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the 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# 202407159661161434

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the 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# 202407159661161435

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the 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# 202407159661161436

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the 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

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
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# 202407159661161437

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 : C2F8BAC7014F04284B25

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
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 ☒ No

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

1. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

4. Full 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# 202407159661161438

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the 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# 202407159661161439

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the 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: 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
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# 202407159661161440

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the 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# 202407159661161441

SCHEDULE C (FEC Form 3)
LOANS

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

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

NAME OF COMMITTEE (In Full)

Committee to Elect Alan Grayson

Transaction ID : CFB74B5665DCB4FD1975

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
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.

Image# 202407159661161442

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the 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

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
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# 202407159661161443

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the 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

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
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# 202407159661161444

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the 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

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
1171.00	1924.83	– 753.83

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) ▶	– 753.83
TOTALS This Period (last page in this line only) ▶	

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

Image# 202407159661161445

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the 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

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
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# 202407159661161446

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the 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# 202407159661161447

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the 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

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
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# 202407159661161448

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the 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)
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
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# 202407159661161449

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the 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# 202407159661161450

SCHEDULE C (FEC Form 3)
LOANS

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

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

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

Transaction ID : C4C6281CD992741AA941

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
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 [X] No

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

1. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

4. Full 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.

Image# 202407159661161451

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the 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

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
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# 202407159661161452

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the 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

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
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# 202407159661161453

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the 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# 202407159661161454

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the 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

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
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# 202407159661161455

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the 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	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
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.

Image# 202407159661161457

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the 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# 202407159661161458

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the 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# 202407159661161459

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the 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

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	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 [X] No

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

1. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

4. Full 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# 202407159661161460

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the 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# 202407159661161461

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 : C51B09747CDAE45A5BE9

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
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# 202407159661161462

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the 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

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
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.

Image# 202407159661161463

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the 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	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
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# 202407159661161464

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the 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	7989.10	– 6193.10

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) ▶	– 6193.10
TOTALS This Period (last page in this line only) ▶	

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

Image# 202407159661161465

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the 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.

Image# 202407159661161466

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the 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

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
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# 202407159661161467

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the 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

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
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.

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the 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

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
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 [X] No

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

1. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

4. Full 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# 202407159661161469

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the 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# 202407159661161470

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the 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# 202407159661161471

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the 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

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
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# 202407159661161472

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the 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# 202407159661161473

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the 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# 202407159661161474

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the 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

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
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# 202407159661161475

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 : CCF21C0D4579E4CA28FF

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
140.00	0.00	140.00

TERMS Date Incurred: 04/04/2023 | Date Due: None | Interest Rate (If none, enter 0): 12.00 % (apr) | Secured: ☐ 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) ▶ 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.

Image# 202407159661161476

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the 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: 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
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 [X] No

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

1. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

4. Full 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# 202407159661161477

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the 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

Mailing Address
870 N Miramar Ave
Box 242

City	State	ZIP Code
Indialantic	FL	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
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 ☒ No

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

1. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

4. Full 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# 202407159661161478

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the 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	7989.10	– 6135.10

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) ▶	– 6135.10
TOTALS This Period (last page in this line only) ▶	

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

Image# 202407159661161479

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 : CCD5A567702224FE2A97

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
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 ☒ No

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

1. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

4. Full 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# 202407159661161480

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the 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

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
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 ☒ No

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

1. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

4. Full 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# 202407159661161481

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the 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# 202407159661161482

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the 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.

SCHEDULE C (FEC Form 3)
LOANS

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

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

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

Transaction ID : CF55030E886354D1983A

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
514.00	1392.49	– 878.49

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) ▶	– 878.49
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# 202407159661161484

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 : C5158D20820114645A96

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
☒ Primary
☐ General
☐ Other (specify) ▼

☒ 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 ☒ No

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

1. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

4. Full 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# 202407159661161485

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the 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.

Image# 202407159661161486

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the 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# 202407159661161487

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the 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# 202407159661161488

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the 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)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

4. Full 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 : C0B13B7670C794D87822

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
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.

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the 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

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
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# 202407159661161491

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 : C914C9868299346FABA2

LOAN SOURCE Full Name (Last, First, Middle Initial)
Grayson, Alan Mark, , ,

☐ Memo Item

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
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 ☒ No

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

1. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

4. Full 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# 202407159661161492

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the 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.

Image# 202407159661161493

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the 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.

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the 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# 202407159661161495

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the 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.

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the 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# 202407159661161497

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the 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

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
726.73	0.00	726.73

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 / 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.

Image# 202407159661161498

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the 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.

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the 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# 202407159661161500

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 : CBF173F2D12DD4C7F90C

LOAN SOURCE Full Name (Last, First, Middle Initial)

☐ Memo Item

Grayson, Alan Mark, , ,

Mailing Address
870 N Miramar Ave
Box 242

City	State	ZIP Code
Indialantic	FL	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
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 ☒ No

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

1. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

4. Full 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# 202407159661161501

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the 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

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
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# 202407159661161502

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the 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	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
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.

Image# 202407159661161503

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the 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# 202407159661161504

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the 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	0.00	150000.00

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) ▶	150000.00
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# 202407159661161505

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the 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# 202407159661161506

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the 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	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
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# 202407159661161507

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the 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

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
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.

Image# 202407159661161508

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the 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# 202407159661161509

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the 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

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
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# 202407159661161510

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the 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	3882.68	– 3526.68

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) ▶	– 3526.68
TOTALS This Period (last page in this line only) ▶	

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

Image# 202407159661161511

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the 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

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
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:
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# 202407159661161512

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the 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	5120.16	54879.84

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) ▶	54879.84
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	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
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# 202407159661161514

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the 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# 202407159661161515

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the 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# 202407159661161516

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the 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# 202407159661161517

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the 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# 202407159661161518

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the 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

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
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# 202407159661161519

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the 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: 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
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# 202407159661161520

SCHEDULE C (FEC Form 3)
LOANS

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

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

NAME OF COMMITTEE (In Full)

Committee to Elect Alan Grayson

Transaction ID : CCBDE1938611044D4988

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
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 [X] No

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

1. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

4. Full 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# 202407159661161521

SCHEDULE C (FEC Form 3)
LOANS

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

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

NAME OF COMMITTEE (In Full)

Committee to Elect Alan Grayson

Transaction ID : CBB6159DA67824997B71

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
332.00	931.03	– 599.03

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 / 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) ▶	– 599.03
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# 202407159661161522

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the 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 (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
06/30/2024	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) ▶	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# 202407159661161523

SCHEDULE C (FEC Form 3)
LOANS

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

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

NAME OF COMMITTEE (In Full)

Committee to Elect Alan Grayson

Transaction ID : C1B9281FEAEBE487EAD5

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
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 [X] No

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

1. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

4. Full 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# 202407159661161524

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the 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# 202407159661161525

SCHEDULE C (FEC Form 3)
LOANS

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

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

NAME OF COMMITTEE (In Full)

Committee to Elect Alan Grayson

Transaction ID : C3B3D26BD15FC43F785E

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
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 [X] No

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

1. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

4. Full 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# 202407159661161526

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the 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# 202407159661161527

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the 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# 202407159661161528

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the 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

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
559.00	2349.37	– 1790.37

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) ▶ – 1790.37

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

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

Image# 202407159661161529

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the 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# 202407159661161530

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the 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# 202407159661161531

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the 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

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# 202407159661161532

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the 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

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
1205.00	0.00	1205.00

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 [X] No

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

1. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

4. Full 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# 202407159661161533

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the 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

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
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# 202407159661161534

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the 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

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
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.

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the 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# 202407159661161536

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the 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# 202407159661161537

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the 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	7989.10	– 6200.10

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) ▶	– 6200.10
TOTALS This Period (last page in this line 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 : 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: 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
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# 202407159661161539

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the 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

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
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# 202407159661161540

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the 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 (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 / 26 / 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) ▶	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# 202407159661161541

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the 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

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
517.00	2282.81	– 1765.81

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) ▶	– 1765.81
TOTALS This Period (last page in this line 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 : CBCBAE172661F41739D3

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
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# 202407159661161543

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 : CC2BBC202874341C8988

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
114.00	0.00	114.00

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
11/03/2022	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) ▶ 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# 202407159661161544

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the 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	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
1013.15	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.

Image# 202407159661161545

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the 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: 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
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# 202407159661161546

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the 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

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
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# 202407159661161547

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the 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	320.26	58381.92

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) ▶	58381.92
TOTALS This Period (last page in this line only) ▶	

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

Image# 202407159661161548

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the 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

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
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# 202407159661161549

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the 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# 202407159661161550

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the 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# 202407159661161551

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the 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.

Image# 202407159661161552

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the 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# 202407159661161553

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the 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# 202407159661161554

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the 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)

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
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# 202407159661161555

SCHEDULE C (FEC Form 3)
LOANS

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

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

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

Transaction ID : C2FCA577EF0F7444F99D

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
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 [X] No

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

1. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

4. Full 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.

Image# 202407159661161556

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the 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# 202407159661161557

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the 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

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
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 [X] No

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

1. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

4. Full 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# 202407159661161558

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the 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.

Image# 202407159661161559

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the 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	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
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.

Image# 202407159661161560

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the 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# 202407159661161561

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the 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# 202407159661161562

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the 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# 202407159661161563

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the 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# 202407159661161564

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the 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# 202407159661161565

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the 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# 202407159661161566

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the 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

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
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# 202407159661161567

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the 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# 202407159661161568

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the 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# 202407159661161569

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the 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# 202407159661161570

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the 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

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
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# 202407159661161571

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the 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

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
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# 202407159661161572

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the 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

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
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# 202407159661161573

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 : CBE7046D8ADB64D0AAC8

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
8264.72	0.00	8264.72

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
09/15/2022	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) ▶ 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# 202407159661161574

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the 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

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
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# 202407159661161575

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the 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

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
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# 202407159661161576

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the 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

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
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# 202407159661161577

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the 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 (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	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.

Image# 202407159661161578

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the 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

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
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# 202407159661161579

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the 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# 202407159661161580

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the 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.

Image# 202407159661161581

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the 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# 202407159661161582

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the 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# 202407159661161583

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the 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# 202407159661161584

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the 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.

Image# 202407159661161585

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the 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# 202407159661161586

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the 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: 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
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.

Image# 202407159661161587

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the 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

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
1840.00	7989.10	– 6149.10

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) ▶ – 6149.10

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

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

Image# 202407159661161588

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the 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

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
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.

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the 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# 202407159661161590

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the 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# 202407159661161591

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the 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

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
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# 202407159661161592

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the 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# 202407159661161593

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the 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

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
171.07	0.00	171.07

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	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# 202407159661161594

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the 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

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
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.

Image# 202407159661161595

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the 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.

Image# 202407159661161596

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the 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

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
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# 202407159661161597

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the 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# 202407159661161598

SCHEDULE C (FEC Form 3)
LOANS

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

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

NAME OF COMMITTEE (In Full)

Committee to Elect Alan Grayson

Transaction ID : CA3589374F35B4477845

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
361.00	931.03	– 570.03

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) ▶	– 570.03
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# 202407159661161599

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the 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

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:
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) ▶ 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# 202407159661161600

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the 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	0.00	35000.00

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) ▶	35000.00
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# 202407159661161601

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the 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

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
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# 202407159661161602

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the 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

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
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.

Image# 202407159661161603

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 : CEB9304A6CB0845F9A25

LOAN SOURCE Full Name (Last, First, Middle Initial)

Grayson, Alan Mark, , ,

☐ Memo Item

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
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 ☒ No

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

1. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

4. Full 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.

Image# 202407159661161604

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the 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	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
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# 202407159661161605

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the 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# 202407159661161606

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the 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.

Image# 202407159661161607

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the 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# 202407159661161608

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the 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# 202407159661161609

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the 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# 202407159661161610

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the 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

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:
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# 202407159661161611

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the 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# 202407159661161612

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the 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# 202407159661161613

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the 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)

[ ] 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
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# 202407159661161614

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the 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# 202407159661161615

SCHEDULE C (FEC Form 3)
LOANS

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

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

NAME OF COMMITTEE (In Full)

Committee to Elect Alan Grayson

Transaction ID : C55CFA46792F9478C9E1

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
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 [X] No

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

1. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

4. Full 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# 202407159661161616

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the 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 (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	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# 202407159661161617

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the 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	0.00	40000.00

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) ▶	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# 202407159661161618

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the 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# 202407159661161619

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the 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# 202407159661161620

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the 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# 202407159661161621

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the 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: 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	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# 202407159661161622

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the 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# 202407159661161623

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the 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# 202407159661161624

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the 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)

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
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# 202407159661161625

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the 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	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
863.00	0.00	863.00

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
11/13/2023	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) ▶	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# 202407159661161626

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the 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# 202407159661161627

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the 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

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
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# 202407159661161628

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the 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# 202407159661161629

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the 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

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
20000.00	0.00	20000.00

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 / 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.

Image# 202407159661161630

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the 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# 202407159661161631

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the 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

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
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# 202407159661161632

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the 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

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
2030.16	0.00	2030.16

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	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# 202407159661161633

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the 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# 202407159661161634

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the 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# 202407159661161635

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the 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# 202407159661161636

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the 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

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
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# 202407159661161637

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the 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

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
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# 202407159661161638

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the 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# 202407159661161639

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the 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.

Image# 202407159661161640

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the 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

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
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# 202407159661161641

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the 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# 202407159661161642

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the 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

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
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# 202407159661161643

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the 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

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:
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.

Image# 202407159661161644

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the 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

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
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# 202407159661161645

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the 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: Indialantic | State: FL | ZIP Code: 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 [X] No

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

1. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

4. Full 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# 202407159661161646

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the 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

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
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# 202407159661161647

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the 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# 202407159661161648

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the 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	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
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# 202407159661161649

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the 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# 202407159661161650

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the 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 [X] No

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

1. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

4. Full 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# 202407159661161651

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the 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	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.

Image# 202407159661161652

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the 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# 202407159661161653

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the 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 [X] No

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

1. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

4. Full 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# 202407159661161654

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the 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

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
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# 202407159661161655

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the 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# 202407159661161656

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the 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# 202407159661161657

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the 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: 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
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.

Image# 202407159661161658

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 : CCF734B31EA4C45358B7

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
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 ☒ No

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

1. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

4. Full 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# 202407159661161659

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the 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# 202407159661161660

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the 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# 202407159661161661

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the 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

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
510.00	1392.49	– 882.49

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) ▶	– 882.49
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# 202407159661161662

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the 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: 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
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# 202407159661161663

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the 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# 202407159661161664

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the 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# 202407159661161665

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the 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

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
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# 202407159661161666

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the 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# 202407159661161667

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the 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

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
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# 202407159661161668

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the 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: 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
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# 202407159661161669

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the 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# 202407159661161670

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the 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# 202407159661161671

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the 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	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
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# 202407159661161672

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the 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	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
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

Mailing Address
870 N Miramar Ave
Box 242

City	State	ZIP Code
Indialantic	FL	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
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 ☒ No

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

1. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

4. Full 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# 202407159661161674

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the 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# 202407159661161675

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the 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 (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) ▶	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# 202407159661161676

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the 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# 202407159661161677

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the 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

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
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# 202407159661161678

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the 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

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
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# 202407159661161679

SCHEDULE C (FEC Form 3)
LOANS

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

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

NAME OF COMMITTEE (In Full)

Committee to Elect Alan Grayson

Transaction ID : C5FE94889C82346DEA9E

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
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 [X] No

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

1. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

4. Full 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# 202407159661161680

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the 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# 202407159661161681

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the 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	46000.00	104000.00

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) ▶	104000.00
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# 202407159661161682

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the 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

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
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.

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the 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# 202407159661161684

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the 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# 202407159661161685

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the 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# 202407159661161686

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 : CEE0D50DA6B074E55916

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
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# 202407159661161687

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the 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	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
558.00	2349.37	– 1791.37

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) ▶ – 1791.37

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

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

Image# 202407159661161688

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the 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.

Image# 202407159661161689

SCHEDULE C (FEC Form 3)
LOANS

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

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

NAME OF COMMITTEE (In Full)

Committee to Elect Alan Grayson

Transaction ID : CD1C1E03537B141C48AA

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
5813.25	0.00	5813.25

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) ▶	5813.25
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# 202407159661161690

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the 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# 202407159661161691

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the 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: 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
614.00	0.00	614.00

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	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# 202407159661161692

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the 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# 202407159661161693

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the 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 (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) ▶	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# 202407159661161694

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the 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

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
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# 202407159661161695

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	State	ZIP Code
Indialantic	FL	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# 202407159661161696

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the 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	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
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# 202407159661161697

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the 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	3882.68	– 3094.68

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	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) ▶	– 3094.68
TOTALS This Period (last page in this line only) ▶	

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

Image# 202407159661161698

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the 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

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
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# 202407159661161699

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the 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# 202407159661161700

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the 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# 202407159661161701

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the 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.

Image# 202407159661161702

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the 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 (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) ▶	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# 202407159661161703

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the 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# 202407159661161704

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the 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# 202407159661161705

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the 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# 202407159661161706

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the 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# 202407159661161707

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the 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# 202407159661161708

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the 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# 202407159661161709

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the 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# 202407159661161710

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the 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

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:
02/28/2023	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# 202407159661161711

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the 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# 202407159661161712

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the 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# 202407159661161713

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the 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# 202407159661161714

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the 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) ▶	3353646.93

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):
Credit Card: See Below

Transaction ID : D6F28AF0ED76148F2B6D

Outstanding Balance Beginning This Period	Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
3675.02	0.00	328.87	3346.15

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):
Credit Card: See Below

Transaction ID : DE681A5C2256749DF86D

Outstanding Balance Beginning This Period	Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
10823.23	0.00	947.99	9875.24

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) ▶	13443.68
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: 3579.70

Transaction ID : D9FE7F5274EA14C4ABC3

Amount Incurred This Period: 773.00

Payment This Period: 540.56

Outstanding Balance at Close of This Period: 3812.14

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: 15803.78

Transaction ID : D68BB431804974809A96

Amount Incurred This Period: 0.00

Payment This Period: 0.00

Outstanding Balance at Close of This Period: 15803.78

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

American Express Schwab Business Platinum

Mailing Address PO Box 650448

City: Dallas | State: TX | Zip Code: 75265-0448

Nature of Debt (Purpose): Print media

Outstanding Balance Beginning This Period: – 371.34

Transaction ID : DBA3C7B0ED1164F1F938

Amount Incurred This Period: 0.00

Payment This Period: 158.13

Outstanding Balance at Close of This Period: – 529.47

1) **SUBTOTALS** This Period This Page (optional) ▶	19086.45
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: 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

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: 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

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: 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

1) **SUBTOTALS** This Period This Page (optional) ▶	25689.09
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): 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

B. 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

Outstanding Balance Beginning This Period: 724.32

Transaction ID : DB390A497C7D64A51838

Amount Incurred This Period: 0.00

Payment This Period: 0.00

Outstanding Balance at Close of This Period: 724.32

C. 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

Outstanding Balance Beginning This Period: 50.06

Transaction ID : D7575D45F8BB54D779DC

Amount Incurred This Period: 0.00

Payment This Period: 0.00

Outstanding Balance at Close of This Period: 50.06

1) **SUBTOTALS** This Period This Page (optional) ▶	867.17
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
- [X] 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 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
63949.00	0.00	0.00	63949.00

B. 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): Credit Card Transactions

Transaction ID : D49DF434BFBC54B14927

Outstanding Balance Beginning This Period	Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
33046.71	0.00	893.24	32153.47

C. 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
19694.75	0.00	561.07	19133.68

1) **SUBTOTALS** This Period This Page (optional) ▶	115236.15
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

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
0.00	3600.00	365.86	3234.14

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

Best Buy Visa

Mailing Address PO Box 9001007

City: Louisville | State: KY | Zip Code: 40290-1007

Nature of Debt (Purpose): Email Marketing

Transaction ID : DAD7E7A4C0FA54B1D83B

Outstanding Balance Beginning This Period	Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
1750.00	0.00	1799.71	– 49.71

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) ▶	5684.43
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: 15118.24

Transaction ID : D4F265D41C0B9428799C

Amount Incurred This Period: 0.00

Payment This Period: 543.09

Outstanding Balance at Close of This Period: 14575.15

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: 57313.34

Transaction ID : D281C1614F1A8448DAA1

Amount Incurred This Period: 0.00

Payment This Period: 1600.98

Outstanding Balance at Close of This Period: 55712.36

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) ▶	72037.51
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: 30327.93
Amount Incurred This Period: 0.00
Payment This Period: 579.89
Outstanding Balance at Close of This Period: 29748.04

B. 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: 10204.92
Amount Incurred This Period: 0.00
Payment This Period: 282.28
Outstanding Balance at Close of This Period: 9922.64

C. 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: 8745.83
Amount Incurred This Period: 0.00
Payment This Period: 0.00
Outstanding Balance at Close of This Period: 8745.83

1) **SUBTOTALS** This Period This Page (optional) ▶	48416.51
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 United

Mailing Address PO Box 6294

City: Carol Stream | State: IL | Zip Code: 60197-6294

Nature of Debt (Purpose): Printing

Outstanding Balance Beginning This Period: 1030.92

Transaction ID : DDD487735FDB044DFAEE

Amount Incurred This Period: 0.00

Payment This Period: 0.00

Outstanding Balance at Close of This Period: 1030.92

B. 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): CREDIT CARD PAYMENT: SEE BELOW

Outstanding Balance Beginning This Period: 1208.00

Transaction ID : D3BE8D6166E734630A12

Amount Incurred This Period: 0.00

Payment This Period: 0.00

Outstanding Balance at Close of This Period: 1208.00

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): Billboards/Digital Marketing/Printing

Outstanding Balance Beginning This Period: 14307.87

Transaction ID : DD397CA63340347118AA

Amount Incurred This Period: 0.00

Payment This Period: 724.00

Outstanding Balance at Close of This Period: 13583.87

1) **SUBTOTALS** This Period This Page (optional) ▶	15822.79
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 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
12537.02	0.00	657.00	11880.02

B. 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): Credit Card Transactions

Transaction ID : D301D2E1EA7A84BC09B4

Outstanding Balance Beginning This Period	Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
33855.37	3771.38	994.78	36631.97

C. 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

Transaction ID : DEF65104597DA4A1DA47

Outstanding Balance Beginning This Period	Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
365.20	0.00	0.00	365.20

1) **SUBTOTALS** This Period This Page (optional) ▶	48877.19
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

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

B. 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):

Outstanding Balance Beginning This Period: 0.00

Transaction ID : DB2AD3D286E3F4EAFB7D

Amount Incurred This Period: 17099.99

Payment This Period: 15132.10

Outstanding Balance at Close of This Period: 1967.89

C. 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

Outstanding Balance Beginning This Period: 1250.00

Transaction ID : D230D86B6C70D4BE884B

Amount Incurred This Period: 0.00

Payment This Period: 0.00

Outstanding Balance at Close of This Period: 1250.00

1) **SUBTOTALS** This Period This Page (optional) ▶	4217.89
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
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

B. 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

C. 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

1) **SUBTOTALS** This Period This Page (optional) ▶	2174.85
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
Tribune Publishing Company

Mailing Address 633 North Orange Ave

City: Orlando | State: FL | Zip Code: 32801-1325

Nature of Debt (Purpose): Subscription

Outstanding Balance Beginning This Period: 9.58

Transaction ID : D62A54C4B9B694856B86

Amount Incurred This Period: 0.00

Payment This Period: 0.00

Outstanding Balance at Close of This Period: 9.58

B. 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

Outstanding Balance Beginning This Period: 20.05

Transaction ID : D9B8FEF8E34894E849EA

Amount Incurred This Period: 0.00

Payment This Period: 0.00

Outstanding Balance at Close of This Period: 20.05

C. 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

Outstanding Balance Beginning This Period: 23239.07

Transaction ID : D4A133307CC82485095E

Amount Incurred This Period: 0.00

Payment This Period: 251.01

Outstanding Balance at Close of This Period: 22988.06

1) **SUBTOTALS** This Period This Page (optional) ▶	23017.69
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
- [X] 10

NAME OF COMMITTEE (In Full)

Committee to Elect Alan Grayson

A. 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

B. 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

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) ▶	3601.80
2) **TOTALS** This Period (last page this line number only) ▶	398173.20
3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ▶	3353646.93
4) **ADD 2)** and **3)** and carry forward to appropriate line of Summary Page (last page only) ▶	3751820.13