

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name
HYDE FOR CONGRESS

Report Covering the Period: From: / / To: / /

	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))....	0.00	5240.62
(b) Total Contribution Refunds (from Line 20(d))	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	0.00	5240.62
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	16413.30	49127.24
(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)).....	16413.30	49127.24
8. Cash on Hand at Close of Reporting Period (from Line 27).....	16113.38	
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).....	60000.00	

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 05/2016)

Write or Type Committee Name

HYDE FOR CONGRESS

Report Covering the Period: From: / / To: / /

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).....	0.00	4265.24
(ii) Unitemized.....	0.00	975.38
(iii) TOTAL of contributions from individuals ▶	0.00	5240.62
(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))..	0.00	5240.62
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	30000.00	60000.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	30000.00	60000.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	0.00	0.00
15. OTHER RECEIPTS (Dividends, Interest, etc.)	0.00	0.00
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	30000.00	65240.62

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	16413.30	49127.24
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	16413.30	49127.24

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	2526.68
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	30000.00
25. SUBTOTAL (add Line 23 and Line 24).....	32526.68
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	16413.30
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	16113.38

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 5 OF 11
(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)
HYDE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
HYDE FOR CONGRESS

Mailing Address 1655 ALDERMAN STREET

City SARASOTA State FL Zip Code 34236

FEC ID number of contributing federal political committee. **C** C00775528

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
30000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
06 / 01 / 2022

Transaction ID : SA13A.4260

Amount of Each Receipt this Period
30000.00

Memo Item

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

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

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

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶	30000.00
TOTAL This Period (last page this line number only)..... ▶	30000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 6 OF 11	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
HYDE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Amazon.com		Date of Disbursement M M / D D / Y Y Y Y 05 / 18 / 2022
Mailing Address 410 Terry Ave North		FEC Identification Number C C00775528
City Seattle	State WA	Zip Code 98109
Purpose of Disbursement		Amount of Each Disbursement this Period 659.00
Candidate Name HYDE FOR CONGRESS		Transaction ID : SB17.4252
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: FL District: 16	Category/Type	

Full Name (Last, First, Middle Initial) B. CCW Broadcast Media		Date of Disbursement M M / D D / Y Y Y Y 04 / 04 / 2022
Mailing Address		FEC Identification Number C C00775528
City Sarasota	State FL	Zip Code 34236
Purpose of Disbursement		Amount of Each Disbursement this Period 2000.00
Candidate Name HYDE FOR CONGRESS		Transaction ID : SB17.4249
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: FL District: 16	Category/Type 004	

Full Name (Last, First, Middle Initial) C. CCW Broadcast Media		Date of Disbursement M M / D D / Y Y Y Y 06 / 15 / 2022
Mailing Address		FEC Identification Number C C00775528
City Sarasota	State FL	Zip Code 34236
Purpose of Disbursement		Amount of Each Disbursement this Period 2000.00
Candidate Name HYDE FOR CONGRESS		Transaction ID : SB17.4257
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: FL District: 16	Category/Type 004	

SUBTOTAL of Disbursements This Page (optional).....▶	4659.00
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)	PAGE 7 OF 11			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
HYDE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. CCW Broadcast Media			Date of Disbursement M M / D D / Y Y Y Y 06 / 15 / 2022		
Mailing Address			FEC Identification Number C C00775528		
City Sarasota	State FL	Zip Code 34236	Amount of Each Disbursement this Period 2000.00		
Purpose of Disbursement		Category/Type 004	Transaction ID : SB17.4259		
Candidate Name HYDE FOR CONGRESS			Memo Item <input type="checkbox"/>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: FL	District: 16				

Full Name (Last, First, Middle Initial) B. Facebook			Date of Disbursement M M / D D / Y Y Y Y 04 / 01 / 2022		
Mailing Address 1 Hacker Way			FEC Identification Number C C00775528		
City Menlo Park	State CA	Zip Code 94025	Amount of Each Disbursement this Period 99.73		
Purpose of Disbursement		Category/Type 004	Transaction ID : SB17.4244		
Candidate Name HYDE FOR CONGRESS			Memo Item <input type="checkbox"/>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: FL	District: 16				

Full Name (Last, First, Middle Initial) c. Facebook			Date of Disbursement M M / D D / Y Y Y Y 04 / 17 / 2022		
Mailing Address 1 Hacker Way			FEC Identification Number C C00775528		
City Menlo Park	State CA	Zip Code 94025	Amount of Each Disbursement this Period 209.57		
Purpose of Disbursement		Category/Type 004	Transaction ID : SB17.4246		
Candidate Name HYDE FOR CONGRESS			Memo Item <input type="checkbox"/>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: FL	District: 16				

SUBTOTAL of Disbursements This Page (optional).....▶	2309.30
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)	PAGE 8 OF 11			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
HYDE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Mars Vision LLC			Date of Disbursement MM / DD / YYYY 04 / 01 / 2022
Mailing Address 4376 Independence Court			FEC Identification Number C C00775528
City Sarasota	State FL	Zip Code 34234	Amount of Each Disbursement this Period 2800.00
Purpose of Disbursement		Category/Type 004	Transaction ID : SB17.4245
Candidate Name HYDE FOR CONGRESS		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: FL District: 16		

Full Name (Last, First, Middle Initial) B. Mars Vision LLC			Date of Disbursement MM / DD / YYYY 05 / 01 / 2022
Mailing Address 4376 Independence Court			FEC Identification Number C C00775528
City Sarasota	State FL	Zip Code 34234	Amount of Each Disbursement this Period 2400.00
Purpose of Disbursement		Category/Type 004	Transaction ID : SB17.4254
Candidate Name HYDE FOR CONGRESS		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: FL District: 16		

Full Name (Last, First, Middle Initial) c. Mars Vision LLC			Date of Disbursement MM / DD / YYYY 06 / 01 / 2022
Mailing Address 4376 Independence Court			FEC Identification Number C C00775528
City Sarasota	State FL	Zip Code 34234	Amount of Each Disbursement this Period 2400.00
Purpose of Disbursement		Category/Type 004	Transaction ID : SB17.4255
Candidate Name HYDE FOR CONGRESS		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: FL District: 16		

SUBTOTAL of Disbursements This Page (optional).....▶	7600.00
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)		PAGE 9 OF 11	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
HYDE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Morton's Gourmet Market			Date of Disbursement M M / D D / Y Y Y Y 05 / 10 / 2022	
Mailing Address 1924 S Osprey Ave			FEC Identification Number C C00775528	
City Sarasota	State FL	Zip Code 34239	Amount of Each Disbursement this Period 504.00	
Purpose of Disbursement		Category/Type 001	Transaction ID : SB17.4250	
Candidate Name HYDE FOR CONGRESS		Memo Item <input type="checkbox"/>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: FL District: 16				

Full Name (Last, First, Middle Initial) B. Sam's Club			Date of Disbursement M M / D D / Y Y Y Y 05 / 12 / 2022	
Mailing Address 300 N Cattlemen Road			FEC Identification Number C C00775528	
City Sarasota	State FL	Zip Code 34232	Amount of Each Disbursement this Period 691.00	
Purpose of Disbursement		Category/Type 001	Transaction ID : SB17.4253	
Candidate Name HYDE FOR CONGRESS		Memo Item <input type="checkbox"/>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: FL District: 16				

Full Name (Last, First, Middle Initial) C. Vistaprint			Date of Disbursement M M / D D / Y Y Y Y 05 / 17 / 2022	
Mailing Address 95 Hayden Ave			FEC Identification Number C C00775528	
City Lexington	State MA	Zip Code 02421	Amount of Each Disbursement this Period 650.00	
Purpose of Disbursement		Category/Type 004	Transaction ID : SB17.4251	
Candidate Name HYDE FOR CONGRESS		Memo Item <input type="checkbox"/>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: FL District: 16				

SUBTOTAL of Disbursements This Page (optional).....▶	1845.00
TOTAL This Period (last page this line number only).....▶	16413.30

SCHEDULE C (FEC Form 3) LOANS

NAME OF COMMITTEE (In Full) **HYDE FOR CONGRESS** Transaction ID : **SC/10.4187**

LOAN SOURCE Full Name (Last, First, Middle Initial) HYDE, MARTIN, , ,		<input type="checkbox"/> Memo Item	Election: 2022 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 1655 ALDERMAN STREET			
City SARASOTA	State FL	ZIP Code 34236	<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 30000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 30000.00
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TERMS	Date Incurred M 04 / D 01 / Y 2021	Date Due M M / D D / Y none	Interest Rate (If none, enter 0) 0.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []

SUBTOTALS This Period This Page (optional).....▶	[] 30000.00
TOTALS This Period (last page in this line only).....▶	[]

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

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **HYDE FOR CONGRESS** Transaction ID : **SC/10.4260**

LOAN SOURCE Full Name (Last, First, Middle Initial) HYDE FOR CONGRESS		<input type="checkbox"/> Memo Item	Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 1655 ALDERMAN STREET			
City SARASOTA	State FL	ZIP Code 34236	<input type="checkbox"/> 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	Date Due	Interest Rate (If none, enter 0)	Secured:
	M 06 / D 01 / Y 2022	M M / D D / Y Y Y Y	% (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional).....▶	30000.00
TOTALS This Period (last page in this line only).....▶	60000.00

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