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 11 / 08 / 2022 in the State of FL

5. Covering Period 10 / 01 / 2024 through 11 / 25 / 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: 12 / 05 / 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# 202412059739603317

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: 10/01/2024 To: 11/25/2024

	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))	9394.19	276864.67
(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))	9394.19	276864.67
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	23221.43	0.00
(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))	23221.43	0.00
8. Cash on Hand at Close of Reporting Period (from Line 27).....	127037.88	
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)	3739024.81	

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

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:

Image# 202412059739603319

POST-ELECTION DETAILED SUMMARY PAGE

Report of Receipts and Disbursements

FEC **Form 3** (Revised 07/05)

• If the candidate participated in the general election, use this form for the 30-day Post-General report.

• If the candidate did NOT participate in the general election, use this form for the Year-end report covering through December 31 of the election year (due on January 31).

This form is used in lieu of filling out Line Numbers 6 through 7 on Page 2 (Summary Page) and Pages 3 and 4 (the Detailed Summary Page) for the last report filed by a candidate during the current election cycle.

Write or Type Committee Name

Committee to Elect Alan Grayson

Report Covering the Period: From: M M 10 / D D 01 / Y Y Y Y 2024 To: M M 11 / D D 25 / Y Y Y Y 2024

I. RECEIPTS

	COLUMN A Total this Period	COLUMN B Election Cycle Total as of M M 11 / D D 08 / Y Y Y Y 2022 (date of general election)	COLUMN C Total for M M 11 / D D 09 / Y Y Y Y 2022 (date after general election) through M M 11 / D D 25 / Y Y Y Y 2024 (last day of reporting period)
11. CONTRIBUTIONS (other than loans) FROM:			
(a) Individuals/Persons Other than Political Committees			
(i) Itemized (use Schedule A)	5110.40	96951.00	5110.40
(ii) Unitemized	4283.79	179913.67	4283.79
(iii) Total of contributions from individuals	9394.19	276864.67	9394.19
(b) Political Party Committees	0.00	0.00	0.00
(c) Other Political Committees	0.00	0.00	0.00

POST-ELECTION DETAILED SUMMARY PAGE

Report of Receipts and Disbursements

FEC **Form 3** (Revised 1/01)

COLUMN A Total this Period	COLUMN B Election Cycle Total as of * (date of general election) (* See page 5 for date)	COLUMN C Total for * (date after general election) through * (last day of reporting period) (* See page 5 for dates)
(d) The Candidate		
0.00	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c) and (d))		
9394.19	276864.67	9394.19
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES		
0.00	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate		
23878.79	0.00	525107.50
(b) All Other Loans		
0.00	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b))		
23878.79	0.00	525107.50
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, rebates, etc.)		
0.00	0.00	0.00
15. OTHER RECEIPTS (Dividends, Interest, etc.)		
0.00	0.00	0.55
16. TOTAL RECEIPTS (add 11(e), 12, 13(c), 14 and 15)		
33272.98	276864.67	534502.24

POST-ELECTION DETAILED SUMMARY PAGE

Report of Receipts and Disbursements

FEC **Form 3** (Revised 1/01)

Write or Type Committee Name

Committee to Elect Alan Grayson

Report Covering the Period: From: 10 / 01 / 2024 To: 11 / 25 / 2024

II. DISBURSEMENTS

	COLUMN A Total this Period	COLUMN B Election Cycle Total as of * (date of general election) (* See page 5 for date)	COLUMN C Total for * (date after general election) through * (last day of reporting period) (* See page 5 for dates)
17. OPERATING EXPENDITURES	23221.43	0.00	661660.50
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00	0.00
19. LOAN REPAYMENTS: (a) Of Loans Made or Guaranteed by the Candidate	0.00	0.00	44500.00
(b) Of All Other Loans	0.00	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and 19(b))	0.00	0.00	44500.00
20. REFUNDS OF CONTRIBUTIONS TO: (a) Individuals/Persons Other Than Political Committees	0.00	0.00	540.00
(b) Political Party Committees	0.00	0.00	0.00

POST-ELECTION DETAILED SUMMARY PAGE

Report of Receipts and Disbursements

FEC **Form 3** (Revised 1/01)

COLUMN A **Total this Period**	COLUMN B **Election Cycle Total as of *** (date of general election) (***** See page 5 for date)	COLUMN C **Total for *** (date after general election) **through *** (last day of reporting period) (***** See page 5 for dates)
(c) Other Political Committees (such as PACs)		
0.00	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b) and (c))		
0.00	0.00	540.00
21. OTHER DISBURSEMENTS		
0.00	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d) and 21)		
23221.43	0.00	706700.50

III. NET CONTRIBUTIONS (OTHER THAN LOANS)

(Note: Substitute in lieu of Line #6 of Summary Page for this report only; subtract Line 20(d) from Line 11(e))

9394.19	276864.67	8854.19

IV. NET OPERATING EXPENDITURES

(Note: Substitute in lieu of Line #7 of Summary Page for this report only; subtract Line 14 from Line 17)

23221.43	0.00	661660.50

V. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD	116986.33
24. TOTAL RECIEPTS THIS PERIOD (from Line 16)	33272.98
25. SUBTOTAL (add Line 23 and Line 24)	150259.31
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)	23221.43
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25)	127037.88

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 11d ☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

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

Date of Receipt: 11 / 20 / 2024
Transaction ID : ABBB9622F6F0049AAAFD
Amount of Each Receipt this Period: 24.00
☐ Memo Item
Earmark:ActBlue (non-directed)

B.
Full Name (Last, First, Middle Initial)
ActBlue
Mailing Address 14 Arrow St
Ste 11
City: Cambridge | State: MA | Zip Code: 02138-5106
FEC ID number of contributing federal political committee: C C00401224
Name of Employer:
Occupation:
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 252139.05

Date of Receipt: 11 / 20 / 2024
Transaction ID : ABA07E83AFCFA453887E
Amount of Each Receipt this Period: 24.00
☒ Memo Item
Intermediary
Total Earmarked through conduit. PAC limit not affected.

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

Date of Receipt: 10 / 17 / 2024
Transaction ID : A80FB418DEB1648E3B59
Amount of Each Receipt this Period: 20.24
☐ Memo Item
Earmark:ActBlue (non-directed)

SUBTOTAL of Receipts This Page (optional) ▶ 44.24

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

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 11d ☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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

A.
Full Name (Last, First, Middle Initial)
ActBlue
Mailing Address 14 Arrow St
Ste 11
City: Cambridge | State: MA | Zip Code: 02138-5106
FEC ID number of contributing federal political committee: C C00401224
Name of Employer:
Occupation:
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 252139.05

Date of Receipt: 10 / 17 / 2024
Transaction ID : A28C2B402B33C4A7DAC4
Amount of Each Receipt this Period: 20.24
☒ Memo Item
Intermediary
Total Earmarked through conduit. PAC limit not affected.

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

Date of Receipt: 10 / 20 / 2024
Transaction ID : A4451F3A85B0F4E459F6
Amount of Each Receipt this Period: 24.00
☐ Memo Item
Earmark:ActBlue (non-directed)

C.
Full Name (Last, First, Middle Initial)
ActBlue
Mailing Address 14 Arrow St
Ste 11
City: Cambridge | State: MA | Zip Code: 02138-5106
FEC ID number of contributing federal political committee: C C00401224
Name of Employer:
Occupation:
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 252139.05

Date of Receipt: 10 / 20 / 2024
Transaction ID : ADF151FDC8DC548CC9B3
Amount of Each Receipt this Period: 24.00
☒ Memo Item
Intermediary
Total Earmarked through conduit. PAC limit not affected.

SUBTOTAL of Receipts This Page (optional) ▶ 24.00

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

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 11d ☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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

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

Date of Receipt: 11 / 17 / 2024
Transaction ID : A953F957E0D0F4FD0BF8
Amount of Each Receipt this Period: 20.24
☐ Memo Item
Earmark:ActBlue (non-directed)

B.
Full Name (Last, First, Middle Initial)
ActBlue
Mailing Address 14 Arrow St
Ste 11
City: Cambridge | State: MA | Zip Code: 02138-5106
FEC ID number of contributing federal political committee: C C00401224
Name of Employer:
Occupation:
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 252139.05

Date of Receipt: 11 / 17 / 2024
Transaction ID : A3C927D2719B640A28AD
Amount of Each Receipt this Period: 20.24
☒ Memo Item
Intermediary
Total Earmarked through conduit. PAC limit not affected.

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

Date of Receipt: 11 / 20 / 2024
Transaction ID : A127D33A223DC48EA8DA
Amount of Each Receipt this Period: 24.00
☐ Memo Item
Earmark:ActBlue (non-directed)

SUBTOTAL of Receipts This Page (optional) ▶ 44.24

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

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 11d ☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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

A.
Full Name (Last, First, Middle Initial)
ActBlue
Mailing Address 14 Arrow St
Ste 11
City: Cambridge | State: MA | Zip Code: 02138-5106
FEC ID number of contributing federal political committee: C C00401224
Name of Employer:
Occupation:
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 252139.05

Date of Receipt: 11 / 20 / 2024
Transaction ID : AF3AA76AE88024A9283A
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)
Allman, Esther, , ,
Mailing Address 984 N Butternut Cir
City: Frankfort | State: IL | Zip Code: 60423-2106
FEC ID number of contributing federal political committee: C
Name of Employer: Not employed
Occupation: Not employed
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 621.00

Date of Receipt: 10 / 11 / 2024
Transaction ID : AFA5CF3D0895C4C519FD
Amount of Each Receipt this Period: 27.00
☐ Memo Item
Earmark:ActBlue (non-directed)

C.
Full Name (Last, First, Middle Initial)
ActBlue
Mailing Address 14 Arrow St
Ste 11
City: Cambridge | State: MA | Zip Code: 02138-5106
FEC ID number of contributing federal political committee: C C00401224
Name of Employer:
Occupation:
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 252139.05

Date of Receipt: 10 / 11 / 2024
Transaction ID : A04D8DCE9583F45AE8D6
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: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 648.00

Date of Receipt: 11 / 11 / 2024
Transaction ID : A583F0EFC13DF4945BE5
Amount of Each Receipt this Period: 27.00
☐ Memo Item
Earmark:ActBlue (non-directed)

B.
Full Name (Last, First, Middle Initial)
ActBlue
Mailing Address 14 Arrow St
Ste 11
City: Cambridge | State: MA | Zip Code: 02138-5106
FEC ID number of contributing federal political committee: C C00401224
Name of Employer:
Occupation:
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 252139.05

Date of Receipt: 11 / 11 / 2024
Transaction ID : A3CBC918327AF4CF488C
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)
Ardinger, Bruce J, , ,
Mailing Address 6735 Georgia Avenue
City: Bradenton | State: FL | Zip Code: 34207
FEC ID number of contributing federal political committee: C
Name of Employer: none
Occupation: Retired
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 263.12

Date of Receipt: 10 / 16 / 2024
Transaction ID : A0FFD20C4255C4F5DA74
Amount of Each Receipt this Period: 20.24
☐ Memo Item
Earmark:ActBlue (non-directed)

SUBTOTAL of Receipts This Page (optional) ▶ 47.24

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

Image# 202412059739603328

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 11d ☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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

A.
Full Name (Last, First, Middle Initial)
ActBlue
Mailing Address 14 Arrow St
Ste 11
City: Cambridge | State: MA | Zip Code: 02138-5106
FEC ID number of contributing federal political committee: C C00401224
Name of Employer:
Occupation:
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 252139.05

Date of Receipt: 10 / 16 / 2024
Transaction ID : AC8EF96F97FE94DB580E
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)
Ardinger, Bruce J, , ,
Mailing Address 6735 Georgia Avenue
City: Bradenton | State: FL | Zip Code: 34207
FEC ID number of contributing federal political committee: C
Name of Employer: none
Occupation: Retired
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 283.36

Date of Receipt: 11 / 16 / 2024
Transaction ID : A55E0DDE580AB483A8D0
Amount of Each Receipt this Period: 20.24
☐ Memo Item
Earmark:ActBlue (non-directed)

C.
Full Name (Last, First, Middle Initial)
ActBlue
Mailing Address 14 Arrow St
Ste 11
City: Cambridge | State: MA | Zip Code: 02138-5106
FEC ID number of contributing federal political committee: C C00401224
Name of Employer:
Occupation:
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 252139.05

Date of Receipt: 11 / 16 / 2024
Transaction ID : A31DE7C5104444F64985
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)
Baile, Penney, , ,
Mailing Address 12465 Quail Woods Drive
City: Germantown | State: MD | Zip Code: 20874
FEC ID number of contributing federal political committee: C
Name of Employer: Not employed
Occupation: Not employed
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 202.40

Date of Receipt: 10 / 03 / 2024
Transaction ID : AC19E72D811614B9185B
Amount of Each Receipt this Period: 20.24
☐ Memo Item
Earmark:ActBlue (non-directed)

B.
Full Name (Last, First, Middle Initial)
ActBlue
Mailing Address 14 Arrow St
Ste 11
City: Cambridge | State: MA | Zip Code: 02138-5106
FEC ID number of contributing federal political committee: C C00401224
Name of Employer:
Occupation:
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 252139.05

Date of Receipt: 10 / 03 / 2024
Transaction ID : ADFD4CF6C7D3E41A982D
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)
Baile, Penney, , ,
Mailing Address 12465 Quail Woods Drive
City: Germantown | State: MD | Zip Code: 20874
FEC ID number of contributing federal political committee: C
Name of Employer: Not employed
Occupation: Not employed
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 222.64

Date of Receipt: 11 / 03 / 2024
Transaction ID : A7DA72631C54042ECAB7
Amount of Each Receipt this Period: 20.24
☐ Memo Item
Earmark:ActBlue (non-directed)

SUBTOTAL of Receipts This Page (optional) ▶ 40.48

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

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 11d ☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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

A.
Full Name (Last, First, Middle Initial)
ActBlue
Mailing Address 14 Arrow St
Ste 11
City: Cambridge | State: MA | Zip Code: 02138-5106
FEC ID number of contributing federal political committee: C C00401224
Name of Employer:
Occupation:
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 252139.05

Date of Receipt: 11 / 03 / 2024
Transaction ID : AB59E4BAAB859468FA4D
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)
Baker, Richard, , ,
Mailing Address 2021 Wellesley Dr
City: Lansing | State: MI | Zip Code: 48911
FEC ID number of contributing federal political committee: C
Name of Employer: Not employed
Occupation: Not employed
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 280.00

Date of Receipt: 10 / 20 / 2024
Transaction ID : A934B3992B7E04BDDB87
Amount of Each Receipt this Period: 35.00
☐ Memo Item
Earmark:ActBlue (non-directed)

C.
Full Name (Last, First, Middle Initial)
ActBlue
Mailing Address 14 Arrow St
Ste 11
City: Cambridge | State: MA | Zip Code: 02138-5106
FEC ID number of contributing federal political committee: C C00401224
Name of Employer:
Occupation:
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 252139.05

Date of Receipt: 10 / 20 / 2024
Transaction ID : AA33CA33A4E9C44CBB40
Amount of Each Receipt this Period: 35.00
☒ Memo Item
Intermediary
Total Earmarked through conduit. PAC limit not affected.

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): Baker, Richard, , ,
Mailing Address 2021 Wellesley Dr
City: Lansing | State: MI | Zip Code: 48911
FEC ID number of contributing federal political committee: C
Name of Employer: Not employed
Occupation: Not employed
Receipt For: 2026 ☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 315.00

Date of Receipt: 11 / 20 / 2024
Transaction ID : A2D85ED0550A0474D9BE
Amount of Each Receipt this Period: 35.00
☐ Memo Item
Earmark:ActBlue (non-directed)

B.
Full Name (Last, First, Middle Initial): ActBlue
Mailing Address 14 Arrow St Ste 11
City: Cambridge | State: MA | Zip Code: 02138-5106
FEC ID number of contributing federal political committee: C C00401224
Name of Employer:
Occupation:
Receipt For: 2026 ☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 252139.05

Date of Receipt: 11 / 20 / 2024
Transaction ID : A5F25313014C34018BEF
Amount of Each Receipt this Period: 35.00
☒ Memo Item
Intermediary
Total Earmarked through conduit. PAC limit not affected.

C.
Full Name (Last, First, Middle Initial): Beck, Anthony, , ,
Mailing Address 3319 Paola Avenue
City: Los Angeles | State: CA | Zip Code: 90032
FEC ID number of contributing federal political committee: C
Name of Employer: FirstAmerican
Occupation: Manager
Receipt For: 2026 ☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 202.40

Date of Receipt: 10 / 13 / 2024
Transaction ID : AF948009682334EFCA4F
Amount of Each Receipt this Period: 20.24
☐ Memo Item
Earmark:ActBlue (non-directed)

SUBTOTAL of Receipts This Page (optional) ▶ 55.24

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

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 11d ☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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

A.
Full Name (Last, First, Middle Initial)
ActBlue
Mailing Address 14 Arrow St
Ste 11
City: Cambridge | State: MA | Zip Code: 02138-5106
FEC ID number of contributing federal political committee: C C00401224
Name of Employer:
Occupation:
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 252139.05

Date of Receipt: 10 / 13 / 2024
Transaction ID : A1825C926E8564B3ABE6
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)
Blaustein, Martin, , ,
Mailing Address 20 Autenreith Road
City: Scarsdale | State: NY | Zip Code: 10583
FEC ID number of contributing federal political committee: C
Name of Employer: Not employed
Occupation: Not employed
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 236.24

Date of Receipt: 10 / 28 / 2024
Transaction ID : A5530B18C08424F8B87C
Amount of Each Receipt this Period: 24.00
☐ Memo Item
Earmark:ActBlue (non-directed)

C.
Full Name (Last, First, Middle Initial)
ActBlue
Mailing Address 14 Arrow St
Ste 11
City: Cambridge | State: MA | Zip Code: 02138-5106
FEC ID number of contributing federal political committee: C C00401224
Name of Employer:
Occupation:
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 252139.05

Date of Receipt: 10 / 28 / 2024
Transaction ID : A3F6237F6530844928EC
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)
Brezill, Kassandra, , ,
Mailing Address 17712 STONEBRIDGE DR.
City: HAZEL CREST | State: IL | Zip Code: 60429
FEC ID number of contributing federal political committee: C
Name of Employer: Self Employed
Occupation: Realtor
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 250.00

Date of Receipt: 10 / 28 / 2024
Transaction ID : AB7149056218C43F1BA2
Amount of Each Receipt this Period: 20.00
☐ Memo Item
Earmark:ActBlue (non-directed)

B.
Full Name (Last, First, Middle Initial)
ActBlue
Mailing Address 14 Arrow St
Ste 11
City: Cambridge | State: MA | Zip Code: 02138-5106
FEC ID number of contributing federal political committee: C C00401224
Name of Employer:
Occupation:
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 252139.05

Date of Receipt: 10 / 28 / 2024
Transaction ID : AD9EAD596155C4931B45
Amount of Each Receipt this Period: 20.00
☒ Memo Item
Intermediary
Total Earmarked through conduit. PAC limit not affected.

C.
Full Name (Last, First, Middle Initial)
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: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 841.92

Date of Receipt: 10 / 01 / 2024
Transaction ID : A3A6DAB0EE7B84B5B92C
Amount of Each Receipt this Period: 30.00
☐ Memo Item
Earmark:ActBlue (non-directed)

SUBTOTAL of Receipts This Page (optional) ▶ 50.00

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

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 11d ☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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

A.
Full Name (Last, First, Middle Initial)
ActBlue
Mailing Address 14 Arrow St
Ste 11
City: Cambridge | State: MA | Zip Code: 02138-5106
FEC ID number of contributing federal political committee: C C00401224
Name of Employer:
Occupation:
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 252139.05

Date of Receipt: 10 / 01 / 2024
Transaction ID : AD3597A80A7B046BAA4D
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: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 862.16

Date of Receipt: 10 / 04 / 2024
Transaction ID : AA1D0F2A167FC4111827
Amount of Each Receipt this Period: 20.24
☐ Memo Item
Earmark:ActBlue (non-directed)

C.
Full Name (Last, First, Middle Initial)
ActBlue
Mailing Address 14 Arrow St
Ste 11
City: Cambridge | State: MA | Zip Code: 02138-5106
FEC ID number of contributing federal political committee: C C00401224
Name of Employer:
Occupation:
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 252139.05

Date of Receipt: 10 / 04 / 2024
Transaction ID : A827BD1FC0A534CE5801
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: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 887.16

Date of Receipt: 10 / 14 / 2024
Transaction ID : A8B46B4C5FA544F30A9A
Amount of Each Receipt this Period: 25.00
☐ Memo Item
Earmark:ActBlue (non-directed)

B.
Full Name (Last, First, Middle Initial)
ActBlue
Mailing Address 14 Arrow St
Ste 11
City: Cambridge | State: MA | Zip Code: 02138-5106
FEC ID number of contributing federal political committee: C C00401224
Name of Employer:
Occupation:
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 252139.05

Date of Receipt: 10 / 14 / 2024
Transaction ID : AA6CCCFC36BA34044834
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: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 912.16

Date of Receipt: 10 / 28 / 2024
Transaction ID : A19D512838BA04390A94
Amount of Each Receipt this Period: 25.00
☐ Memo Item
Earmark:ActBlue (non-directed)

SUBTOTAL of Receipts This Page (optional) ▶ 50.00

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

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 11d ☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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

A.
Full Name (Last, First, Middle Initial)
ActBlue
Mailing Address 14 Arrow St
Ste 11
City: Cambridge | State: MA | Zip Code: 02138-5106
FEC ID number of contributing federal political committee: C C00401224
Name of Employer:
Occupation:
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 252139.05

Date of Receipt: 10 / 28 / 2024
Transaction ID : A98E5C3A779E1454CB3C
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: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 942.16

Date of Receipt: 11 / 01 / 2024
Transaction ID : AF8FDF5AE63A241A7BE3
Amount of Each Receipt this Period: 30.00
☐ Memo Item
Earmark:ActBlue (non-directed)

C.
Full Name (Last, First, Middle Initial)
ActBlue
Mailing Address 14 Arrow St
Ste 11
City: Cambridge | State: MA | Zip Code: 02138-5106
FEC ID number of contributing federal political committee: C C00401224
Name of Employer:
Occupation:
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 252139.05

Date of Receipt: 11 / 01 / 2024
Transaction ID : A478829DC55B444B2B83
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: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 962.40

Date of Receipt: 11 / 08 / 2024
Transaction ID : AB41D8590F1164A59A8C
Amount of Each Receipt this Period: 20.24
☐ Memo Item
Earmark:ActBlue (non-directed)

B.
Full Name (Last, First, Middle Initial)
ActBlue
Mailing Address 14 Arrow St
Ste 11
City: Cambridge | State: MA | Zip Code: 02138-5106
FEC ID number of contributing federal political committee: C C00401224
Name of Employer:
Occupation:
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 252139.05

Date of Receipt: 11 / 08 / 2024
Transaction ID : A9F1EBA9B86874BEBA3A
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: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 987.40

Date of Receipt: 11 / 14 / 2024
Transaction ID : A8C2AE8C139DC4DA1A4C
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: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 252139.05

Date of Receipt: 11 / 14 / 2024
Transaction ID : AE973544FA50C4983A84
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)
Burnett, William, , ,
Mailing Address 195 New Raod
City: Monmouth Junction | State: NJ | Zip Code: 08852
FEC ID number of contributing federal political committee: C
Name of Employer: Self Employed
Occupation: Construction
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 212.24

Date of Receipt: 10 / 19 / 2024
Transaction ID : ADBCFDC1BE635407EA67
Amount of Each Receipt this Period: 24.00
☐ Memo Item
Earmark:ActBlue (non-directed)

C.
Full Name (Last, First, Middle Initial)
ActBlue
Mailing Address 14 Arrow St
Ste 11
City: Cambridge | State: MA | Zip Code: 02138-5106
FEC ID number of contributing federal political committee: C C00401224
Name of Employer:
Occupation:
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 252139.05

Date of Receipt: 10 / 19 / 2024
Transaction ID : AC19C4ED99DC14073A63
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)
Burnett, William, , ,
Mailing Address 195 New Raod
City: Monmouth Junction | State: NJ | Zip Code: 08852
FEC ID number of contributing federal political committee: C
Name of Employer: Self Employed
Occupation: Construction
Receipt For: 2026
☒ Primary ☐ General
☐ Other (specify) ▼
Election Cycle-to-Date ▼ 236.24

Date of Receipt: 11 / 19 / 2024
Transaction ID : A3A4DE080B73C474CBDA
Amount of Each Receipt this Period: 24.00
☐ Memo Item
Earmark:ActBlue (non-directed)

B.
Full Name (Last, First, Middle Initial)
ActBlue
Mailing Address 14 Arrow St
Ste 11
City: Cambridge | State: MA | Zip Code: 02138-5106
FEC ID number of contributing federal political committee: C C00401224
Name of Employer:
Occupation:
Receipt For: 2026
☒ Primary ☐ General
☐ Other (specify) ▼
Election Cycle-to-Date ▼ 252139.05

Date of Receipt: 11 / 19 / 2024
Transaction ID : AAD29CFB194AC4F57B32
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)
Campbell, Linda, , ,
Mailing Address 101 Briarwood St.
City: Lynchburg | State: VA | Zip Code: 24503
FEC ID number of contributing federal political committee: C
Name of Employer: N/A
Occupation: Retired
Receipt For: 2026
☒ Primary ☐ General
☐ Other (specify) ▼
Election Cycle-to-Date ▼ 550.00

Date of Receipt: 10 / 27 / 2024
Transaction ID : A9AEB4B73546B4631BCD
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: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 252139.05

Date of Receipt: 10 / 27 / 2024
Transaction ID : A4BEC54D899A2453CBDE
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: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 1850.00

Date of Receipt: 10 / 03 / 2024
Transaction ID : A7E6D9049FBD34501871
Amount of Each Receipt this Period: 50.00
☐ Memo Item
Earmark:ActBlue (non-directed)

C.
Full Name (Last, First, Middle Initial)
ActBlue
Mailing Address 14 Arrow St
Ste 11
City: Cambridge | State: MA | Zip Code: 02138-5106
FEC ID number of contributing federal political committee: C C00401224
Name of Employer:
Occupation:
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 252139.05

Date of Receipt: 10 / 03 / 2024
Transaction ID : A3A849E60664D4300BF0
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: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 1900.00

Date of Receipt: 10 / 06 / 2024
Transaction ID : ADE68D818B605497EA30
Amount of Each Receipt this Period: 50.00
☐ Memo Item
Earmark:ActBlue (non-directed)

B.
Full Name (Last, First, Middle Initial)
ActBlue
Mailing Address 14 Arrow St
Ste 11
City: Cambridge | State: MA | Zip Code: 02138-5106
FEC ID number of contributing federal political committee: C C00401224
Name of Employer:
Occupation:
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 252139.05

Date of Receipt: 10 / 06 / 2024
Transaction ID : A53365C3A6F1048CFA95
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)
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: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 1650.00

Date of Receipt: 10 / 01 / 2024
Transaction ID : A124E779963184C0FAB2
Amount of Each Receipt this Period: 250.00
☐ Memo Item
Earmark:ActBlue (non-directed)

SUBTOTAL of Receipts This Page (optional) ▶ 300.00

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

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 11d ☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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

A.
Full Name (Last, First, Middle Initial)
ActBlue
Mailing Address 14 Arrow St
Ste 11
City: Cambridge | State: MA | Zip Code: 02138-5106
FEC ID number of contributing federal political committee: C C00401224
Name of Employer:
Occupation:
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 252139.05

Date of Receipt: 10 / 01 / 2024
Transaction ID : AEB7A7E11E3F84CA9BC1
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: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 600.00

Date of Receipt: 10 / 19 / 2024
Transaction ID : A11B56AAA63174D64884
Amount of Each Receipt this Period: 25.00
☐ Memo Item
Earmark:ActBlue (non-directed)

C.
Full Name (Last, First, Middle Initial)
ActBlue
Mailing Address 14 Arrow St
Ste 11
City: Cambridge | State: MA | Zip Code: 02138-5106
FEC ID number of contributing federal political committee: C C00401224
Name of Employer:
Occupation:
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 252139.05

Date of Receipt: 10 / 19 / 2024
Transaction ID : A44D4B811B1FC475D994
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: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 625.00

Date of Receipt: 11 / 19 / 2024
Transaction ID : A5ED2DBDE787A412EB12
Amount of Each Receipt this Period: 25.00
☐ Memo Item
Earmark:ActBlue (non-directed)

B.
Full Name (Last, First, Middle Initial)
ActBlue
Mailing Address 14 Arrow St
Ste 11
City: Cambridge | State: MA | Zip Code: 02138-5106
FEC ID number of contributing federal political committee: C C00401224
Name of Employer:
Occupation:
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 252139.05

Date of Receipt: 11 / 19 / 2024
Transaction ID : AEE26B45CD22C4D0FB30
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)
Castaing, Louis, , ,
Mailing Address 2021 Sullivan Lane 148
City: Covington | State: LA | Zip Code: 70433
FEC ID number of contributing federal political committee: C
Name of Employer: Not employed
Occupation: Not employed
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 1154.08

Date of Receipt: 10 / 08 / 2024
Transaction ID : A68FA1FF5B1364F50B63
Amount of Each Receipt this Period: 50.00
☐ Memo Item
Earmark:ActBlue (non-directed)

SUBTOTAL of Receipts This Page (optional) ▶ 75.00

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

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 11d ☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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

A.
Full Name (Last, First, Middle Initial)
ActBlue
Mailing Address 14 Arrow St
Ste 11
City: Cambridge | State: MA | Zip Code: 02138-5106
FEC ID number of contributing federal political committee: C C00401224
Name of Employer:
Occupation:
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 252139.05

Date of Receipt: 10 / 08 / 2024
Transaction ID : AED7A2028019842C2959
Amount of Each Receipt this Period: 50.00
☒ Memo Item
Intermediary
Total Earmarked through conduit. PAC limit not affected.

B.
Full Name (Last, First, Middle Initial)
Castaing, Louis, , ,
Mailing Address 2021 Sullivan Lane 148
City: Covington | State: LA | Zip Code: 70433
FEC ID number of contributing federal political committee: C
Name of Employer: Not employed
Occupation: Not employed
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 1174.32

Date of Receipt: 10 / 15 / 2024
Transaction ID : AD8CD34CEAB90441E9F5
Amount of Each Receipt this Period: 20.24
☐ Memo Item
Earmark:ActBlue (non-directed)

C.
Full Name (Last, First, Middle Initial)
ActBlue
Mailing Address 14 Arrow St
Ste 11
City: Cambridge | State: MA | Zip Code: 02138-5106
FEC ID number of contributing federal political committee: C C00401224
Name of Employer:
Occupation:
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 252139.05

Date of Receipt: 10 / 15 / 2024
Transaction ID : A35F60D68C0B64616871
Amount of Each Receipt this Period: 20.24
☒ Memo Item
Intermediary
Total Earmarked through conduit. PAC limit not affected.

SUBTOTAL of Receipts This Page (optional) ▶ 20.24

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

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 11d ☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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

A.
Full Name (Last, First, Middle Initial)
Castaing, Louis, , ,
Mailing Address 2021 Sullivan Lane 148
City: Covington | State: LA | Zip Code: 70433
FEC ID number of contributing federal political committee: C
Name of Employer: Not employed
Occupation: Not employed
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 1194.56

Date of Receipt: 10 / 17 / 2024
Transaction ID : AADE8A3A3D0AD4B17BAC
Amount of Each Receipt this Period: 20.24
☐ Memo Item
Earmark:ActBlue (non-directed)

B.
Full Name (Last, First, Middle Initial)
ActBlue
Mailing Address 14 Arrow St
Ste 11
City: Cambridge | State: MA | Zip Code: 02138-5106
FEC ID number of contributing federal political committee: C C00401224
Name of Employer:
Occupation:
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 252139.05

Date of Receipt: 10 / 17 / 2024
Transaction ID : A8C6478DEA8C444DCB72
Amount of Each Receipt this Period: 20.24
☒ Memo Item
Intermediary
Total Earmarked through conduit. PAC limit not affected.

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

Date of Receipt: 10 / 26 / 2024
Transaction ID : A04EF966CC6124CF6998
Amount of Each Receipt this Period: 24.00
☐ Memo Item
Earmark:ActBlue (non-directed)

SUBTOTAL of Receipts This Page (optional) ▶ 44.24

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

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 11d ☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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

A.
Full Name (Last, First, Middle Initial)
ActBlue
Mailing Address 14 Arrow St
Ste 11
City: Cambridge | State: MA | Zip Code: 02138-5106
FEC ID number of contributing federal political committee: C C00401224
Name of Employer:
Occupation:
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 252139.05

Date of Receipt: 10 / 26 / 2024
Transaction ID : A476F2AE7BF634FD29BE
Amount of Each Receipt this Period: 24.00
☒ Memo Item
Intermediary
Total Earmarked through conduit. PAC limit not affected.

B.
Full Name (Last, First, Middle Initial)
Castaing, Louis, , ,
Mailing Address 2021 Sullivan Lane 148
City: Covington | State: LA | Zip Code: 70433
FEC ID number of contributing federal political committee: C
Name of Employer: Not employed
Occupation: Not employed
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 1242.56

Date of Receipt: 10 / 30 / 2024
Transaction ID : A369D5EE32F3445A5BE1
Amount of Each Receipt this Period: 24.00
☐ Memo Item
Earmark:ActBlue (non-directed)

C.
Full Name (Last, First, Middle Initial)
ActBlue
Mailing Address 14 Arrow St
Ste 11
City: Cambridge | State: MA | Zip Code: 02138-5106
FEC ID number of contributing federal political committee: C C00401224
Name of Employer:
Occupation:
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 252139.05

Date of Receipt: 10 / 30 / 2024
Transaction ID : A6672818C8F87411DAE4
Amount of Each Receipt this Period: 24.00
☒ Memo Item
Intermediary
Total Earmarked through conduit. PAC limit not affected.

SUBTOTAL of Receipts This Page (optional) ▶ 24.00

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

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 11d ☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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

A.
Full Name (Last, First, Middle Initial)
Castaing, Louis, , ,
Mailing Address 2021 Sullivan Lane 148
City: Covington | State: LA | Zip Code: 70433
FEC ID number of contributing federal political committee: C
Name of Employer: Not employed
Occupation: Not employed
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 1292.56

Date of Receipt: 11 / 08 / 2024
Transaction ID : AE11B1FA37CA94DF4882
Amount of Each Receipt this Period: 50.00
☐ Memo Item
Earmark:ActBlue (non-directed)

B.
Full Name (Last, First, Middle Initial)
ActBlue
Mailing Address 14 Arrow St
Ste 11
City: Cambridge | State: MA | Zip Code: 02138-5106
FEC ID number of contributing federal political committee: C C00401224
Name of Employer:
Occupation:
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 252139.05

Date of Receipt: 11 / 08 / 2024
Transaction ID : A95C2927F0A8F48A4A57
Amount of Each Receipt this Period: 50.00
☒ Memo Item
Intermediary
Total Earmarked through conduit. PAC limit not affected.

C.
Full Name (Last, First, Middle Initial)
Castaing, Louis, , ,
Mailing Address 2021 Sullivan Lane 148
City: Covington | State: LA | Zip Code: 70433
FEC ID number of contributing federal political committee: C
Name of Employer: Not employed
Occupation: Not employed
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 1312.80

Date of Receipt: 11 / 15 / 2024
Transaction ID : A85E4FDE733754C8E97C
Amount of Each Receipt this Period: 20.24
☐ Memo Item
Earmark:ActBlue (non-directed)

SUBTOTAL of Receipts This Page (optional) ▶ 70.24

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

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 11d ☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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

A.
Full Name (Last, First, Middle Initial)
ActBlue
Mailing Address 14 Arrow St
Ste 11
City: Cambridge | State: MA | Zip Code: 02138-5106
FEC ID number of contributing federal political committee: C C00401224
Name of Employer:
Occupation:
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 252139.05

Date of Receipt: 11 / 15 / 2024
Transaction ID : A5D2ED99FDA4F4DE6815
Amount of Each Receipt this Period: 20.24
☒ Memo Item
Intermediary
Total Earmarked through conduit. PAC limit not affected.

B.
Full Name (Last, First, Middle Initial)
Castaing, Louis, , ,
Mailing Address 2021 Sullivan Lane 148
City: Covington | State: LA | Zip Code: 70433
FEC ID number of contributing federal political committee: C
Name of Employer: Not employed
Occupation: Not employed
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 1333.04

Date of Receipt: 11 / 17 / 2024
Transaction ID : A3A36579823C44159BE5
Amount of Each Receipt this Period: 20.24
☐ Memo Item
Earmark:ActBlue (non-directed)

C.
Full Name (Last, First, Middle Initial)
ActBlue
Mailing Address 14 Arrow St
Ste 11
City: Cambridge | State: MA | Zip Code: 02138-5106
FEC ID number of contributing federal political committee: C C00401224
Name of Employer:
Occupation:
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 252139.05

Date of Receipt: 11 / 17 / 2024
Transaction ID : AD9606EE432B44B629A3
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)
Clark, Cornelia, , ,
Mailing Address 16205 s 4th ST
City: Phoenix | State: AZ | Zip Code: 85048
FEC ID number of contributing federal political committee: C
Name of Employer: Not employed
Occupation: Not employed
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 225.00

Date of Receipt: 10 / 13 / 2024
Transaction ID : AE4419889E3064846831
Amount of Each Receipt this Period: 25.00
☐ Memo Item
Earmark:ActBlue (non-directed)

B.
Full Name (Last, First, Middle Initial)
ActBlue
Mailing Address 14 Arrow St
Ste 11
City: Cambridge | State: MA | Zip Code: 02138-5106
FEC ID number of contributing federal political committee: C C00401224
Name of Employer:
Occupation:
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 252139.05

Date of Receipt: 10 / 13 / 2024
Transaction ID : A9C846A03A16A4044912
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)
Comee, Langdon, , ,
Mailing Address 197 Cross Branch Dr
City: Ponte Vedra | State: FL | Zip Code: 32081
FEC ID number of contributing federal political committee: C
Name of Employer: The Chesapeake Center
Occupation: CEO
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 350.16

Date of Receipt: 10 / 19 / 2024
Transaction ID : A3248C336481544228BC
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: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 252139.05

Date of Receipt: 10 / 19 / 2024
Transaction ID : ADF4E4D79D552439FA11
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)
Comee, Langdon, , ,
Mailing Address 197 Cross Branch Dr
City: Ponte Vedra | State: FL | Zip Code: 32081
FEC ID number of contributing federal political committee: C
Name of Employer: The Chesapeake Center
Occupation: CEO
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 374.16

Date of Receipt: 10 / 27 / 2024
Transaction ID : A21C9F14CED014BE6863
Amount of Each Receipt this Period: 24.00
☐ Memo Item
Earmark:ActBlue (non-directed)

C.
Full Name (Last, First, Middle Initial)
ActBlue
Mailing Address 14 Arrow St
Ste 11
City: Cambridge | State: MA | Zip Code: 02138-5106
FEC ID number of contributing federal political committee: C C00401224
Name of Employer:
Occupation:
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 252139.05

Date of Receipt: 10 / 27 / 2024
Transaction ID : A3F81295FA1444312936
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)
Comee, Langdon, , ,
Mailing Address 197 Cross Branch Dr
City: Ponte Vedra | State: FL | Zip Code: 32081
FEC ID number of contributing federal political committee: C
Name of Employer: The Chesapeake Center
Occupation: CEO
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 394.40

Date of Receipt: 11 / 19 / 2024
Transaction ID : A640B0786089F4EFCA40
Amount of Each Receipt this Period: 20.24
☐ Memo Item
Earmark:ActBlue (non-directed)

B.
Full Name (Last, First, Middle Initial)
ActBlue
Mailing Address 14 Arrow St
Ste 11
City: Cambridge | State: MA | Zip Code: 02138-5106
FEC ID number of contributing federal political committee: C C00401224
Name of Employer:
Occupation:
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 252139.05

Date of Receipt: 11 / 19 / 2024
Transaction ID : A543DA39A1DED45C2B7B
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)
Crofut, Ruth, , ,
Mailing Address 1911 Mariposa Blvd.
City: Casper | State: WY | Zip Code: 82604
FEC ID number of contributing federal political committee: C
Name of Employer: Not employed
Occupation: Not employed
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 250.00

Date of Receipt: 10 / 27 / 2024
Transaction ID : A7239036F3F714EE5806
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: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 252139.05

Date of Receipt: 10 / 27 / 2024
Transaction ID : A10385F2D94F84FD188E
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)
Cudahy, Kathleen, , ,
Mailing Address 3818 Pringle St
City: San Diego | State: CA | Zip Code: 92103
FEC ID number of contributing federal political committee: C
Name of Employer: Not employed
Occupation: Not employed
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 359.64

Date of Receipt: 10 / 14 / 2024
Transaction ID : A7B5C45388CB54EF4930
Amount of Each Receipt this Period: 20.24
☐ Memo Item
Earmark:ActBlue (non-directed)

C.
Full Name (Last, First, Middle Initial)
ActBlue
Mailing Address 14 Arrow St
Ste 11
City: Cambridge | State: MA | Zip Code: 02138-5106
FEC ID number of contributing federal political committee: C C00401224
Name of Employer:
Occupation:
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 252139.05

Date of Receipt: 10 / 14 / 2024
Transaction ID : AD2ACE8D66BBC4A6683C
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: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 379.88

Date of Receipt: 11 / 14 / 2024
Transaction ID : ADC7CFC423854497C84A
Amount of Each Receipt this Period: 20.24
☐ Memo Item
Earmark:ActBlue (non-directed)

B.
Full Name (Last, First, Middle Initial)
ActBlue
Mailing Address 14 Arrow St
Ste 11
City: Cambridge | State: MA | Zip Code: 02138-5106
FEC ID number of contributing federal political committee: C C00401224
Name of Employer:
Occupation:
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 252139.05

Date of Receipt: 11 / 14 / 2024
Transaction ID : A97B7C0DDA94845EA8EE
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: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 448.00

Date of Receipt: 10 / 20 / 2024
Transaction ID : A709EAC084D484BC4BD9
Amount of Each Receipt this Period: 50.00
☐ Memo Item
Earmark:ActBlue (non-directed)

SUBTOTAL of Receipts This Page (optional) ▶ 70.24

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

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 11d ☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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

A.
Full Name (Last, First, Middle Initial)
ActBlue
Mailing Address 14 Arrow St
Ste 11
City: Cambridge | State: MA | Zip Code: 02138-5106
FEC ID number of contributing federal political committee: C C00401224
Name of Employer:
Occupation:
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 252139.05

Date of Receipt: 10 / 20 / 2024
Transaction ID : A32A0EEA0ECFF425CBE3
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)
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: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 498.00

Date of Receipt: 11 / 20 / 2024
Transaction ID : A80AB05B8305146C3AF1
Amount of Each Receipt this Period: 50.00
☐ Memo Item
Earmark:ActBlue (non-directed)

C.
Full Name (Last, First, Middle Initial)
ActBlue
Mailing Address 14 Arrow St
Ste 11
City: Cambridge | State: MA | Zip Code: 02138-5106
FEC ID number of contributing federal political committee: C C00401224
Name of Employer:
Occupation:
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 252139.05

Date of Receipt: 11 / 20 / 2024
Transaction ID : A2B405BDB83D24616A1A
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)
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: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 345.00

Date of Receipt: 10 / 11 / 2024
Transaction ID : ACF06F97ECB794B76A95
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: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 252139.05

Date of Receipt: 10 / 11 / 2024
Transaction ID : AEC9267CDD1394241AF4
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: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 360.00

Date of Receipt: 11 / 11 / 2024
Transaction ID : A450540362FC24D00913
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: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 252139.05

Date of Receipt: 11 / 11 / 2024
Transaction ID : A3C0FD2098CA24EC5BD8
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)
Duffy, Tim, , ,
Mailing Address 330 West 145th Street PH # 6
City: New York | State: NY | Zip Code: 10039
FEC ID number of contributing federal political committee: C
Name of Employer: NYPD
Occupation: Law Enforcement
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 210.00

Date of Receipt: 10 / 08 / 2024
Transaction ID : A1DE0AE249A774B3386B
Amount of Each Receipt this Period: 30.00
☐ Memo Item
Earmark:ActBlue (non-directed)

C.
Full Name (Last, First, Middle Initial)
ActBlue
Mailing Address 14 Arrow St
Ste 11
City: Cambridge | State: MA | Zip Code: 02138-5106
FEC ID number of contributing federal political committee: C C00401224
Name of Employer:
Occupation:
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 252139.05

Date of Receipt: 10 / 08 / 2024
Transaction ID : A4A9E75A396B94D08901
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)
Elder, Dave, , ,
Mailing Address 2005 Owego Rd
City: Vestal | State: NY | Zip Code: 13850-1121
FEC ID number of contributing federal political committee: C
Name of Employer: none
Occupation: Not employed
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 225.00

Date of Receipt: 10 / 08 / 2024
Transaction ID : A626320C3D7E74AABA4D
Amount of Each Receipt this Period: 5.00
☐ Memo Item
Earmark:ActBlue (non-directed)

B.
Full Name (Last, First, Middle Initial)
ActBlue
Mailing Address 14 Arrow St
Ste 11
City: Cambridge | State: MA | Zip Code: 02138-5106
FEC ID number of contributing federal political committee: C C00401224
Name of Employer:
Occupation:
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 252139.05

Date of Receipt: 10 / 08 / 2024
Transaction ID : A181AE3A1F0674135BD8
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)
Elder, Dave, , ,
Mailing Address 2005 Owego Rd
City: Vestal | State: NY | Zip Code: 13850-1121
FEC ID number of contributing federal political committee: C
Name of Employer: none
Occupation: Not employed
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 230.00

Date of Receipt: 10 / 15 / 2024
Transaction ID : A680AC998C7A3488DA90
Amount of Each Receipt this Period: 5.00
☐ Memo Item
Earmark:ActBlue (non-directed)

SUBTOTAL of Receipts This Page (optional) ▶ 10.00

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

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 11d ☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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

A.
Full Name (Last, First, Middle Initial)
ActBlue
Mailing Address 14 Arrow St
Ste 11
City: Cambridge | State: MA | Zip Code: 02138-5106
FEC ID number of contributing federal political committee: C C00401224
Name of Employer:
Occupation:
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 252139.05

Date of Receipt: 10 / 15 / 2024
Transaction ID : A8DB05864AB7E4E599C0
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)
Elder, Dave, , ,
Mailing Address 2005 Owego Rd
City: Vestal | State: NY | Zip Code: 13850-1121
FEC ID number of contributing federal political committee: C
Name of Employer: none
Occupation: Not employed
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 235.00

Date of Receipt: 11 / 08 / 2024
Transaction ID : AF3AF6BB35FC046B9BAC
Amount of Each Receipt this Period: 5.00
☐ Memo Item
Earmark:ActBlue (non-directed)

C.
Full Name (Last, First, Middle Initial)
ActBlue
Mailing Address 14 Arrow St
Ste 11
City: Cambridge | State: MA | Zip Code: 02138-5106
FEC ID number of contributing federal political committee: C C00401224
Name of Employer:
Occupation:
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 252139.05

Date of Receipt: 11 / 08 / 2024
Transaction ID : A0229CD9678374B4E935
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)
Elder, Dave, , ,
Mailing Address 2005 Owego Rd
City: Vestal | State: NY | Zip Code: 13850-1121
FEC ID number of contributing federal political committee: C
Name of Employer: none
Occupation: Not employed
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 240.00

Date of Receipt: 11 / 15 / 2024
Transaction ID : ADDC32ACF8C894DEBB3C
Amount of Each Receipt this Period: 5.00
☐ Memo Item
Earmark:ActBlue (non-directed)

B.
Full Name (Last, First, Middle Initial)
ActBlue
Mailing Address 14 Arrow St
Ste 11
City: Cambridge | State: MA | Zip Code: 02138-5106
FEC ID number of contributing federal political committee: C C00401224
Name of Employer:
Occupation:
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 252139.05

Date of Receipt: 11 / 15 / 2024
Transaction ID : AD4271520E22D44739CC
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)
Englund, Sven, , ,
Mailing Address 7800 NW 18 ST #307
City: MARGATE | State: FL | Zip Code: 33063
FEC ID number of contributing federal political committee: C
Name of Employer: Realty home advisors
Occupation: Realtor
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 240.00

Date of Receipt: 10 / 12 / 2024
Transaction ID : A8BF80F7DC7564B32B59
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: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 252139.05

Date of Receipt: 10 / 12 / 2024
Transaction ID : A8AFF97EE998740969B8
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)
Englund, Sven, , ,
Mailing Address 7800 NW 18 ST #307
City: MARGATE | State: FL | Zip Code: 33063
FEC ID number of contributing federal political committee: C
Name of Employer: Realty home advisors
Occupation: Realtor
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 250.00

Date of Receipt: 11 / 12 / 2024
Transaction ID : ABC7742BDF380429185E
Amount of Each Receipt this Period: 10.00
☐ Memo Item
Earmark:ActBlue (non-directed)

C.
Full Name (Last, First, Middle Initial)
ActBlue
Mailing Address 14 Arrow St
Ste 11
City: Cambridge | State: MA | Zip Code: 02138-5106
FEC ID number of contributing federal political committee: C C00401224
Name of Employer:
Occupation:
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 252139.05

Date of Receipt: 11 / 12 / 2024
Transaction ID : AF14FF1BFCE3548CAA01
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): Ferren, Kimberley, , ,
Mailing Address 772 N. Brand Blvd
City: San Fernando | State: CA | Zip Code: 91340
FEC ID number of contributing federal political committee: C
Name of Employer: Not employed | Occupation: Not employed
Receipt For: 2026 ☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 444.84

Date of Receipt: 10 / 07 / 2024
Transaction ID : ADA38A654FAB44237958
Amount of Each Receipt this Period: 20.22
☐ Memo Item
Earmark:ActBlue (non-directed)

B.
Full Name (Last, First, Middle Initial): ActBlue
Mailing Address 14 Arrow St Ste 11
City: Cambridge | State: MA | Zip Code: 02138-5106
FEC ID number of contributing federal political committee: C C00401224
Name of Employer: | Occupation:
Receipt For: 2026 ☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 252139.05

Date of Receipt: 10 / 07 / 2024
Transaction ID : A6533FC9FA5E9479EA1E
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): Ferren, Kimberley, , ,
Mailing Address 772 N. Brand Blvd
City: San Fernando | State: CA | Zip Code: 91340
FEC ID number of contributing federal political committee: C
Name of Employer: Not employed | Occupation: Not employed
Receipt For: 2026 ☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 465.06

Date of Receipt: 11 / 07 / 2024
Transaction ID : A5DB20426FDCC4A8E920
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: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 252139.05

Date of Receipt: 11 / 07 / 2024
Transaction ID : A5E5BABE965694F36836
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)
Filley, Robert, , ,
Mailing Address 1127 C St NE
City: Washington | State: DC | Zip Code: 20002
FEC ID number of contributing federal political committee: C
Name of Employer: Self Employed
Occupation: Real estate
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 400.00

Date of Receipt: 10 / 25 / 2024
Transaction ID : ADAD225DC77D54D19BC1
Amount of Each Receipt this Period: 50.00
☐ Memo Item
Earmark:ActBlue (non-directed)

C.
Full Name (Last, First, Middle Initial)
ActBlue
Mailing Address 14 Arrow St
Ste 11
City: Cambridge | State: MA | Zip Code: 02138-5106
FEC ID number of contributing federal political committee: C C00401224
Name of Employer:
Occupation:
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 252139.05

Date of Receipt: 10 / 25 / 2024
Transaction ID : A0AC7DE6099694E14BA9
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)
Filley, Robert, , ,
Mailing Address 1127 C St NE
City: Washington | State: DC | Zip Code: 20002
FEC ID number of contributing federal political committee: C
Name of Employer: Self Employed
Occupation: Real estate
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 450.00

Date of Receipt: 11 / 25 / 2024
Transaction ID : A837CA05331A04663A4D
Amount of Each Receipt this Period: 50.00
☐ Memo Item
Earmark:ActBlue (non-directed)

B.
Full Name (Last, First, Middle Initial)
ActBlue
Mailing Address 14 Arrow St
Ste 11
City: Cambridge | State: MA | Zip Code: 02138-5106
FEC ID number of contributing federal political committee: C C00401224
Name of Employer:
Occupation:
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 252139.05

Date of Receipt: 11 / 25 / 2024
Transaction ID : A0808EAAA69B24AB6933
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)
Frank-Kleber, Maureen, , ,
Mailing Address 10252 Winged Elm Circle
City: Manassas | State: VA | Zip Code: 20110
FEC ID number of contributing federal political committee: C
Name of Employer: Salesforce
Occupation: Systems Administrator
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 250.00

Date of Receipt: 10 / 25 / 2024
Transaction ID : AABF1DAE14F034FFFBE6
Amount of Each Receipt this Period: 25.00
☐ Memo Item
Earmark:ActBlue (non-directed)

SUBTOTAL of Receipts This Page (optional) ▶ 75.00

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

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 11d ☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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

A.
Full Name (Last, First, Middle Initial)
ActBlue
Mailing Address 14 Arrow St
Ste 11
City: Cambridge | State: MA | Zip Code: 02138-5106
FEC ID number of contributing federal political committee: C C00401224
Name of Employer:
Occupation:
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 252139.05

Date of Receipt: 10 / 25 / 2024
Transaction ID : A97C2CF7121AE48E5832
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)
Frank-Kleber, Maureen, , ,
Mailing Address 10252 Winged Elm Circle
City: Manassas | State: VA | Zip Code: 20110
FEC ID number of contributing federal political committee: C
Name of Employer: Salesforce
Occupation: Systems Administrator
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 275.00

Date of Receipt: 11 / 25 / 2024
Transaction ID : A1094E3092893452EB59
Amount of Each Receipt this Period: 25.00
☐ Memo Item
Earmark:ActBlue (non-directed)

C.
Full Name (Last, First, Middle Initial)
ActBlue
Mailing Address 14 Arrow St
Ste 11
City: Cambridge | State: MA | Zip Code: 02138-5106
FEC ID number of contributing federal political committee: C C00401224
Name of Employer:
Occupation:
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 252139.05

Date of Receipt: 11 / 25 / 2024
Transaction ID : A24A60424419B484094B
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)
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: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 950.00

Date of Receipt: 10 / 02 / 2024
Transaction ID : A967DC5ABC9C1487EB8B
Amount of Each Receipt this Period: 100.00
☐ Memo Item
Earmark:ActBlue (non-directed)

B.
Full Name (Last, First, Middle Initial)
ActBlue
Mailing Address 14 Arrow St
Ste 11
City: Cambridge | State: MA | Zip Code: 02138-5106
FEC ID number of contributing federal political committee: C C00401224
Name of Employer:
Occupation:
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 252139.05

Date of Receipt: 10 / 02 / 2024
Transaction ID : A1A6F0C06FDA64B368E0
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)
Garrity, Miriam, , ,
Mailing Address 11507 Asbury Ct
City: White Marsh | State: MD | Zip Code: 21162
FEC ID number of contributing federal political committee: C
Name of Employer: self
Occupation: Garrity Health Consulting & Training
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 240.00

Date of Receipt: 10 / 15 / 2024
Transaction ID : A3CDE63A4BCD244BE87F
Amount of Each Receipt this Period: 10.00
☐ Memo Item
Earmark:ActBlue (non-directed)

SUBTOTAL of Receipts This Page (optional) ▶ 110.00

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

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 11d ☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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

A.
Full Name (Last, First, Middle Initial)
ActBlue
Mailing Address 14 Arrow St
Ste 11
City: Cambridge | State: MA | Zip Code: 02138-5106
FEC ID number of contributing federal political committee: C C00401224
Name of Employer:
Occupation:
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 252139.05

Date of Receipt: 10 / 15 / 2024
Transaction ID : AD6FF2409BC7C49E4B25
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)
Garrity, Miriam, , ,
Mailing Address 11507 Asbury Ct
City: White Marsh | State: MD | Zip Code: 21162
FEC ID number of contributing federal political committee: C
Name of Employer: self
Occupation: Garrity Health Consulting & Training
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 250.00

Date of Receipt: 11 / 15 / 2024
Transaction ID : A2955AF9614D8464A8E4
Amount of Each Receipt this Period: 10.00
☐ Memo Item
Earmark:ActBlue (non-directed)

C.
Full Name (Last, First, Middle Initial)
ActBlue
Mailing Address 14 Arrow St
Ste 11
City: Cambridge | State: MA | Zip Code: 02138-5106
FEC ID number of contributing federal political committee: C C00401224
Name of Employer:
Occupation:
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 252139.05

Date of Receipt: 11 / 15 / 2024
Transaction ID : A10EC716316D74DD28AE
Amount of Each Receipt this Period: 10.00
☒ Memo Item
Intermediary
Total Earmarked through conduit. PAC limit not affected.

SUBTOTAL of Receipts This Page (optional) ▶ 10.00

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

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 11d ☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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

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

Date of Receipt: 10 / 05 / 2024
Transaction ID : A301CD690152B4A05A68
Amount of Each Receipt this Period: 5.00
☐ Memo Item
Earmark:ActBlue (non-directed)

B.
Full Name (Last, First, Middle Initial)
ActBlue
Mailing Address 14 Arrow St
Ste 11
City: Cambridge | State: MA | Zip Code: 02138-5106
FEC ID number of contributing federal political committee: C C00401224
Name of Employer: | Occupation:
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 252139.05

Date of Receipt: 10 / 05 / 2024
Transaction ID : A515A9F0DFBB84754BE6
Amount of Each Receipt this Period: 5.00
☒ Memo Item
Intermediary
Total Earmarked through conduit. PAC limit not affected.

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

Date of Receipt: 10 / 08 / 2024
Transaction ID : AA9014627E3524497B62
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: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 252139.05

Date of Receipt: 10 / 08 / 2024
Transaction ID : A49CF8F8F4B024DBBAEA
Amount of Each Receipt this Period: 10.00
☒ Memo Item
Intermediary
Total Earmarked through conduit. PAC limit not affected.

B.
Full Name (Last, First, Middle Initial)
Giles-Straight, Carol, , ,
Mailing Address 1195 Cimarron Drive
City: Saint Louis | State: MO | Zip Code: 63132-2103
FEC ID number of contributing federal political committee: C
Name of Employer: Not employed
Occupation: Not employed
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 795.00

Date of Receipt: 10 / 09 / 2024
Transaction ID : A982352EEC2464B5C976
Amount of Each Receipt this Period: 10.00
☐ Memo Item
Earmark:ActBlue (non-directed)

C.
Full Name (Last, First, Middle Initial)
ActBlue
Mailing Address 14 Arrow St
Ste 11
City: Cambridge | State: MA | Zip Code: 02138-5106
FEC ID number of contributing federal political committee: C C00401224
Name of Employer:
Occupation:
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 252139.05

Date of Receipt: 10 / 09 / 2024
Transaction ID : A8D4AFF3112AC4EBC848
Amount of Each Receipt this Period: 10.00
☒ Memo Item
Intermediary
Total Earmarked through conduit. PAC limit not affected.

SUBTOTAL of Receipts This Page (optional) ▶ 10.00

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

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 11d ☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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

A.
Full Name (Last, First, Middle Initial)
Giles-Straight, Carol, , ,
Mailing Address 1195 Cimarron Drive
City: Saint Louis | State: MO | Zip Code: 63132-2103
FEC ID number of contributing federal political committee: C
Name of Employer: Not employed | Occupation: Not employed
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 805.00

Date of Receipt: 10 / 11 / 2024
Transaction ID : A02CC44473F134FEC8D2
Amount of Each Receipt this Period: 10.00
☐ Memo Item
Earmark:ActBlue (non-directed)

B.
Full Name (Last, First, Middle Initial)
ActBlue
Mailing Address 14 Arrow St
Ste 11
City: Cambridge | State: MA | Zip Code: 02138-5106
FEC ID number of contributing federal political committee: C C00401224
Name of Employer: | Occupation:
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 252139.05

Date of Receipt: 10 / 11 / 2024
Transaction ID : A3E1214949B34484F8FC
Amount of Each Receipt this Period: 10.00
☒ Memo Item
Intermediary
Total Earmarked through conduit. PAC limit not affected.

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

Date of Receipt: 10 / 13 / 2024
Transaction ID : ABF2F6AD1E6284BE9915
Amount of Each Receipt this Period: 10.00
☐ Memo Item
Earmark:ActBlue (non-directed)

SUBTOTAL of Receipts This Page (optional) ▶ 20.00

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

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 11d ☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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

A.
Full Name (Last, First, Middle Initial)
ActBlue
Mailing Address 14 Arrow St
Ste 11
City: Cambridge | State: MA | Zip Code: 02138-5106
FEC ID number of contributing federal political committee: C C00401224
Name of Employer:
Occupation:
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 252139.05

Date of Receipt: 10 / 13 / 2024
Transaction ID : AF33CCFFE0B6D468C8EA
Amount of Each Receipt this Period: 10.00
☒ Memo Item
Intermediary
Total Earmarked through conduit. PAC limit not affected.

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

Date of Receipt: 10 / 17 / 2024
Transaction ID : A9DD4AF9D50164CAA8F4
Amount of Each Receipt this Period: 10.00
☐ Memo Item
Earmark:ActBlue (non-directed)

C.
Full Name (Last, First, Middle Initial)
ActBlue
Mailing Address 14 Arrow St
Ste 11
City: Cambridge | State: MA | Zip Code: 02138-5106
FEC ID number of contributing federal political committee: C C00401224
Name of Employer:
Occupation:
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 252139.05

Date of Receipt: 10 / 17 / 2024
Transaction ID : AB983F2F08ED3452BB49
Amount of Each Receipt this Period: 10.00
☒ Memo Item
Intermediary
Total Earmarked through conduit. PAC limit not affected.

SUBTOTAL of Receipts This Page (optional) ▶ 10.00

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

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 11d ☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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

A.
Full Name (Last, First, Middle Initial)
Giles-Straight, Carol, , ,
Mailing Address 1195 Cimarron Drive
City: Saint Louis | State: MO | Zip Code: 63132-2103
FEC ID number of contributing federal political committee: C
Name of Employer: Not employed | Occupation: Not employed
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 830.00

Date of Receipt: 10 / 19 / 2024
Transaction ID : AF469556EE1014918B8D
Amount of Each Receipt this Period: 5.00
☐ Memo Item
Earmark:ActBlue (non-directed)

B.
Full Name (Last, First, Middle Initial)
ActBlue
Mailing Address 14 Arrow St
Ste 11
City: Cambridge | State: MA | Zip Code: 02138-5106
FEC ID number of contributing federal political committee: C C00401224
Name of Employer: | Occupation:
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 252139.05

Date of Receipt: 10 / 19 / 2024
Transaction ID : A157210F5CFBA478E9AA
Amount of Each Receipt this Period: 5.00
☒ Memo Item
Intermediary
Total Earmarked through conduit. PAC limit not affected.

C.
Full Name (Last, First, Middle Initial)
Giles-Straight, Carol, , ,
Mailing Address 1195 Cimarron Drive
City: Saint Louis | State: MO | Zip Code: 63132-2103
FEC ID number of contributing federal political committee: C
Name of Employer: Not employed | Occupation: Not employed
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 840.00

Date of Receipt: 10 / 28 / 2024
Transaction ID : A4D8F00A7B6454B958B3
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: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 252139.05

Date of Receipt: 10 / 28 / 2024
Transaction ID : A8A3ED30234804B1AA4D
Amount of Each Receipt this Period: 10.00
☒ Memo Item
Intermediary
Total Earmarked through conduit. PAC limit not affected.

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

Date of Receipt: 10 / 29 / 2024
Transaction ID : A523015BB23DA4E339FC
Amount of Each Receipt this Period: 10.00
☐ Memo Item
Earmark:ActBlue (non-directed)

C.
Full Name (Last, First, Middle Initial)
ActBlue
Mailing Address 14 Arrow St
Ste 11
City: Cambridge | State: MA | Zip Code: 02138-5106
FEC ID number of contributing federal political committee: C C00401224
Name of Employer:
Occupation:
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 252139.05

Date of Receipt: 10 / 29 / 2024
Transaction ID : A49B971FB90BE494083E
Amount of Each Receipt this Period: 10.00
☒ Memo Item
Intermediary
Total Earmarked through conduit. PAC limit not affected.

SUBTOTAL of Receipts This Page (optional) ▶ 10.00

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

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 11d
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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

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

Date of Receipt: 10 / 29 / 2024
Transaction ID : A2B09521C54E44330BCB
Amount of Each Receipt this Period: 5.00
☐ Memo Item
Earmark:ActBlue (non-directed)

B.
Full Name (Last, First, Middle Initial)
ActBlue
Mailing Address 14 Arrow St
Ste 11
City: Cambridge | State: MA | Zip Code: 02138-5106
FEC ID number of contributing federal political committee: C C00401224
Name of Employer: | Occupation:
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 252139.05

Date of Receipt: 10 / 29 / 2024
Transaction ID : A823F9CFA5B204B76B1C
Amount of Each Receipt this Period: 5.00
☒ Memo Item
Intermediary
Total Earmarked through conduit. PAC limit not affected.

C.
Full Name (Last, First, Middle Initial)
Giles-Straight, Carol, , ,
Mailing Address 1195 Cimarron Drive
City: Saint Louis | State: MO | Zip Code: 63132-2103
FEC ID number of contributing federal political committee: C
Name of Employer: Not employed | Occupation: Not employed
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 860.00

Date of Receipt: 10 / 30 / 2024
Transaction ID : A585B259008CF4BEE885
Amount of Each Receipt this Period: 5.00
☐ Memo Item
Earmark:ActBlue (non-directed)

SUBTOTAL of Receipts This Page (optional) ▶ 10.00

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

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 11d ☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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

A.
Full Name (Last, First, Middle Initial)
ActBlue
Mailing Address 14 Arrow St
Ste 11
City: Cambridge | State: MA | Zip Code: 02138-5106
FEC ID number of contributing federal political committee: C C00401224
Name of Employer:
Occupation:
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 252139.05

Date of Receipt: 10 / 30 / 2024
Transaction ID : AC34848C27CC34AD2A98
Amount of Each Receipt this Period: 5.00
☒ Memo Item
Intermediary
Total Earmarked through conduit. PAC limit not affected.

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

Date of Receipt: 11 / 05 / 2024
Transaction ID : AD89877317CC04681B27
Amount of Each Receipt this Period: 5.00
☐ Memo Item
Earmark:ActBlue (non-directed)

C.
Full Name (Last, First, Middle Initial)
ActBlue
Mailing Address 14 Arrow St
Ste 11
City: Cambridge | State: MA | Zip Code: 02138-5106
FEC ID number of contributing federal political committee: C C00401224
Name of Employer:
Occupation:
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 252139.05

Date of Receipt: 11 / 05 / 2024
Transaction ID : A080187C39DFC450A9A1
Amount of Each Receipt this Period: 5.00
☒ Memo Item
Intermediary
Total Earmarked through conduit. PAC limit not affected.

SUBTOTAL of Receipts This Page (optional) ▶ 5.00

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

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 11d ☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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

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

Date of Receipt: 11 / 08 / 2024
Transaction ID : A41088004734D4555B03
Amount of Each Receipt this Period: 10.00
☐ Memo Item
Earmark:ActBlue (non-directed)

B.
Full Name (Last, First, Middle Initial)
ActBlue
Mailing Address 14 Arrow St
Ste 11
City: Cambridge | State: MA | Zip Code: 02138-5106
FEC ID number of contributing federal political committee: C C00401224
Name of Employer: | Occupation:
Receipt For: 2026 ☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 252139.05

Date of Receipt: 11 / 08 / 2024
Transaction ID : ACE07786276C5451B966
Amount of Each Receipt this Period: 10.00
☒ Memo Item
Intermediary
Total Earmarked through conduit. PAC limit not affected.

C.
Full Name (Last, First, Middle Initial)
Giles-Straight, Carol, , ,
Mailing Address 1195 Cimarron Drive
City: Saint Louis | State: MO | Zip Code: 63132-2103
FEC ID number of contributing federal political committee: C
Name of Employer: Not employed | Occupation: Not employed
Receipt For: 2026 ☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 885.00

Date of Receipt: 11 / 09 / 2024
Transaction ID : AF07F35698EBE4E5DAE7
Amount of Each Receipt this Period: 10.00
☐ Memo Item
Earmark:ActBlue (non-directed)

SUBTOTAL of Receipts This Page (optional) ▶ 20.00

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

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 11d ☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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

A.
Full Name (Last, First, Middle Initial)
ActBlue
Mailing Address 14 Arrow St
Ste 11
City: Cambridge | State: MA | Zip Code: 02138-5106
FEC ID number of contributing federal political committee: C C00401224
Name of Employer:
Occupation:
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 252139.05

Date of Receipt: 11 / 09 / 2024
Transaction ID : AA28D82C1FF924B31A56
Amount of Each Receipt this Period: 10.00
☒ Memo Item
Intermediary
Total Earmarked through conduit. PAC limit not affected.

B.
Full Name (Last, First, Middle Initial)
Giles-Straight, Carol, , ,
Mailing Address 1195 Cimarron Drive
City: Saint Louis | State: MO | Zip Code: 63132-2103
FEC ID number of contributing federal political committee: C
Name of Employer: Not employed
Occupation: Not employed
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 895.00

Date of Receipt: 11 / 11 / 2024
Transaction ID : A6E6D3ABCF1BE4F71846
Amount of Each Receipt this Period: 10.00
☐ Memo Item
Earmark:ActBlue (non-directed)

C.
Full Name (Last, First, Middle Initial)
ActBlue
Mailing Address 14 Arrow St
Ste 11
City: Cambridge | State: MA | Zip Code: 02138-5106
FEC ID number of contributing federal political committee: C C00401224
Name of Employer:
Occupation:
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 252139.05

Date of Receipt: 11 / 11 / 2024
Transaction ID : A4DBD334A0A744734B22
Amount of Each Receipt this Period: 10.00
☒ Memo Item
Intermediary
Total Earmarked through conduit. PAC limit not affected.

SUBTOTAL of Receipts This Page (optional) ▶ 10.00

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

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 11d ☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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

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

Date of Receipt: 11 / 13 / 2024
Transaction ID : A47B92BE15C7D4BE2919
Amount of Each Receipt this Period: 10.00
☐ Memo Item
Earmark:ActBlue (non-directed)

B.
Full Name (Last, First, Middle Initial)
ActBlue
Mailing Address 14 Arrow St
Ste 11
City: Cambridge | State: MA | Zip Code: 02138-5106
FEC ID number of contributing federal political committee: C C00401224
Name of Employer | Occupation
Receipt For: 2026 ☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 252139.05

Date of Receipt: 11 / 13 / 2024
Transaction ID : A89F9949251134829823
Amount of Each Receipt this Period: 10.00
☒ Memo Item
Intermediary
Total Earmarked through conduit. PAC limit not affected.

C.
Full Name (Last, First, Middle Initial)
Giles-Straight, Carol, , ,
Mailing Address 1195 Cimarron Drive
City: Saint Louis | State: MO | Zip Code: 63132-2103
FEC ID number of contributing federal political committee: C
Name of Employer: Not employed | Occupation: Not employed
Receipt For: 2026 ☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 915.00

Date of Receipt: 11 / 17 / 2024
Transaction ID : A204E39298F7B4C0F886
Amount of Each Receipt this Period: 10.00
☐ Memo Item
Earmark:ActBlue (non-directed)

SUBTOTAL of Receipts This Page (optional) ▶ 20.00

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

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 11d ☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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

A.
Full Name (Last, First, Middle Initial)
ActBlue
Mailing Address 14 Arrow St
Ste 11
City: Cambridge | State: MA | Zip Code: 02138-5106
FEC ID number of contributing federal political committee: C C00401224
Name of Employer:
Occupation:
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 252139.05

Date of Receipt: 11 / 17 / 2024
Transaction ID : AD9188C1114C0458B990
Amount of Each Receipt this Period: 10.00
☒ Memo Item
Intermediary
Total Earmarked through conduit. PAC limit not affected.

B.
Full Name (Last, First, Middle Initial)
Giles-Straight, Carol, , ,
Mailing Address 1195 Cimarron Drive
City: Saint Louis | State: MO | Zip Code: 63132-2103
FEC ID number of contributing federal political committee: C
Name of Employer: Not employed
Occupation: Not employed
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 920.00

Date of Receipt: 11 / 19 / 2024
Transaction ID : A5F04CFFD68E04AFC9BC
Amount of Each Receipt this Period: 5.00
☐ Memo Item
Earmark:ActBlue (non-directed)

C.
Full Name (Last, First, Middle Initial)
ActBlue
Mailing Address 14 Arrow St
Ste 11
City: Cambridge | State: MA | Zip Code: 02138-5106
FEC ID number of contributing federal political committee: C C00401224
Name of Employer:
Occupation:
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 252139.05

Date of Receipt: 11 / 19 / 2024
Transaction ID : ADEF3130041294E56A60
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): Gordon, Deborah, , ,
Mailing Address 23 Knott Drive
City: Glen Cove | State: NY | Zip Code: 11542
FEC ID number of contributing federal political committee: C
Name of Employer: self | Occupation: composer
Receipt For: 2026 ☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 323.84

Date of Receipt: 10 / 01 / 2024
Transaction ID : A635FEA788D8E4C2B85E
Amount of Each Receipt this Period: 20.24
☐ Memo Item
Earmark:ActBlue (non-directed)

B.
Full Name (Last, First, Middle Initial): ActBlue
Mailing Address 14 Arrow St
Ste 11
City: Cambridge | State: MA | Zip Code: 02138-5106
FEC ID number of contributing federal political committee: C C00401224
Name of Employer: | Occupation:
Receipt For: 2026 ☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 252139.05

Date of Receipt: 10 / 01 / 2024
Transaction ID : AE75E243811884C2B83C
Amount of Each Receipt this Period: 20.24
☒ Memo Item
Intermediary
Total Earmarked through conduit. PAC limit not affected.

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

Date of Receipt: 10 / 25 / 2024
Transaction ID : A2B7E4B0FA0EA472C847
Amount of Each Receipt this Period: 20.24
☐ Memo Item
Earmark:ActBlue (non-directed)

SUBTOTAL of Receipts This Page (optional) ▶ 40.48

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

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 11d ☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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

A.
Full Name (Last, First, Middle Initial)
ActBlue
Mailing Address 14 Arrow St
Ste 11
City: Cambridge | State: MA | Zip Code: 02138-5106
FEC ID number of contributing federal political committee: C C00401224
Name of Employer:
Occupation:
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 252139.05

Date of Receipt: 10 / 25 / 2024
Transaction ID : A46C1643409E1466B9B4
Amount of Each Receipt this Period: 20.24
☒ Memo Item
Intermediary
Total Earmarked through conduit. PAC limit not affected.

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

Date of Receipt: 11 / 01 / 2024
Transaction ID : A73E9B5779E944FBB813
Amount of Each Receipt this Period: 20.24
☐ Memo Item
Earmark:ActBlue (non-directed)

C.
Full Name (Last, First, Middle Initial)
ActBlue
Mailing Address 14 Arrow St
Ste 11
City: Cambridge | State: MA | Zip Code: 02138-5106
FEC ID number of contributing federal political committee: C C00401224
Name of Employer:
Occupation:
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 252139.05

Date of Receipt: 11 / 01 / 2024
Transaction ID : A497D8671639543C08B2
Amount of Each Receipt this Period: 20.24
☒ Memo Item
Intermediary
Total Earmarked through conduit. PAC limit not affected.

SUBTOTAL of Receipts This Page (optional) ▶ 20.24

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

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 11d ☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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

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

Date of Receipt: 11 / 25 / 2024
Transaction ID : A571A626FD6394FF3ACC
Amount of Each Receipt this Period: 20.24
☐ Memo Item
Earmark:ActBlue (non-directed)

B.
Full Name (Last, First, Middle Initial)
ActBlue
Mailing Address 14 Arrow St
Ste 11
City: Cambridge | State: MA | Zip Code: 02138-5106
FEC ID number of contributing federal political committee: C C00401224
Name of Employer:
Occupation:
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 252139.05

Date of Receipt: 11 / 25 / 2024
Transaction ID : A86095585FF20472A9E6
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)
H Campos, Arturo, , ,
Mailing Address 425 Columbia Street
City: Joliet | State: IL | Zip Code: 60432
FEC ID number of contributing federal political committee: C
Name of Employer: Not employed
Occupation: Not employed
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 216.00

Date of Receipt: 11 / 18 / 2024
Transaction ID : A84BC67DE41F2428BAB3
Amount of Each Receipt this Period: 24.00
☐ Memo Item
Earmark:ActBlue (non-directed)

SUBTOTAL of Receipts This Page (optional) ▶ 44.24

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

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 11d ☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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

A.
Full Name (Last, First, Middle Initial)
ActBlue
Mailing Address 14 Arrow St
Ste 11
City: Cambridge | State: MA | Zip Code: 02138-5106
FEC ID number of contributing federal political committee: C C00401224
Name of Employer:
Occupation:
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 252139.05

Date of Receipt: 11 / 18 / 2024
Transaction ID : A3F46C67AF4614F729FE
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)
Hadley, Virginia, , ,
Mailing Address 405 Edison SE
City: Olympia | State: WA | Zip Code: 98501
FEC ID number of contributing federal political committee: C
Name of Employer: Telecare
Occupation: RN
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 220.24

Date of Receipt: 10 / 31 / 2024
Transaction ID : A07F524E16E464973AE6
Amount of Each Receipt this Period: 25.00
☐ Memo Item
Earmark:ActBlue (non-directed)

C.
Full Name (Last, First, Middle Initial)
ActBlue
Mailing Address 14 Arrow St
Ste 11
City: Cambridge | State: MA | Zip Code: 02138-5106
FEC ID number of contributing federal political committee: C C00401224
Name of Employer:
Occupation:
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 252139.05

Date of Receipt: 10 / 31 / 2024
Transaction ID : A989670A167C346CD87A
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)
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: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 267.00

Date of Receipt: 10 / 29 / 2024
Transaction ID : A9CAEB6B102A94F8E910
Amount of Each Receipt this Period: 10.00
☐ Memo Item
Earmark:ActBlue (non-directed)

B.
Full Name (Last, First, Middle Initial)
ActBlue
Mailing Address 14 Arrow St
Ste 11
City: Cambridge | State: MA | Zip Code: 02138-5106
FEC ID number of contributing federal political committee: C C00401224
Name of Employer:
Occupation:
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 252139.05

Date of Receipt: 10 / 29 / 2024
Transaction ID : A3F94655EE2BF45AFBAC
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)
Hart, Cynthia, , ,
Mailing Address 13303 Summertime Ln
City: Culver City | State: CA | Zip Code: 90230
FEC ID number of contributing federal political committee: C
Name of Employer: NHM
Occupation: Accountant
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 600.00

Date of Receipt: 10 / 24 / 2024
Transaction ID : ABCA5ADCA00164435A67
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: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 252139.05

Date of Receipt: 10 / 24 / 2024
Transaction ID : A7C75014300BA4D0583B
Amount of Each Receipt this Period: 25.00
☒ Memo Item
Intermediary
Total Earmarked through conduit. PAC limit not affected.

B.
Full Name (Last, First, Middle Initial)
Hart, Cynthia, , ,
Mailing Address 13303 Summertime Ln
City: Culver City | State: CA | Zip Code: 90230
FEC ID number of contributing federal political committee: C
Name of Employer: NHM
Occupation: Accountant
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 625.00

Date of Receipt: 11 / 24 / 2024
Transaction ID : A31C78973F2E346889C1
Amount of Each Receipt this Period: 25.00
☐ Memo Item
Earmark:ActBlue (non-directed)

C.
Full Name (Last, First, Middle Initial)
ActBlue
Mailing Address 14 Arrow St
Ste 11
City: Cambridge | State: MA | Zip Code: 02138-5106
FEC ID number of contributing federal political committee: C C00401224
Name of Employer:
Occupation:
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 252139.05

Date of Receipt: 11 / 24 / 2024
Transaction ID : A3938FCC47724493AAE7
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)
Hawkins, Julie, , ,
Mailing Address 18550 McCall Ct
City: Gladstone | State: OR | Zip Code: 97027
FEC ID number of contributing federal political committee: C
Name of Employer: Standard Insurance Co.
Occupation: Nurse Case Manager
Receipt For: 2026
☒ Primary ☐ General
☐ Other (specify) ▼
Election Cycle-to-Date ▼ 219.00

Date of Receipt: 10 / 13 / 2024
Transaction ID : A2DF56DC5C4A6430DBF9
Amount of Each Receipt this Period: 25.00
☐ Memo Item
Earmark:ActBlue (non-directed)

B.
Full Name (Last, First, Middle Initial)
ActBlue
Mailing Address 14 Arrow St
Ste 11
City: Cambridge | State: MA | Zip Code: 02138-5106
FEC ID number of contributing federal political committee: C C00401224
Name of Employer:
Occupation:
Receipt For: 2026
☒ Primary ☐ General
☐ Other (specify) ▼
Election Cycle-to-Date ▼ 252139.05

Date of Receipt: 10 / 13 / 2024
Transaction ID : A506DBC4F82FB4EB59E9
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)
Hawkins, Julie, , ,
Mailing Address 18550 McCall Ct
City: Gladstone | State: OR | Zip Code: 97027
FEC ID number of contributing federal political committee: C
Name of Employer: Standard Insurance Co.
Occupation: Nurse Case Manager
Receipt For: 2026
☒ Primary ☐ General
☐ Other (specify) ▼
Election Cycle-to-Date ▼ 244.00

Date of Receipt: 10 / 22 / 2024
Transaction ID : AC65EC8286C52457D9F2
Amount of Each Receipt this Period: 25.00
☐ Memo Item
Earmark:ActBlue (non-directed)

SUBTOTAL of Receipts This Page (optional) ▶ 50.00

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

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 11d ☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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

A.
Full Name (Last, First, Middle Initial)
ActBlue
Mailing Address 14 Arrow St
Ste 11
City: Cambridge | State: MA | Zip Code: 02138-5106
FEC ID number of contributing federal political committee: C C00401224
Name of Employer:
Occupation:
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 252139.05

Date of Receipt: 10 / 22 / 2024
Transaction ID : AB6C8D1213C95429B8B5
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)
Hawkins, Julie, , ,
Mailing Address 18550 McCall Ct
City: Gladstone | State: OR | Zip Code: 97027
FEC ID number of contributing federal political committee: C
Name of Employer: Standard Insurance Co.
Occupation: Nurse Case Manager
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 269.00

Date of Receipt: 10 / 27 / 2024
Transaction ID : AB0B8C1016C4C4F70AEC
Amount of Each Receipt this Period: 25.00
☐ Memo Item
Earmark:ActBlue (non-directed)

C.
Full Name (Last, First, Middle Initial)
ActBlue
Mailing Address 14 Arrow St
Ste 11
City: Cambridge | State: MA | Zip Code: 02138-5106
FEC ID number of contributing federal political committee: C C00401224
Name of Employer:
Occupation:
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 252139.05

Date of Receipt: 10 / 27 / 2024
Transaction ID : A3778B3F0F0DC49F88AB
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)
hawkins, melody, , ,
Mailing Address 361 Hawkins Lane
City: Rising Fawn | State: GA | Zip Code: 30738
FEC ID number of contributing federal political committee: C
Name of Employer: Not employed
Occupation: Not employed
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 202.40

Date of Receipt: 11 / 18 / 2024
Transaction ID : AE71095D234E14D769DD
Amount of Each Receipt this Period: 20.24
☐ Memo Item
Earmark:ActBlue (non-directed)

B.
Full Name (Last, First, Middle Initial)
ActBlue
Mailing Address 14 Arrow St
Ste 11
City: Cambridge | State: MA | Zip Code: 02138-5106
FEC ID number of contributing federal political committee: C C00401224
Name of Employer:
Occupation:
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 252139.05

Date of Receipt: 11 / 18 / 2024
Transaction ID : A1E9E50FBC8D2467F88F
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)
Heaton, Jeanne, , ,
Mailing Address 490 Campina Street
City: St. Augustine | State: FL | Zip Code: 32086
FEC ID number of contributing federal political committee: C
Name of Employer: County
Occupation: social worker
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 202.40

Date of Receipt: 10 / 28 / 2024
Transaction ID : A61017F63F46F47E6A02
Amount of Each Receipt this Period: 20.24
☐ Memo Item
Earmark:ActBlue (non-directed)

SUBTOTAL of Receipts This Page (optional) ▶ 40.48

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

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 11d ☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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

A.
Full Name (Last, First, Middle Initial)
ActBlue
Mailing Address 14 Arrow St
Ste 11
City: Cambridge | State: MA | Zip Code: 02138-5106
FEC ID number of contributing federal political committee: C C00401224
Name of Employer:
Occupation:
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 252139.05

Date of Receipt: 10 / 28 / 2024
Transaction ID : A3CA59364BB2A4B4B9CF
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)
Henne, Dorothianne, , ,
Mailing Address 21655 Circle Trl
City: Topanga | State: CA | Zip Code: 90290-4102
FEC ID number of contributing federal political committee: C
Name of Employer: Sarlan Builders Inc.
Occupation: Office manager
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 2050.00

Date of Receipt: 10 / 15 / 2024
Transaction ID : A330B03203C2C48899F8
Amount of Each Receipt this Period: 100.00
☐ Memo Item
Earmark:ActBlue (non-directed)

C.
Full Name (Last, First, Middle Initial)
ActBlue
Mailing Address 14 Arrow St
Ste 11
City: Cambridge | State: MA | Zip Code: 02138-5106
FEC ID number of contributing federal political committee: C C00401224
Name of Employer:
Occupation:
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 252139.05

Date of Receipt: 10 / 15 / 2024
Transaction ID : A1F7AD5DF9FE342A4953
Amount of Each Receipt this Period: 100.00
☒ Memo Item
Intermediary
Total Earmarked through conduit. PAC limit not affected.

SUBTOTAL of Receipts This Page (optional) ▶ 100.00

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

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 11d ☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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

A.
Full Name (Last, First, Middle Initial)
Henne, Dorothianne, , ,
Mailing Address 21655 Circle Trl
City: Topanga | State: CA | Zip Code: 90290-4102
FEC ID number of contributing federal political committee: C
Name of Employer: Sarlan Builders Inc.
Occupation: Office manager
Receipt For: 2026 ☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 2100.00

Date of Receipt: 10 / 23 / 2024
Transaction ID : A4BB07E5809F74A4093E
Amount of Each Receipt this Period: 50.00
☐ Memo Item
Earmark:ActBlue (non-directed)

B.
Full Name (Last, First, Middle Initial)
ActBlue
Mailing Address 14 Arrow St
Ste 11
City: Cambridge | State: MA | Zip Code: 02138-5106
FEC ID number of contributing federal political committee: C C00401224
Name of Employer:
Occupation:
Receipt For: 2026 ☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 252139.05

Date of Receipt: 10 / 23 / 2024
Transaction ID : A82BBDB398DE54563A24
Amount of Each Receipt this Period: 50.00
☒ Memo Item
Intermediary
Total Earmarked through conduit. PAC limit not affected.

C.
Full Name (Last, First, Middle Initial)
Henne, Dorothianne, , ,
Mailing Address 21655 Circle Trl
City: Topanga | State: CA | Zip Code: 90290-4102
FEC ID number of contributing federal political committee: C
Name of Employer: Sarlan Builders Inc.
Occupation: Office manager
Receipt For: 2026 ☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 2200.00

Date of Receipt: 11 / 15 / 2024
Transaction ID : ADF02F45EBC8C4905B62
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: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 252139.05

Date of Receipt: 11 / 15 / 2024
Transaction ID : ACFD214E5802647E0A38
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: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 2250.00

Date of Receipt: 11 / 23 / 2024
Transaction ID : A4EFAFEECC10E4630A7E
Amount of Each Receipt this Period: 50.00
☐ Memo Item
Earmark:ActBlue (non-directed)

C.
Full Name (Last, First, Middle Initial)
ActBlue
Mailing Address 14 Arrow St
Ste 11
City: Cambridge | State: MA | Zip Code: 02138-5106
FEC ID number of contributing federal political committee: C C00401224
Name of Employer:
Occupation:
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 252139.05

Date of Receipt: 11 / 23 / 2024
Transaction ID : A251C9C217753496AA39
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)
Hiraga, Alison, , ,
Mailing Address 2115 Broderick St
City: San Francisco | State: CA | Zip Code: 94115
FEC ID number of contributing federal political committee: C
Name of Employer: Not employed
Occupation: Not employed
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 202.40

Date of Receipt: 10 / 28 / 2024
Transaction ID : AF132D6A4CE0E40B4A3B
Amount of Each Receipt this Period: 20.24
☐ Memo Item
Earmark:ActBlue (non-directed)

B.
Full Name (Last, First, Middle Initial)
ActBlue
Mailing Address 14 Arrow St
Ste 11
City: Cambridge | State: MA | Zip Code: 02138-5106
FEC ID number of contributing federal political committee: C C00401224
Name of Employer:
Occupation:
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 252139.05

Date of Receipt: 10 / 28 / 2024
Transaction ID : A7CEA8A8DDE344146A15
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)
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: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 366.64

Date of Receipt: 10 / 15 / 2024
Transaction ID : A1EA992E9152145B09F9
Amount of Each Receipt this Period: 20.24
☐ Memo Item
Earmark:ActBlue (non-directed)

SUBTOTAL of Receipts This Page (optional) ▶ 40.48

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

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 11d ☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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

A.
Full Name (Last, First, Middle Initial)
ActBlue
Mailing Address 14 Arrow St
Ste 11
City: Cambridge | State: MA | Zip Code: 02138-5106
FEC ID number of contributing federal political committee: C C00401224
Name of Employer:
Occupation:
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 252139.05

Date of Receipt: 10 / 15 / 2024
Transaction ID : AE1C521FC52AE4A7EAAE
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)
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: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 390.64

Date of Receipt: 10 / 23 / 2024
Transaction ID : A5DC593CD20514240A72
Amount of Each Receipt this Period: 24.00
☐ Memo Item
Earmark:ActBlue (non-directed)

C.
Full Name (Last, First, Middle Initial)
ActBlue
Mailing Address 14 Arrow St
Ste 11
City: Cambridge | State: MA | Zip Code: 02138-5106
FEC ID number of contributing federal political committee: C C00401224
Name of Employer:
Occupation:
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 252139.05

Date of Receipt: 10 / 23 / 2024
Transaction ID : A21FD37E25D8746708A4
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)
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: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 410.88

Date of Receipt: 11 / 15 / 2024
Transaction ID : A0B862CB4A9FC46F6A03
Amount of Each Receipt this Period: 20.24
☐ Memo Item
Earmark:ActBlue (non-directed)

B.
Full Name (Last, First, Middle Initial)
ActBlue
Mailing Address 14 Arrow St
Ste 11
City: Cambridge | State: MA | Zip Code: 02138-5106
FEC ID number of contributing federal political committee: C C00401224
Name of Employer:
Occupation:
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 252139.05

Date of Receipt: 11 / 15 / 2024
Transaction ID : A9C99ED38A569492E91D
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)
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: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 434.88

Date of Receipt: 11 / 23 / 2024
Transaction ID : AFAA96157270A441B8A9
Amount of Each Receipt this Period: 24.00
☐ Memo Item
Earmark:ActBlue (non-directed)

SUBTOTAL of Receipts This Page (optional) ▶ 44.24

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

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 11d ☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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

A.
Full Name (Last, First, Middle Initial)
ActBlue
Mailing Address 14 Arrow St
Ste 11
City: Cambridge | State: MA | Zip Code: 02138-5106
FEC ID number of contributing federal political committee: C C00401224
Name of Employer:
Occupation:
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 252139.05

Date of Receipt: 11 / 23 / 2024
Transaction ID : AAD236ADBC40240E5BA0
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)
Hughes, Brian, , ,
Mailing Address 199 Dali Blvd Unit 1107
City: St. Petersburg | State: FL | Zip Code: 33701
FEC ID number of contributing federal political committee: C
Name of Employer: Not employed
Occupation: Not employed
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 202.40

Date of Receipt: 10 / 03 / 2024
Transaction ID : AD2CEFB365CA24345ADE
Amount of Each Receipt this Period: 20.24
☐ Memo Item
Earmark:ActBlue (non-directed)

C.
Full Name (Last, First, Middle Initial)
ActBlue
Mailing Address 14 Arrow St
Ste 11
City: Cambridge | State: MA | Zip Code: 02138-5106
FEC ID number of contributing federal political committee: C C00401224
Name of Employer:
Occupation:
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 252139.05

Date of Receipt: 10 / 03 / 2024
Transaction ID : AF29E980E6472413A9E8
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)
Hughes, Brian, , ,
Mailing Address 199 Dali Blvd Unit 1107
City: St. Petersburg | State: FL | Zip Code: 33701
FEC ID number of contributing federal political committee: C
Name of Employer: Not employed
Occupation: Not employed
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 222.64

Date of Receipt: 11 / 03 / 2024
Transaction ID : A231FD5159484437794B
Amount of Each Receipt this Period: 20.24
☐ Memo Item
Earmark:ActBlue (non-directed)

B.
Full Name (Last, First, Middle Initial)
ActBlue
Mailing Address 14 Arrow St
Ste 11
City: Cambridge | State: MA | Zip Code: 02138-5106
FEC ID number of contributing federal political committee: C C00401224
Name of Employer:
Occupation:
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 252139.05

Date of Receipt: 11 / 03 / 2024
Transaction ID : A6D2D35694B3D4C9CADA
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)
Hume, Diane, , ,
Mailing Address 1313 Louisiana st
City: Vallejo | State: CA | Zip Code: 94590
FEC ID number of contributing federal political committee: C
Name of Employer: USF
Occupation: Prof
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 600.00

Date of Receipt: 10 / 20 / 2024
Transaction ID : A3BBB11005FB94D82A8A
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: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 252139.05

Date of Receipt: 10 / 20 / 2024
Transaction ID : AFD26400CE260459BB34
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: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 625.00

Date of Receipt: 11 / 20 / 2024
Transaction ID : AF24CAA8372DF494B8E8
Amount of Each Receipt this Period: 25.00
☐ Memo Item
Earmark:ActBlue (non-directed)

C.
Full Name (Last, First, Middle Initial)
ActBlue
Mailing Address 14 Arrow St
Ste 11
City: Cambridge | State: MA | Zip Code: 02138-5106
FEC ID number of contributing federal political committee: C C00401224
Name of Employer:
Occupation:
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 252139.05

Date of Receipt: 11 / 20 / 2024
Transaction ID : A06078FED05F944CBAE9
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)
Joseph, Alfred, , ,
Mailing Address 20615 NE 7 CT
City: Miami | State: FL | Zip Code: 33179
FEC ID number of contributing federal political committee: C
Name of Employer: none
Occupation: Retired
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 220.00

Date of Receipt: 10 / 06 / 2024
Transaction ID : ADE81A691459F42939E4
Amount of Each Receipt this Period: 10.00
☐ Memo Item
Earmark:ActBlue (non-directed)

B.
Full Name (Last, First, Middle Initial)
ActBlue
Mailing Address 14 Arrow St
Ste 11
City: Cambridge | State: MA | Zip Code: 02138-5106
FEC ID number of contributing federal political committee: C C00401224
Name of Employer:
Occupation:
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 252139.05

Date of Receipt: 10 / 06 / 2024
Transaction ID : A75CA5453189447ED915
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)
Joseph, Alfred, , ,
Mailing Address 20615 NE 7 CT
City: Miami | State: FL | Zip Code: 33179
FEC ID number of contributing federal political committee: C
Name of Employer: none
Occupation: Retired
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 230.00

Date of Receipt: 11 / 06 / 2024
Transaction ID : A8AE022596F744C0AA9B
Amount of Each Receipt this Period: 10.00
☐ Memo Item
Earmark:ActBlue (non-directed)

SUBTOTAL of Receipts This Page (optional) ▶ 20.00

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

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 11d ☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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

A.
Full Name (Last, First, Middle Initial)
ActBlue
Mailing Address 14 Arrow St
Ste 11
City: Cambridge | State: MA | Zip Code: 02138-5106
FEC ID number of contributing federal political committee: C C00401224
Name of Employer:
Occupation:
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 252139.05

Date of Receipt: 11 / 06 / 2024
Transaction ID : AA3CD847756CE42D5A3A
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)
Joseph, Stephen, , ,
Mailing Address 92-7155 Elele St. 1301
City: Kapolei | State: HI | Zip Code: 96707
FEC ID number of contributing federal political committee: C
Name of Employer: Pvt Land Company Ltd
Occupation: Geologist
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 240.00

Date of Receipt: 10 / 31 / 2024
Transaction ID : A33E75BAEF1DF4CCFBB0
Amount of Each Receipt this Period: 10.00
☐ Memo Item
Earmark:ActBlue (non-directed)

C.
Full Name (Last, First, Middle Initial)
ActBlue
Mailing Address 14 Arrow St
Ste 11
City: Cambridge | State: MA | Zip Code: 02138-5106
FEC ID number of contributing federal political committee: C C00401224
Name of Employer:
Occupation:
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 252139.05

Date of Receipt: 10 / 31 / 2024
Transaction ID : A94B5A583C7FA4014BF1
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)
King, Terry, , ,
Mailing Address 53 South Great Rd
City: Lincoln | State: MA | Zip Code: 01773
FEC ID number of contributing federal political committee: C
Name of Employer: Not employed
Occupation: Not employed
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 220.00

Date of Receipt: 10 / 06 / 2024
Transaction ID : A49A0648D877C4C94B93
Amount of Each Receipt this Period: 10.00
☐ Memo Item
Earmark:ActBlue (non-directed)

B.
Full Name (Last, First, Middle Initial)
ActBlue
Mailing Address 14 Arrow St
Ste 11
City: Cambridge | State: MA | Zip Code: 02138-5106
FEC ID number of contributing federal political committee: C C00401224
Name of Employer:
Occupation:
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 252139.05

Date of Receipt: 10 / 06 / 2024
Transaction ID : AD6498B2CA12149FC886
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)
King, Terry, , ,
Mailing Address 53 South Great Rd
City: Lincoln | State: MA | Zip Code: 01773
FEC ID number of contributing federal political committee: C
Name of Employer: Not employed
Occupation: Not employed
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 230.00

Date of Receipt: 11 / 06 / 2024
Transaction ID : A30368861B0964167A9C
Amount of Each Receipt this Period: 10.00
☐ Memo Item
Earmark:ActBlue (non-directed)

SUBTOTAL of Receipts This Page (optional) ▶ 20.00

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

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 11d ☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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

A.
Full Name (Last, First, Middle Initial)
ActBlue
Mailing Address 14 Arrow St
Ste 11
City: Cambridge | State: MA | Zip Code: 02138-5106
FEC ID number of contributing federal political committee: C C00401224
Name of Employer:
Occupation:
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 252139.05

Date of Receipt: 11 / 06 / 2024
Transaction ID : AAE22D7BA9AE34877825
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)
Leestma, Katrina, , ,
Mailing Address 4305 portola Drive
City: Santa cruz | State: CA | Zip Code: 95062
FEC ID number of contributing federal political committee: C
Name of Employer: Cabrillo College
Occupation: Nurse
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 420.24

Date of Receipt: 10 / 27 / 2024
Transaction ID : AD83ED95C75C6484FA13
Amount of Each Receipt this Period: 50.00
☐ Memo Item
Earmark:ActBlue (non-directed)

C.
Full Name (Last, First, Middle Initial)
ActBlue
Mailing Address 14 Arrow St
Ste 11
City: Cambridge | State: MA | Zip Code: 02138-5106
FEC ID number of contributing federal political committee: C C00401224
Name of Employer:
Occupation:
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 252139.05

Date of Receipt: 10 / 27 / 2024
Transaction ID : AF7BA05309E8E4269BE7
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)
Lessne, Dana, , ,
Mailing Address 12617 Broleman Rd
City: Orlando | State: FL | Zip Code: 32832
FEC ID number of contributing federal political committee: C
Name of Employer: self | Occupation: Counselor
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 733.26

Date of Receipt: 10 / 04 / 2024
Transaction ID : A69A1C32744454DB99A8
Amount of Each Receipt this Period: 33.33
☐ Memo Item
Earmark:ActBlue (non-directed)

B.
Full Name (Last, First, Middle Initial)
ActBlue
Mailing Address 14 Arrow St
Ste 11
City: Cambridge | State: MA | Zip Code: 02138-5106
FEC ID number of contributing federal political committee: C C00401224
Name of Employer: | Occupation:
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 252139.05

Date of Receipt: 10 / 04 / 2024
Transaction ID : A8E632D45BDFF4EADBA4
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: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 766.59

Date of Receipt: 11 / 04 / 2024
Transaction ID : A69E61E924E834F6D8DD
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: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 252139.05

Date of Receipt: 11 / 04 / 2024
Transaction ID : A58C4720837824716800
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: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 600.00

Date of Receipt: 10 / 30 / 2024
Transaction ID : AB4FA1AE5A96D4995AEA
Amount of Each Receipt this Period: 25.00
☐ Memo Item
Earmark:ActBlue (non-directed)

C.
Full Name (Last, First, Middle Initial)
ActBlue
Mailing Address 14 Arrow St
Ste 11
City: Cambridge | State: MA | Zip Code: 02138-5106
FEC ID number of contributing federal political committee: C C00401224
Name of Employer:
Occupation:
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 252139.05

Date of Receipt: 10 / 30 / 2024
Transaction ID : AA9D366BF784148DC840
Amount of Each Receipt this Period: 25.00
☒ Memo Item
Intermediary
Total Earmarked through conduit. PAC limit not affected.

SUBTOTAL of Receipts This Page (optional) ▶ 25.00

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

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 11d ☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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

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

Date of Receipt: 10 / 11 / 2024
Transaction ID : A68742CCF6BAD4B19892
Amount of Each Receipt this Period: 30.00
☐ Memo Item
Earmark:ActBlue (non-directed)

B.
Full Name (Last, First, Middle Initial): ActBlue
Mailing Address 14 Arrow St
Ste 11
City: Cambridge | State: MA | Zip Code: 02138-5106
FEC ID number of contributing federal political committee: C C00401224
Name of Employer:
Occupation:
Receipt For: 2026 ☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 252139.05

Date of Receipt: 10 / 11 / 2024
Transaction ID : AA56DCD9869D547FABF8
Amount of Each Receipt this Period: 30.00
☒ Memo Item
Intermediary
Total Earmarked through conduit. PAC limit not affected.

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

Date of Receipt: 11 / 11 / 2024
Transaction ID : A0A84141DD8374FFEB24
Amount of Each Receipt this Period: 30.00
☐ Memo Item
Earmark:ActBlue (non-directed)

SUBTOTAL of Receipts This Page (optional) ▶ 60.00

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

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 11d ☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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

A.
Full Name (Last, First, Middle Initial)
ActBlue
Mailing Address 14 Arrow St
Ste 11
City: Cambridge | State: MA | Zip Code: 02138-5106
FEC ID number of contributing federal political committee: C C00401224
Name of Employer:
Occupation:
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 252139.05

Date of Receipt: 11 / 11 / 2024
Transaction ID : A17AD98A7A9E0495A815
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)
Masson, Bobette, , ,
Mailing Address 1 Stuyvesant Oval - 5C
City: New York | State: NY | Zip Code: 10009
FEC ID number of contributing federal political committee: C
Name of Employer: Not employed
Occupation: Not employed
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 261.68

Date of Receipt: 10 / 10 / 2024
Transaction ID : A96EA8EAB30FB4354BE5
Amount of Each Receipt this Period: 20.24
☐ Memo Item
Earmark:ActBlue (non-directed)

C.
Full Name (Last, First, Middle Initial)
ActBlue
Mailing Address 14 Arrow St
Ste 11
City: Cambridge | State: MA | Zip Code: 02138-5106
FEC ID number of contributing federal political committee: C C00401224
Name of Employer:
Occupation:
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 252139.05

Date of Receipt: 10 / 10 / 2024
Transaction ID : A2364DA76164C48AE821
Amount of Each Receipt this Period: 20.24
☒ Memo Item
Intermediary
Total Earmarked through conduit. PAC limit not affected.

SUBTOTAL of Receipts This Page (optional) ▶ 20.24

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

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 11d
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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

A.
Full Name (Last, First, Middle Initial)
Masson, Bobette, , ,
Mailing Address 1 Stuyvesant Oval - 5C
City: New York | State: NY | Zip Code: 10009
FEC ID number of contributing federal political committee: C
Name of Employer: Not employed
Occupation: Not employed
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 281.68

Date of Receipt: 10 / 23 / 2024
Transaction ID : AA264966A430C4072961
Amount of Each Receipt this Period: 20.00
☐ Memo Item
Earmark:ActBlue (non-directed)

B.
Full Name (Last, First, Middle Initial)
ActBlue
Mailing Address 14 Arrow St
Ste 11
City: Cambridge | State: MA | Zip Code: 02138-5106
FEC ID number of contributing federal political committee: C C00401224
Name of Employer:
Occupation:
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 252139.05

Date of Receipt: 10 / 23 / 2024
Transaction ID : A5EC69A56BB7D495891E
Amount of Each Receipt this Period: 20.00
☒ Memo Item
Intermediary
Total Earmarked through conduit. PAC limit not affected.

C.
Full Name (Last, First, Middle Initial)
Masson, Bobette, , ,
Mailing Address 1 Stuyvesant Oval - 5C
City: New York | State: NY | Zip Code: 10009
FEC ID number of contributing federal political committee: C
Name of Employer: Not employed
Occupation: Not employed
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 301.92

Date of Receipt: 11 / 10 / 2024
Transaction ID : AED010D3D8B29416EA05
Amount of Each Receipt this Period: 20.24
☐ Memo Item
Earmark:ActBlue (non-directed)

SUBTOTAL of Receipts This Page (optional) ▶ 40.24

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

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 11d ☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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

A.
Full Name (Last, First, Middle Initial)
ActBlue
Mailing Address 14 Arrow St
Ste 11
City: Cambridge | State: MA | Zip Code: 02138-5106
FEC ID number of contributing federal political committee: C C00401224
Name of Employer:
Occupation:
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 252139.05

Date of Receipt: 11 / 10 / 2024
Transaction ID : ADB54211788E8488FAEE
Amount of Each Receipt this Period: 20.24
☒ Memo Item
Intermediary
Total Earmarked through conduit. PAC limit not affected.

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

Date of Receipt: 11 / 23 / 2024
Transaction ID : AFB9EC3F3182E4F10AC0
Amount of Each Receipt this Period: 20.00
☐ Memo Item
Earmark:ActBlue (non-directed)

C.
Full Name (Last, First, Middle Initial)
ActBlue
Mailing Address 14 Arrow St
Ste 11
City: Cambridge | State: MA | Zip Code: 02138-5106
FEC ID number of contributing federal political committee: C C00401224
Name of Employer:
Occupation:
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 252139.05

Date of Receipt: 11 / 23 / 2024
Transaction ID : AFB668683848D435CAD8
Amount of Each Receipt this Period: 20.00
☒ Memo Item
Intermediary
Total Earmarked through conduit. PAC limit not affected.

SUBTOTAL of Receipts This Page (optional) ▶ 20.00

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

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 11d ☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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

A.
Full Name (Last, First, Middle Initial)
Menyuk, Diane, , ,
Mailing Address 162 Mason Ter
City: Brookline | State: MA | Zip Code: 02446-2772
FEC ID number of contributing federal political committee: C
Name of Employer: MIT
Occupation: Front End Developer
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 240.00

Date of Receipt: 10 / 18 / 2024
Transaction ID : A0AF6209B22134A1A8DA
Amount of Each Receipt this Period: 10.00
☐ Memo Item
Earmark:ActBlue (non-directed)

B.
Full Name (Last, First, Middle Initial)
ActBlue
Mailing Address 14 Arrow St
Ste 11
City: Cambridge | State: MA | Zip Code: 02138-5106
FEC ID number of contributing federal political committee: C C00401224
Name of Employer:
Occupation:
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 252139.05

Date of Receipt: 10 / 18 / 2024
Transaction ID : A4460B6C8522C42FF8D7
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)
Menyuk, Diane, , ,
Mailing Address 162 Mason Ter
City: Brookline | State: MA | Zip Code: 02446-2772
FEC ID number of contributing federal political committee: C
Name of Employer: MIT
Occupation: Front End Developer
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 250.00

Date of Receipt: 11 / 18 / 2024
Transaction ID : A40B3FF85A24949A4848
Amount of Each Receipt this Period: 10.00
☐ Memo Item
Earmark:ActBlue (non-directed)

SUBTOTAL of Receipts This Page (optional) ▶ 20.00

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

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 11d ☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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

A.
Full Name (Last, First, Middle Initial)
ActBlue
Mailing Address 14 Arrow St
Ste 11
City: Cambridge | State: MA | Zip Code: 02138-5106
FEC ID number of contributing federal political committee: C C00401224
Name of Employer:
Occupation:
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 252139.05

Date of Receipt: 11 / 18 / 2024
Transaction ID : A81C3AF8C020F49D9AF1
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)
Meyer Simon, Diane, , ,
Mailing Address 1570 East Mountain Drive
City: Santa Barbara | State: CA | Zip Code: 93108
FEC ID number of contributing federal political committee: C
Name of Employer: Global Green USA
Occupation: Environmental Consultant
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 485.28

Date of Receipt: 10 / 14 / 2024
Transaction ID : A3F42160308EE4B03BF7
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: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 252139.05

Date of Receipt: 10 / 14 / 2024
Transaction ID : AD43C0B0558E840F2B39
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)
Meyer Simon, Diane, , ,
Mailing Address 1570 East Mountain Drive
City: Santa Barbara | State: CA | Zip Code: 93108
FEC ID number of contributing federal political committee: C
Name of Employer: Global Green USA
Occupation: Environmental Consultant
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 505.50

Date of Receipt: 11 / 14 / 2024
Transaction ID : AE16A59DC87FC4BFCB8E
Amount of Each Receipt this Period: 20.22
☐ Memo Item
Earmark:ActBlue (non-directed)

B.
Full Name (Last, First, Middle Initial)
ActBlue
Mailing Address 14 Arrow St
Ste 11
City: Cambridge | State: MA | Zip Code: 02138-5106
FEC ID number of contributing federal political committee: C C00401224
Name of Employer:
Occupation:
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 252139.05

Date of Receipt: 11 / 14 / 2024
Transaction ID : A3C8E0CC222764EE8816
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)
Montgomery, Tamara, , ,
Mailing Address 469 Berkshire Drive
City: Souderton | State: PA | Zip Code: 18964
FEC ID number of contributing federal political committee: C
Name of Employer: Merck
Occupation: Research Scientist
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 232.48

Date of Receipt: 10 / 19 / 2024
Transaction ID : A08E151D776464237A19
Amount of Each Receipt this Period: 24.00
☐ Memo Item
Earmark:ActBlue (non-directed)

SUBTOTAL of Receipts This Page (optional) ▶ 44.22

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

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 11d ☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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

A.
Full Name (Last, First, Middle Initial)
ActBlue
Mailing Address 14 Arrow St
Ste 11
City: Cambridge | State: MA | Zip Code: 02138-5106
FEC ID number of contributing federal political committee: C C00401224
Name of Employer:
Occupation:
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 252139.05

Date of Receipt: 10 / 19 / 2024
Transaction ID : A159B8F9F2C8B4127A8B
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)
Moyer, Joseph, , ,
Mailing Address 1556 Brookgreen Dr
City: Myrtle Beach | State: SC | Zip Code: 29577
FEC ID number of contributing federal political committee: C
Name of Employer: Allergy Asthma & Sinus Center PC
Occupation: physician
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 222.64

Date of Receipt: 10 / 14 / 2024
Transaction ID : ABA0DBCCCF64D44CB8A0
Amount of Each Receipt this Period: 20.24
☐ Memo Item
Earmark:ActBlue (non-directed)

C.
Full Name (Last, First, Middle Initial)
ActBlue
Mailing Address 14 Arrow St
Ste 11
City: Cambridge | State: MA | Zip Code: 02138-5106
FEC ID number of contributing federal political committee: C C00401224
Name of Employer:
Occupation:
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 252139.05

Date of Receipt: 10 / 14 / 2024
Transaction ID : ABD9FFFF136924E48A3F
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): Moyer, Joseph, , ,
Mailing Address 1556 Brookgreen Dr
City: Myrtle Beach | State: SC | Zip Code: 29577
FEC ID number of contributing federal political committee: C
Name of Employer: Allergy Asthma & Sinus Center PC
Occupation: physician
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 242.88

Date of Receipt: 11 / 14 / 2024
Transaction ID : A43BAFF6632A144E6977
Amount of Each Receipt this Period: 20.24
☐ Memo Item
Earmark:ActBlue (non-directed)

B.
Full Name (Last, First, Middle Initial): ActBlue
Mailing Address 14 Arrow St
Ste 11
City: Cambridge | State: MA | Zip Code: 02138-5106
FEC ID number of contributing federal political committee: C C00401224
Name of Employer:
Occupation:
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 252139.05

Date of Receipt: 11 / 14 / 2024
Transaction ID : AA286D0DF15064B0AA7C
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): 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: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 500.00

Date of Receipt: 10 / 26 / 2024
Transaction ID : A732D623A2F474686B0E
Amount of Each Receipt this Period: 50.00
☐ Memo Item
Earmark:ActBlue (non-directed)

SUBTOTAL of Receipts This Page (optional) ▶ 70.24

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

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 11d ☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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

A.
Full Name (Last, First, Middle Initial)
ActBlue
Mailing Address 14 Arrow St
Ste 11
City: Cambridge | State: MA | Zip Code: 02138-5106
FEC ID number of contributing federal political committee: C C00401224
Name of Employer:
Occupation:
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 252139.05

Date of Receipt: 10 / 26 / 2024
Transaction ID : AA1F8FF440FEE43BDAF8
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: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 800.00

Date of Receipt: 10 / 12 / 2024
Transaction ID : AB9830B0C75BC4C34956
Amount of Each Receipt this Period: 100.00
☐ Memo Item
Earmark:ActBlue (non-directed)

C.
Full Name (Last, First, Middle Initial)
ActBlue
Mailing Address 14 Arrow St
Ste 11
City: Cambridge | State: MA | Zip Code: 02138-5106
FEC ID number of contributing federal political committee: C C00401224
Name of Employer:
Occupation:
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 252139.05

Date of Receipt: 10 / 12 / 2024
Transaction ID : A28555916A6D843A8BB9
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: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 900.00

Date of Receipt: 11 / 12 / 2024
Transaction ID : A62139643F531449BA43
Amount of Each Receipt this Period: 100.00
☐ Memo Item
Earmark:ActBlue (non-directed)

B.
Full Name (Last, First, Middle Initial)
ActBlue
Mailing Address 14 Arrow St
Ste 11
City: Cambridge | State: MA | Zip Code: 02138-5106
FEC ID number of contributing federal political committee: C C00401224
Name of Employer:
Occupation:
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 252139.05

Date of Receipt: 11 / 12 / 2024
Transaction ID : AAF5C84E6F2C94D50A81
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)
Nickerson, Norma, , ,
Mailing Address 11025 highway 441 s
City: micanopy | State: FL | Zip Code: 32667
FEC ID number of contributing federal political committee: C
Name of Employer: Not employed
Occupation: Not employed
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 240.00

Date of Receipt: 10 / 02 / 2024
Transaction ID : AFA8BC1459AA5468AA42
Amount of Each Receipt this Period: 24.00
☐ Memo Item
Earmark:ActBlue (non-directed)

SUBTOTAL of Receipts This Page (optional) ▶ 124.00

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

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 11d ☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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

A.
Full Name (Last, First, Middle Initial)
ActBlue
Mailing Address 14 Arrow St
Ste 11
City: Cambridge | State: MA | Zip Code: 02138-5106
FEC ID number of contributing federal political committee: C C00401224
Name of Employer:
Occupation:
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 252139.05

Date of Receipt: 10 / 02 / 2024
Transaction ID : A394A3113DBFD4B72AF2
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)
Nickerson, Norma, , ,
Mailing Address 11025 highway 441 s
City: micanopy | State: FL | Zip Code: 32667
FEC ID number of contributing federal political committee: C
Name of Employer: Not employed
Occupation: Not employed
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 264.00

Date of Receipt: 11 / 02 / 2024
Transaction ID : A748242CF23734C00BA5
Amount of Each Receipt this Period: 24.00
☐ Memo Item
Earmark:ActBlue (non-directed)

C.
Full Name (Last, First, Middle Initial)
ActBlue
Mailing Address 14 Arrow St
Ste 11
City: Cambridge | State: MA | Zip Code: 02138-5106
FEC ID number of contributing federal political committee: C C00401224
Name of Employer:
Occupation:
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 252139.05

Date of Receipt: 11 / 02 / 2024
Transaction ID : ADD03ECA2A11F4303942
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)
Northcutt, Gail, , ,
Mailing Address 902 Worth Street
City: Covington | State: KY | Zip Code: 41011
FEC ID number of contributing federal political committee: C
Name of Employer: Not employed
Occupation: Not employed
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 250.00

Date of Receipt: 10 / 14 / 2024
Transaction ID : A691357C27F4542C2A03
Amount of Each Receipt this Period: 20.00
☐ Memo Item
Earmark:ActBlue (non-directed)

B.
Full Name (Last, First, Middle Initial)
ActBlue
Mailing Address 14 Arrow St
Ste 11
City: Cambridge | State: MA | Zip Code: 02138-5106
FEC ID number of contributing federal political committee: C C00401224
Name of Employer:
Occupation:
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 252139.05

Date of Receipt: 10 / 14 / 2024
Transaction ID : AF15625E8AE8044C7A80
Amount of Each Receipt this Period: 20.00
☒ Memo Item
Intermediary
Total Earmarked through conduit. PAC limit not affected.

C.
Full Name (Last, First, Middle Initial)
Northcutt, Gail, , ,
Mailing Address 902 Worth Street
City: Covington | State: KY | Zip Code: 41011
FEC ID number of contributing federal political committee: C
Name of Employer: Not employed
Occupation: Not employed
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 260.00

Date of Receipt: 10 / 27 / 2024
Transaction ID : AFB14EAF5D0F94042A1B
Amount of Each Receipt this Period: 10.00
☐ 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

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

A.
Full Name (Last, First, Middle Initial)
ActBlue
Mailing Address 14 Arrow St
Ste 11
City: Cambridge | State: MA | Zip Code: 02138-5106
FEC ID number of contributing federal political committee: C C00401224
Name of Employer:
Occupation:
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 252139.05

Date of Receipt: 10 / 27 / 2024
Transaction ID : A6373A4F43D594980AEA
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)
Northcutt, Gail, , ,
Mailing Address 902 Worth Street
City: Covington | State: KY | Zip Code: 41011
FEC ID number of contributing federal political committee: C
Name of Employer: Not employed
Occupation: Not employed
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 280.00

Date of Receipt: 11 / 14 / 2024
Transaction ID : A7D2EF7D127DA44B0876
Amount of Each Receipt this Period: 20.00
☐ Memo Item
Earmark:ActBlue (non-directed)

C.
Full Name (Last, First, Middle Initial)
ActBlue
Mailing Address 14 Arrow St
Ste 11
City: Cambridge | State: MA | Zip Code: 02138-5106
FEC ID number of contributing federal political committee: C C00401224
Name of Employer:
Occupation:
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 252139.05

Date of Receipt: 11 / 14 / 2024
Transaction ID : A47516CD396974F3B945
Amount of Each Receipt this Period: 20.00
☒ Memo Item
Intermediary
Total Earmarked through conduit. PAC limit not affected.

SUBTOTAL of Receipts This Page (optional) ▶ 20.00

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

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 11d
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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

A.
Full Name (Last, First, Middle Initial)
OConnor, Malachy, , ,
Mailing Address 108 Bedell Pl.
City: Melville | State: NY | Zip Code: 11747
FEC ID number of contributing federal political committee: C
Name of Employer: self
Occupation: Professional Developer
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 202.40

Date of Receipt: 10 / 26 / 2024
Transaction ID : A206F91C3F4454EFB8FD
Amount of Each Receipt this Period: 20.24
☐ Memo Item
Earmark:ActBlue (non-directed)

B.
Full Name (Last, First, Middle Initial)
ActBlue
Mailing Address 14 Arrow St
Ste 11
City: Cambridge | State: MA | Zip Code: 02138-5106
FEC ID number of contributing federal political committee: C C00401224
Name of Employer:
Occupation:
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 252139.05

Date of Receipt: 10 / 26 / 2024
Transaction ID : A2C963DF9B7104C58AAF
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)
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: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 800.00

Date of Receipt: 10 / 17 / 2024
Transaction ID : A3C63BC81207D40BFA05
Amount of Each Receipt this Period: 100.00
☐ Memo Item
Earmark:ActBlue (non-directed)

SUBTOTAL of Receipts This Page (optional) ▶ 120.24

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

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 11d ☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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

A.
Full Name (Last, First, Middle Initial)
ActBlue
Mailing Address 14 Arrow St
Ste 11
City: Cambridge | State: MA | Zip Code: 02138-5106
FEC ID number of contributing federal political committee: C C00401224
Name of Employer:
Occupation:
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 252139.05

Date of Receipt: 10 / 17 / 2024
Transaction ID : AF76F8D0136FF4114B3A
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: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 900.00

Date of Receipt: 11 / 17 / 2024
Transaction ID : A575526D0CE384DB180C
Amount of Each Receipt this Period: 100.00
☐ Memo Item
Earmark:ActBlue (non-directed)

C.
Full Name (Last, First, Middle Initial)
ActBlue
Mailing Address 14 Arrow St
Ste 11
City: Cambridge | State: MA | Zip Code: 02138-5106
FEC ID number of contributing federal political committee: C C00401224
Name of Employer:
Occupation:
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 252139.05

Date of Receipt: 11 / 17 / 2024
Transaction ID : A37B1F3E9E7424619A10
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): Oppenheimer, Jo, , ,
Mailing Address: 71 Ocean Pkwy, Apt 1K
City: Brooklyn | State: NY | Zip Code: 11218-1835
FEC ID number of contributing federal political committee: C
Name of Employer: self | Occupation: Psychologist
Receipt For: 2026 ☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 220.00

Date of Receipt: 10 / 03 / 2024
Transaction ID : AB6890B4FBA6347F9BB2
Amount of Each Receipt this Period: 5.00
☐ Memo Item
Earmark:ActBlue (non-directed)

B.
Full Name (Last, First, Middle Initial): ActBlue
Mailing Address: 14 Arrow St, Ste 11
City: Cambridge | State: MA | Zip Code: 02138-5106
FEC ID number of contributing federal political committee: C C00401224
Name of Employer: | Occupation:
Receipt For: 2026 ☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 252139.05

Date of Receipt: 10 / 03 / 2024
Transaction ID : AEFBB013BA6A44483B2D
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): Oppenheimer, Jo, , ,
Mailing Address: 71 Ocean Pkwy, Apt 1K
City: Brooklyn | State: NY | Zip Code: 11218-1835
FEC ID number of contributing federal political committee: C
Name of Employer: self | Occupation: Psychologist
Receipt For: 2026 ☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 225.00

Date of Receipt: 10 / 15 / 2024
Transaction ID : AB86C4EE8B196470A85C
Amount of Each Receipt this Period: 5.00
☐ Memo Item
Earmark:ActBlue (non-directed)

SUBTOTAL of Receipts This Page (optional) ▶ 10.00

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

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 11d ☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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

A.
Full Name (Last, First, Middle Initial)
ActBlue
Mailing Address 14 Arrow St
Ste 11
City: Cambridge | State: MA | Zip Code: 02138-5106
FEC ID number of contributing federal political committee: C C00401224
Name of Employer:
Occupation:
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 252139.05

Date of Receipt: 10 / 15 / 2024
Transaction ID : A55884B314C6D495F828
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)
Oppenheimer, Jo, , ,
Mailing Address 71 Ocean Pkwy
Apt 1K
City: Brooklyn | State: NY | Zip Code: 11218-1835
FEC ID number of contributing federal political committee: C
Name of Employer: self
Occupation: Psychologist
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 230.00

Date of Receipt: 11 / 03 / 2024
Transaction ID : AC788208C4C724182903
Amount of Each Receipt this Period: 5.00
☐ Memo Item
Earmark:ActBlue (non-directed)

C.
Full Name (Last, First, Middle Initial)
ActBlue
Mailing Address 14 Arrow St
Ste 11
City: Cambridge | State: MA | Zip Code: 02138-5106
FEC ID number of contributing federal political committee: C C00401224
Name of Employer:
Occupation:
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 252139.05

Date of Receipt: 11 / 03 / 2024
Transaction ID : A38312EDD941E420F8FF
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)
Oppenheimer, Jo, , ,
Mailing Address 71 Ocean Pkwy
Apt 1K
City: Brooklyn | State: NY | Zip Code: 11218-1835
FEC ID number of contributing federal political committee: C
Name of Employer: self
Occupation: Psychologist
Receipt For: 2026
☒ Primary ☐ General
☐ Other (specify) ▼
Election Cycle-to-Date ▼ 235.00

Date of Receipt: 11 / 15 / 2024
Transaction ID : AD69AF2175C6E4DF4A27
Amount of Each Receipt this Period: 5.00
☐ Memo Item
Earmark:ActBlue (non-directed)

B.
Full Name (Last, First, Middle Initial)
ActBlue
Mailing Address 14 Arrow St
Ste 11
City: Cambridge | State: MA | Zip Code: 02138-5106
FEC ID number of contributing federal political committee: C C00401224
Name of Employer:
Occupation:
Receipt For: 2026
☒ Primary ☐ General
☐ Other (specify) ▼
Election Cycle-to-Date ▼ 252139.05

Date of Receipt: 11 / 15 / 2024
Transaction ID : AE7E5792EAC3D407CBAA
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)
Parmeter, Sharilyn, , ,
Mailing Address P.O.Box33
City: Duncans Mills | State: CA | Zip Code: 95430
FEC ID number of contributing federal political committee: C
Name of Employer: Not employed
Occupation: Not employed
Receipt For: 2026
☒ Primary ☐ General
☐ Other (specify) ▼
Election Cycle-to-Date ▼ 420.00

Date of Receipt: 10 / 03 / 2024
Transaction ID : A436F7F4173E3450DB9F
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: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 252139.05

Date of Receipt: 10 / 03 / 2024
Transaction ID : A7B169789CE9444A9815
Amount of Each Receipt this Period: 10.00
☒ Memo Item
Intermediary
Total Earmarked through conduit. PAC limit not affected.

B.
Full Name (Last, First, Middle Initial)
Parmeter, Sharilyn, , ,
Mailing Address P.O.Box33
City: Duncans Mills | State: CA | Zip Code: 95430
FEC ID number of contributing federal political committee: C
Name of Employer: Not employed
Occupation: Not employed
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 430.00

Date of Receipt: 10 / 06 / 2024
Transaction ID : AA91D6DC678BB4D33B84
Amount of Each Receipt this Period: 10.00
☐ Memo Item
Earmark:ActBlue (non-directed)

C.
Full Name (Last, First, Middle Initial)
ActBlue
Mailing Address 14 Arrow St
Ste 11
City: Cambridge | State: MA | Zip Code: 02138-5106
FEC ID number of contributing federal political committee: C C00401224
Name of Employer:
Occupation:
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 252139.05

Date of Receipt: 10 / 06 / 2024
Transaction ID : A5847C1F96BCE400DAD4
Amount of Each Receipt this Period: 10.00
☒ Memo Item
Intermediary
Total Earmarked through conduit. PAC limit not affected.

SUBTOTAL of Receipts This Page (optional) ▶ 10.00

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

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 11d
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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

A.
Full Name (Last, First, Middle Initial)
Parmeter, Sharilyn, , ,
Mailing Address P.O.Box33
City: Duncans Mills | State: CA | Zip Code: 95430
FEC ID number of contributing federal political committee: C
Name of Employer: Not employed | Occupation: Not employed
Receipt For: 2026 ☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 440.00

Date of Receipt: 10 / 17 / 2024
Transaction ID : AF598DB63828D45B8A64
Amount of Each Receipt this Period: 10.00
☐ Memo Item
Earmark:ActBlue (non-directed)

B.
Full Name (Last, First, Middle Initial)
ActBlue
Mailing Address 14 Arrow St
Ste 11
City: Cambridge | State: MA | Zip Code: 02138-5106
FEC ID number of contributing federal political committee: C C00401224
Name of Employer | Occupation
Receipt For: 2026 ☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 252139.05

Date of Receipt: 10 / 17 / 2024
Transaction ID : A89814964815541419 52
Amount of Each Receipt this Period: 10.00
☒ Memo Item
Intermediary
Total Earmarked through conduit. PAC limit not affected.

C.
Full Name (Last, First, Middle Initial)
Parmeter, Sharilyn, , ,
Mailing Address P.O.Box33
City: Duncans Mills | State: CA | Zip Code: 95430
FEC ID number of contributing federal political committee: C
Name of Employer: Not employed | Occupation: Not employed
Receipt For: 2026 ☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 450.00

Date of Receipt: 10 / 18 / 2024
Transaction ID : AF4149F29EB1745E0988
Amount of Each Receipt this Period: 10.00
☐ Memo Item
Earmark:ActBlue (non-directed)

SUBTOTAL of Receipts This Page (optional) ▶ 20.00

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

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 11d ☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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

A.
Full Name (Last, First, Middle Initial)
ActBlue
Mailing Address 14 Arrow St
Ste 11
City: Cambridge | State: MA | Zip Code: 02138-5106
FEC ID number of contributing federal political committee: C C00401224
Name of Employer:
Occupation:
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 252139.05

Date of Receipt: 10 / 18 / 2024
Transaction ID : A556D011DC1C8488DB05
Amount of Each Receipt this Period: 10.00
☒ Memo Item
Intermediary
Total Earmarked through conduit. PAC limit not affected.

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

Date of Receipt: 10 / 20 / 2024
Transaction ID : A8213DEA71F544F92B0D
Amount of Each Receipt this Period: 10.00
☐ Memo Item
Earmark:ActBlue (non-directed)

C.
Full Name (Last, First, Middle Initial)
ActBlue
Mailing Address 14 Arrow St
Ste 11
City: Cambridge | State: MA | Zip Code: 02138-5106
FEC ID number of contributing federal political committee: C C00401224
Name of Employer:
Occupation:
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 252139.05

Date of Receipt: 10 / 20 / 2024
Transaction ID : AC5F5CCD043114FA098B
Amount of Each Receipt this Period: 10.00
☒ Memo Item
Intermediary
Total Earmarked through conduit. PAC limit not affected.

SUBTOTAL of Receipts This Page (optional) ▶ 10.00

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

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 11d
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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

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

Date of Receipt: 10 / 22 / 2024
Transaction ID : AF5C4FDB67723425E9DC
Amount of Each Receipt this Period: 10.00
☐ Memo Item
Earmark:ActBlue (non-directed)

B.
Full Name (Last, First, Middle Initial)
ActBlue
Mailing Address 14 Arrow St
Ste 11
City: Cambridge | State: MA | Zip Code: 02138-5106
FEC ID number of contributing federal political committee: C C00401224
Name of Employer: | Occupation:
Receipt For: 2026 ☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 252139.05

Date of Receipt: 10 / 22 / 2024
Transaction ID : A757DDD9969DA45C1B74
Amount of Each Receipt this Period: 10.00
☒ Memo Item
Intermediary
Total Earmarked through conduit. PAC limit not affected.

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

Date of Receipt: 10 / 26 / 2024
Transaction ID : A4050128403F54572A74
Amount of Each Receipt this Period: 10.00
☐ Memo Item
Earmark:ActBlue (non-directed)

SUBTOTAL of Receipts This Page (optional) ▶ 20.00

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

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 11d ☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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

A.
Full Name (Last, First, Middle Initial)
ActBlue
Mailing Address 14 Arrow St
Ste 11
City: Cambridge | State: MA | Zip Code: 02138-5106
FEC ID number of contributing federal political committee: C C00401224
Name of Employer:
Occupation:
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 252139.05

Date of Receipt: 10 / 26 / 2024
Transaction ID : A106A65D3D2E44CC8982
Amount of Each Receipt this Period: 10.00
☒ Memo Item
Intermediary
Total Earmarked through conduit. PAC limit not affected.

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

Date of Receipt: 11 / 03 / 2024
Transaction ID : AE32C0BE93CD2445684D
Amount of Each Receipt this Period: 10.00
☐ Memo Item
Earmark:ActBlue (non-directed)

C.
Full Name (Last, First, Middle Initial)
ActBlue
Mailing Address 14 Arrow St
Ste 11
City: Cambridge | State: MA | Zip Code: 02138-5106
FEC ID number of contributing federal political committee: C C00401224
Name of Employer:
Occupation:
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 252139.05

Date of Receipt: 11 / 03 / 2024
Transaction ID : AEAE996AD44C240DABEA
Amount of Each Receipt this Period: 10.00
☒ Memo Item
Intermediary
Total Earmarked through conduit. PAC limit not affected.

SUBTOTAL of Receipts This Page (optional) ▶ 10.00

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

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 11d
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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

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

Date of Receipt: 11 / 06 / 2024
Transaction ID : AAFE880F48CEB41E59A4
Amount of Each Receipt this Period: 10.00
☐ Memo Item
Earmark:ActBlue (non-directed)

B.
Full Name (Last, First, Middle Initial)
ActBlue
Mailing Address 14 Arrow St
Ste 11
City: Cambridge | State: MA | Zip Code: 02138-5106
FEC ID number of contributing federal political committee: C C00401224
Name of Employer:
Occupation:
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 252139.05

Date of Receipt: 11 / 06 / 2024
Transaction ID : AECEB62CF9437458B959
Amount of Each Receipt this Period: 10.00
☒ Memo Item
Intermediary
Total Earmarked through conduit. PAC limit not affected.

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

Date of Receipt: 11 / 17 / 2024
Transaction ID : A1131C41D4DEB4BA691C
Amount of Each Receipt this Period: 10.00
☐ Memo Item
Earmark:ActBlue (non-directed)

SUBTOTAL of Receipts This Page (optional) ▶ 20.00

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

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 11d ☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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

A.
Full Name (Last, First, Middle Initial)
ActBlue
Mailing Address 14 Arrow St
Ste 11
City: Cambridge | State: MA | Zip Code: 02138-5106
FEC ID number of contributing federal political committee: C C00401224
Name of Employer:
Occupation:
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 252139.05

Date of Receipt: 11 / 17 / 2024
Transaction ID : A5101335705044749BAF
Amount of Each Receipt this Period: 10.00
☒ Memo Item
Intermediary
Total Earmarked through conduit. PAC limit not affected.

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

Date of Receipt: 11 / 18 / 2024
Transaction ID : AA56AA709368C40579AC
Amount of Each Receipt this Period: 10.00
☐ Memo Item
Earmark:ActBlue (non-directed)

C.
Full Name (Last, First, Middle Initial)
ActBlue
Mailing Address 14 Arrow St
Ste 11
City: Cambridge | State: MA | Zip Code: 02138-5106
FEC ID number of contributing federal political committee: C C00401224
Name of Employer:
Occupation:
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 252139.05

Date of Receipt: 11 / 18 / 2024
Transaction ID : AC8B7A3F4366D438F9A9
Amount of Each Receipt this Period: 10.00
☒ Memo Item
Intermediary
Total Earmarked through conduit. PAC limit not affected.

SUBTOTAL of Receipts This Page (optional) ▶ 10.00

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

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 11d
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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

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

Date of Receipt: 11 / 20 / 2024
Transaction ID : A4C6CE681477C4CA9AAE
Amount of Each Receipt this Period: 10.00
☐ Memo Item
Earmark:ActBlue (non-directed)

B.
Full Name (Last, First, Middle Initial)
ActBlue
Mailing Address 14 Arrow St
Ste 11
City: Cambridge | State: MA | Zip Code: 02138-5106
FEC ID number of contributing federal political committee: C C00401224
Name of Employer:
Occupation:
Receipt For: 2026
☒ Primary ☐ General
☐ Other (specify) ▼
Election Cycle-to-Date ▼ 252139.05

Date of Receipt: 11 / 20 / 2024
Transaction ID : A6D18A99457EF42B186D
Amount of Each Receipt this Period: 10.00
☒ Memo Item
Intermediary
Total Earmarked through conduit. PAC limit not affected.

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

Date of Receipt: 11 / 22 / 2024
Transaction ID : A48B6E520B4564383BC2
Amount of Each Receipt this Period: 10.00
☐ Memo Item
Earmark:ActBlue (non-directed)

SUBTOTAL of Receipts This Page (optional) ▶ 20.00

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

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 11d ☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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

A.
Full Name (Last, First, Middle Initial)
ActBlue
Mailing Address 14 Arrow St
Ste 11
City: Cambridge | State: MA | Zip Code: 02138-5106
FEC ID number of contributing federal political committee: C C00401224
Name of Employer:
Occupation:
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 252139.05

Date of Receipt: 11 / 22 / 2024
Transaction ID : A4273A093C09D4A488FD
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)
Patmos, M. R., , ,
Mailing Address 3341 Gordon Street
City: Hudsonville | State: MI | Zip Code: 49426
FEC ID number of contributing federal political committee: C
Name of Employer: Not employed
Occupation: Not employed
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 242.00

Date of Receipt: 10 / 27 / 2024
Transaction ID : AC2A5860083094F539C8
Amount of Each Receipt this Period: 24.00
☐ Memo Item
Earmark:ActBlue (non-directed)

C.
Full Name (Last, First, Middle Initial)
ActBlue
Mailing Address 14 Arrow St
Ste 11
City: Cambridge | State: MA | Zip Code: 02138-5106
FEC ID number of contributing federal political committee: C C00401224
Name of Employer:
Occupation:
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 252139.05

Date of Receipt: 10 / 27 / 2024
Transaction ID : A599F74932F0E4A9FBB1
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)
Pollock, Paul, , ,
Mailing Address P.O.B. 251422
City: Los Angeles | State: CA | Zip Code: 90025
FEC ID number of contributing federal political committee: C
Name of Employer: Not employed
Occupation: Not employed
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 600.00

Date of Receipt: 10 / 17 / 2024
Transaction ID : A17B5389215874A839EB
Amount of Each Receipt this Period: 25.00
☐ Memo Item
Earmark:ActBlue (non-directed)

B.
Full Name (Last, First, Middle Initial)
ActBlue
Mailing Address 14 Arrow St
Ste 11
City: Cambridge | State: MA | Zip Code: 02138-5106
FEC ID number of contributing federal political committee: C C00401224
Name of Employer:
Occupation:
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 252139.05

Date of Receipt: 10 / 17 / 2024
Transaction ID : A73945BB9663F4461978
Amount of Each Receipt this Period: 25.00
☒ Memo Item
Intermediary
Total Earmarked through conduit. PAC limit not affected.

C.
Full Name (Last, First, Middle Initial)
Pollock, Paul, , ,
Mailing Address P.O.B. 251422
City: Los Angeles | State: CA | Zip Code: 90025
FEC ID number of contributing federal political committee: C
Name of Employer: Not employed
Occupation: Not employed
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 625.00

Date of Receipt: 11 / 17 / 2024
Transaction ID : A30B3C93EFBDD45BCA78
Amount of Each Receipt this Period: 25.00
☐ Memo Item
Earmark:ActBlue (non-directed)

SUBTOTAL of Receipts This Page (optional) ▶ 50.00

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

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 11d ☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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

A.
Full Name (Last, First, Middle Initial)
ActBlue
Mailing Address 14 Arrow St
Ste 11
City: Cambridge | State: MA | Zip Code: 02138-5106
FEC ID number of contributing federal political committee: C C00401224
Name of Employer:
Occupation:
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 252139.05

Date of Receipt: 11 / 17 / 2024
Transaction ID : AD157943C20FE4A7BB30
Amount of Each Receipt this Period: 25.00
☒ Memo Item
Intermediary
Total Earmarked through conduit. PAC limit not affected.

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

Date of Receipt: 11 / 21 / 2024
Transaction ID : A4AD4C873C1F24D9AABE
Amount of Each Receipt this Period: 20.24
☐ Memo Item
Earmark:ActBlue (non-directed)

C.
Full Name (Last, First, Middle Initial)
ActBlue
Mailing Address 14 Arrow St
Ste 11
City: Cambridge | State: MA | Zip Code: 02138-5106
FEC ID number of contributing federal political committee: C C00401224
Name of Employer:
Occupation:
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 252139.05

Date of Receipt: 11 / 21 / 2024
Transaction ID : AF573ED74036845C291B
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)
romero, c antonio, , ,
Mailing Address 337 catamaran st
City: foster city | State: CA | Zip Code: 94404
FEC ID number of contributing federal political committee: C
Name of Employer: cisco systems
Occupation: Product Manager
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 202.40

Date of Receipt: 11 / 15 / 2024
Transaction ID : A8C8E28332FB849FE82F
Amount of Each Receipt this Period: 20.24
☐ Memo Item
Earmark:ActBlue (non-directed)

B.
Full Name (Last, First, Middle Initial)
ActBlue
Mailing Address 14 Arrow St
Ste 11
City: Cambridge | State: MA | Zip Code: 02138-5106
FEC ID number of contributing federal political committee: C C00401224
Name of Employer:
Occupation:
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 252139.05

Date of Receipt: 11 / 15 / 2024
Transaction ID : A29722D0B36EB47989D5
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)
Rothstein, Loretta Cantu, , ,
Mailing Address P. O. Box 40172
City: Albuquerque | State: NM | Zip Code: 87196
FEC ID number of contributing federal political committee: C
Name of Employer: Not employed
Occupation: Not employed
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 217.24

Date of Receipt: 10 / 09 / 2024
Transaction ID : AC00AE344B4DF4DC0997
Amount of Each Receipt this Period: 24.00
☐ Memo Item
Earmark:ActBlue (non-directed)

SUBTOTAL of Receipts This Page (optional) ▶ 44.24

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

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 11d ☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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

A.
Full Name (Last, First, Middle Initial)
ActBlue
Mailing Address 14 Arrow St
Ste 11
City: Cambridge | State: MA | Zip Code: 02138-5106
FEC ID number of contributing federal political committee: C C00401224
Name of Employer:
Occupation:
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 252139.05

Date of Receipt: 10 / 09 / 2024
Transaction ID : A43E4173C03104DBCB0C
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)
Rothstein, Loretta Cantu, , ,
Mailing Address P. O. Box 40172
City: Albuquerque | State: NM | Zip Code: 87196
FEC ID number of contributing federal political committee: C
Name of Employer: Not employed
Occupation: Not employed
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 241.24

Date of Receipt: 11 / 09 / 2024
Transaction ID : AF60A725AD4854120AB8
Amount of Each Receipt this Period: 24.00
☐ Memo Item
Earmark:ActBlue (non-directed)

C.
Full Name (Last, First, Middle Initial)
ActBlue
Mailing Address 14 Arrow St
Ste 11
City: Cambridge | State: MA | Zip Code: 02138-5106
FEC ID number of contributing federal political committee: C C00401224
Name of Employer:
Occupation:
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 252139.05

Date of Receipt: 11 / 09 / 2024
Transaction ID : A307485987F844057BAB
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)
Rothstein, Loretta, , ,
Mailing Address P. O. Box 40172
City: Albuquerque | State: NM | Zip Code: 87196
FEC ID number of contributing federal political committee: C
Name of Employer: Not employed | Occupation: Not employed
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 212.24

Date of Receipt: 10 / 20 / 2024
Transaction ID : AFAC8098DCF16493FBC2
Amount of Each Receipt this Period: 24.00
☐ Memo Item
Earmark:ActBlue (non-directed)

B.
Full Name (Last, First, Middle Initial)
ActBlue
Mailing Address 14 Arrow St
Ste 11
City: Cambridge | State: MA | Zip Code: 02138-5106
FEC ID number of contributing federal political committee: C C00401224
Name of Employer: | Occupation:
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 252139.05

Date of Receipt: 10 / 20 / 2024
Transaction ID : A73D96B6D37C24A758CE
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)
Rothstein, Loretta, , ,
Mailing Address P. O. Box 40172
City: Albuquerque | State: NM | Zip Code: 87196
FEC ID number of contributing federal political committee: C
Name of Employer: Not employed | Occupation: Not employed
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 236.24

Date of Receipt: 11 / 20 / 2024
Transaction ID : A18DB6B2181B34C68BF4
Amount of Each Receipt this Period: 24.00
☐ Memo Item
Earmark:ActBlue (non-directed)

SUBTOTAL of Receipts This Page (optional) ▶ 48.00

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

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 11d ☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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

A.
Full Name (Last, First, Middle Initial)
ActBlue
Mailing Address 14 Arrow St
Ste 11
City: Cambridge | State: MA | Zip Code: 02138-5106
FEC ID number of contributing federal political committee: C C00401224
Name of Employer:
Occupation:
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 252139.05

Date of Receipt: 11 / 20 / 2024
Transaction ID : A689EC66482AB4D0B8CA
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)
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: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 354.16

Date of Receipt: 10 / 16 / 2024
Transaction ID : A871997D3D6854A3C91A
Amount of Each Receipt this Period: 20.24
☐ Memo Item
Earmark:ActBlue (non-directed)

C.
Full Name (Last, First, Middle Initial)
ActBlue
Mailing Address 14 Arrow St
Ste 11
City: Cambridge | State: MA | Zip Code: 02138-5106
FEC ID number of contributing federal political committee: C C00401224
Name of Employer:
Occupation:
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 252139.05

Date of Receipt: 10 / 16 / 2024
Transaction ID : A2F56FF2C54174AAAB73
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)
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: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 374.40

Date of Receipt: 11 / 16 / 2024
Transaction ID : A0D77FB9844954FEC8FA
Amount of Each Receipt this Period: 20.24
☐ Memo Item
Earmark:ActBlue (non-directed)

B.
Full Name (Last, First, Middle Initial)
ActBlue
Mailing Address 14 Arrow St
Ste 11
City: Cambridge | State: MA | Zip Code: 02138-5106
FEC ID number of contributing federal political committee: C C00401224
Name of Employer:
Occupation:
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 252139.05

Date of Receipt: 11 / 16 / 2024
Transaction ID : AE5880337EF7F4C9CAE6
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)
Scheuer, John, , ,
Mailing Address 199 N Broadway
City: Nyack | State: NY | Zip Code: 10960
FEC ID number of contributing federal political committee: C
Name of Employer: self
Occupation: Music
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 292.00

Date of Receipt: 10 / 19 / 2024
Transaction ID : AB1E6AC705E784B098FA
Amount of Each Receipt this Period: 24.00
☐ Memo Item
Earmark:ActBlue (non-directed)

SUBTOTAL of Receipts This Page (optional) ▶ 44.24

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

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 11d ☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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

A.
Full Name (Last, First, Middle Initial)
ActBlue
Mailing Address 14 Arrow St
Ste 11
City: Cambridge | State: MA | Zip Code: 02138-5106
FEC ID number of contributing federal political committee: C C00401224
Name of Employer:
Occupation:
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 252139.05

Date of Receipt: 10 / 19 / 2024
Transaction ID : A241ADE996605423AA07
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)
Scheuer, John, , ,
Mailing Address 199 N Broadway
City: Nyack | State: NY | Zip Code: 10960
FEC ID number of contributing federal political committee: C
Name of Employer: self
Occupation: Music
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 316.00

Date of Receipt: 11 / 19 / 2024
Transaction ID : A235B3071AB72402A831
Amount of Each Receipt this Period: 24.00
☐ Memo Item
Earmark:ActBlue (non-directed)

C.
Full Name (Last, First, Middle Initial)
ActBlue
Mailing Address 14 Arrow St
Ste 11
City: Cambridge | State: MA | Zip Code: 02138-5106
FEC ID number of contributing federal political committee: C C00401224
Name of Employer:
Occupation:
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 252139.05

Date of Receipt: 11 / 19 / 2024
Transaction ID : A7DC2171DE68C4CB8B1A
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)
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: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 360.00

Date of Receipt: 10 / 21 / 2024
Transaction ID : A0C7407EE75BA4E96BC6
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: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 252139.05

Date of Receipt: 10 / 21 / 2024
Transaction ID : AB0B075970E9E4475919
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: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 375.00

Date of Receipt: 11 / 21 / 2024
Transaction ID : AB497E5898F2242BC98F
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: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 252139.05

Date of Receipt: 11 / 21 / 2024
Transaction ID : A7C1049BD683646F4A14
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)
Sibley, Sally, , ,
Mailing Address 3604 Landon Court
City: Fairfax | State: VA | Zip Code: 22031
FEC ID number of contributing federal political committee: C
Name of Employer: Not employed
Occupation: Not employed
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 202.40

Date of Receipt: 11 / 12 / 2024
Transaction ID : ACE900AAF23C64FDE8A0
Amount of Each Receipt this Period: 20.24
☐ Memo Item
Earmark:ActBlue (non-directed)

C.
Full Name (Last, First, Middle Initial)
ActBlue
Mailing Address 14 Arrow St
Ste 11
City: Cambridge | State: MA | Zip Code: 02138-5106
FEC ID number of contributing federal political committee: C C00401224
Name of Employer:
Occupation:
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 252139.05

Date of Receipt: 11 / 12 / 2024
Transaction ID : A1A71BC79EA2C4BE5874
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)
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: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 700.00

Date of Receipt: 10 / 12 / 2024
Transaction ID : ABC0BD4F13EED4655ACA
Amount of Each Receipt this Period: 50.00
☐ Memo Item
Earmark:ActBlue (non-directed)

B.
Full Name (Last, First, Middle Initial)
ActBlue
Mailing Address 14 Arrow St
Ste 11
City: Cambridge | State: MA | Zip Code: 02138-5106
FEC ID number of contributing federal political committee: C C00401224
Name of Employer: | Occupation:
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 252139.05

Date of Receipt: 10 / 12 / 2024
Transaction ID : AA6E7CCD1FC3E4964881
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: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 750.00

Date of Receipt: 11 / 12 / 2024
Transaction ID : A9CDCADCEE9524181B2C
Amount of Each Receipt this Period: 50.00
☐ Memo Item
Earmark:ActBlue (non-directed)

SUBTOTAL of Receipts This Page (optional) ▶ 100.00

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

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 11d ☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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

A.
Full Name (Last, First, Middle Initial)
ActBlue
Mailing Address 14 Arrow St
Ste 11
City: Cambridge | State: MA | Zip Code: 02138-5106
FEC ID number of contributing federal political committee: C C00401224
Name of Employer:
Occupation:
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 252139.05

Date of Receipt: 11 / 12 / 2024
Transaction ID : AE021AB7A595442BBA64
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)
Skinne, Rita, , ,
Mailing Address 4000 Pierce Street Sp. 210
City: Riversde | State: CA | Zip Code: 92505
FEC ID number of contributing federal political committee: C
Name of Employer: Not employed
Occupation: Not employed
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 240.00

Date of Receipt: 10 / 28 / 2024
Transaction ID : A94DE4C222EBB47EF8D4
Amount of Each Receipt this Period: 10.00
☐ Memo Item
Earmark:ActBlue (non-directed)

C.
Full Name (Last, First, Middle Initial)
ActBlue
Mailing Address 14 Arrow St
Ste 11
City: Cambridge | State: MA | Zip Code: 02138-5106
FEC ID number of contributing federal political committee: C C00401224
Name of Employer:
Occupation:
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 252139.05

Date of Receipt: 10 / 28 / 2024
Transaction ID : A3244EA37164649FA9E3
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)
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: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 450.00

Date of Receipt: 10 / 16 / 2024
Transaction ID : ABA47B15961EE4BEB8CE
Amount of Each Receipt this Period: 50.00
☐ Memo Item
Earmark:ActBlue (non-directed)

B.
Full Name (Last, First, Middle Initial)
ActBlue
Mailing Address 14 Arrow St
Ste 11
City: Cambridge | State: MA | Zip Code: 02138-5106
FEC ID number of contributing federal political committee: C C00401224
Name of Employer:
Occupation:
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 252139.05

Date of Receipt: 10 / 16 / 2024
Transaction ID : A94E1B643F3C94169929
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)
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: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 500.00

Date of Receipt: 11 / 16 / 2024
Transaction ID : A4849DDDCD82D47A0881
Amount of Each Receipt this Period: 50.00
☐ Memo Item
Earmark:ActBlue (non-directed)

SUBTOTAL of Receipts This Page (optional) ▶ 100.00

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

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 11d ☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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

A.
Full Name (Last, First, Middle Initial)
ActBlue
Mailing Address 14 Arrow St
Ste 11
City: Cambridge | State: MA | Zip Code: 02138-5106
FEC ID number of contributing federal political committee: C C00401224
Name of Employer:
Occupation:
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 252139.05

Date of Receipt: 11 / 16 / 2024
Transaction ID : A9EC65B5D142F4C6B8AA
Amount of Each Receipt this Period: 50.00
☒ Memo Item
Intermediary
Total Earmarked through conduit. PAC limit not affected.

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

Date of Receipt: 10 / 01 / 2024
Transaction ID : A97328B967AFA494880D
Amount of Each Receipt this Period: 50.00
☐ Memo Item
Earmark:ActBlue (non-directed)

C.
Full Name (Last, First, Middle Initial)
ActBlue
Mailing Address 14 Arrow St
Ste 11
City: Cambridge | State: MA | Zip Code: 02138-5106
FEC ID number of contributing federal political committee: C C00401224
Name of Employer:
Occupation:
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 252139.05

Date of Receipt: 10 / 01 / 2024
Transaction ID : AD67665BE3D7A4495A9F
Amount of Each Receipt this Period: 50.00
☒ Memo Item
Intermediary
Total Earmarked through conduit. PAC limit not affected.

SUBTOTAL of Receipts This Page (optional) ▶ 50.00

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

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 11d
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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

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

Date of Receipt: 10 / 24 / 2024
Transaction ID : A4265D850E0C342ADB41
Amount of Each Receipt this Period: 50.00
☐ Memo Item
Earmark:ActBlue (non-directed)

B.
Full Name (Last, First, Middle Initial)
ActBlue
Mailing Address 14 Arrow St
Ste 11
City: Cambridge | State: MA | Zip Code: 02138-5106
FEC ID number of contributing federal political committee: C C00401224
Name of Employer:
Occupation:
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 252139.05

Date of Receipt: 10 / 24 / 2024
Transaction ID : A6B7F53296FE24888A86
Amount of Each Receipt this Period: 50.00
☒ Memo Item
Intermediary
Total Earmarked through conduit. PAC limit not affected.

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

Date of Receipt: 11 / 01 / 2024
Transaction ID : AEE13450B47174A6CA9D
Amount of Each Receipt this Period: 50.00
☐ Memo Item
Earmark:ActBlue (non-directed)

SUBTOTAL of Receipts This Page (optional) ▶ 100.00

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

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 11d ☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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

A.
Full Name (Last, First, Middle Initial)
ActBlue
Mailing Address 14 Arrow St
Ste 11
City: Cambridge | State: MA | Zip Code: 02138-5106
FEC ID number of contributing federal political committee: C C00401224
Name of Employer:
Occupation:
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 252139.05

Date of Receipt: 11 / 01 / 2024
Transaction ID : A78ECC2ADFED34CA6B90
Amount of Each Receipt this Period: 50.00
☒ Memo Item
Intermediary
Total Earmarked through conduit. PAC limit not affected.

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

Date of Receipt: 11 / 24 / 2024
Transaction ID : A49C9AD25952D463DA26
Amount of Each Receipt this Period: 50.00
☐ Memo Item
Earmark:ActBlue (non-directed)

C.
Full Name (Last, First, Middle Initial)
ActBlue
Mailing Address 14 Arrow St
Ste 11
City: Cambridge | State: MA | Zip Code: 02138-5106
FEC ID number of contributing federal political committee: C C00401224
Name of Employer:
Occupation:
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 252139.05

Date of Receipt: 11 / 24 / 2024
Transaction ID : A8D416A47455F414BBF9
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)
Subotnjicki, Silvester, , ,
Mailing Address 1608 SW 3rd Ave
City: Fort Lauderdale | State: FL | Zip Code: 33315
FEC ID number of contributing federal political committee: C
Name of Employer: Inflatable Marlin Services
Occupation: Business owner
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 400.00

Date of Receipt: 10 / 22 / 2024
Transaction ID : A32B5DCB0C2DB4E96BDD
Amount of Each Receipt this Period: 50.00
☐ Memo Item
Earmark:ActBlue (non-directed)

B.
Full Name (Last, First, Middle Initial)
ActBlue
Mailing Address 14 Arrow St
Ste 11
City: Cambridge | State: MA | Zip Code: 02138-5106
FEC ID number of contributing federal political committee: C C00401224
Name of Employer:
Occupation:
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 252139.05

Date of Receipt: 10 / 22 / 2024
Transaction ID : AEFCE0F3A8E3A4F529BE
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)
Subotnjicki, Silvester, , ,
Mailing Address 1608 SW 3rd Ave
City: Fort Lauderdale | State: FL | Zip Code: 33315
FEC ID number of contributing federal political committee: C
Name of Employer: Inflatable Marlin Services
Occupation: Business owner
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 450.00

Date of Receipt: 11 / 22 / 2024
Transaction ID : A0CCB569B17774B65ABE
Amount of Each Receipt this Period: 50.00
☐ Memo Item
Earmark:ActBlue (non-directed)

SUBTOTAL of Receipts This Page (optional) ▶ 100.00

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

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 11d ☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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

A.
Full Name (Last, First, Middle Initial)
ActBlue
Mailing Address 14 Arrow St
Ste 11
City: Cambridge | State: MA | Zip Code: 02138-5106
FEC ID number of contributing federal political committee: C C00401224
Name of Employer:
Occupation:
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 252139.05

Date of Receipt: 11 / 22 / 2024
Transaction ID : A94F4CBBDD8E44304926
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)
Taliesin, Ceridwen, , ,
Mailing Address 205 Deer Park Ave.
City: Temple Terrace | State: FL | Zip Code: 33617
FEC ID number of contributing federal political committee: C
Name of Employer: Not employed
Occupation: Not employed
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 202.40

Date of Receipt: 11 / 15 / 2024
Transaction ID : A03A77FA4C29F48E0AB1
Amount of Each Receipt this Period: 20.24
☐ Memo Item
Earmark:ActBlue (non-directed)

C.
Full Name (Last, First, Middle Initial)
ActBlue
Mailing Address 14 Arrow St
Ste 11
City: Cambridge | State: MA | Zip Code: 02138-5106
FEC ID number of contributing federal political committee: C C00401224
Name of Employer:
Occupation:
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 252139.05

Date of Receipt: 11 / 15 / 2024
Transaction ID : A958078B92F9B4D9F91D
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)
Unkert, Susan, , ,
Mailing Address 11 Hazelwood Road
City: Bloomfield | State: NJ | Zip Code: 07003
FEC ID number of contributing federal political committee: C
Name of Employer: All Paws on the Go LLC
Occupation: pet sitter
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 210.00

Date of Receipt: 11 / 08 / 2024
Transaction ID : AE63AF485D56A4B3CBFE
Amount of Each Receipt this Period: 10.00
☐ Memo Item
Earmark:ActBlue (non-directed)

B.
Full Name (Last, First, Middle Initial)
ActBlue
Mailing Address 14 Arrow St
Ste 11
City: Cambridge | State: MA | Zip Code: 02138-5106
FEC ID number of contributing federal political committee: C C00401224
Name of Employer:
Occupation:
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 252139.05

Date of Receipt: 11 / 08 / 2024
Transaction ID : AF3804E9B4E3B4CDEB10
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)
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: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 285.24

Date of Receipt: 10 / 04 / 2024
Transaction ID : AC4651F269F554D929C1
Amount of Each Receipt this Period: 10.00
☐ Memo Item
Earmark:ActBlue (non-directed)

SUBTOTAL of Receipts This Page (optional) ▶ 20.00

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

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 11d ☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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

A.
Full Name (Last, First, Middle Initial)
ActBlue
Mailing Address 14 Arrow St
Ste 11
City: Cambridge | State: MA | Zip Code: 02138-5106
FEC ID number of contributing federal political committee: C C00401224
Name of Employer:
Occupation:
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 252139.05

Date of Receipt: 10 / 04 / 2024
Transaction ID : AA31EDC4B5AFD4ACD90D
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: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 295.24

Date of Receipt: 10 / 28 / 2024
Transaction ID : A23105E13E9F94C49A2A
Amount of Each Receipt this Period: 10.00
☐ Memo Item
Earmark:ActBlue (non-directed)

C.
Full Name (Last, First, Middle Initial)
ActBlue
Mailing Address 14 Arrow St
Ste 11
City: Cambridge | State: MA | Zip Code: 02138-5106
FEC ID number of contributing federal political committee: C C00401224
Name of Employer:
Occupation:
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 252139.05

Date of Receipt: 10 / 28 / 2024
Transaction ID : A1933A2BDA1B74D10B9B
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: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 305.24

Date of Receipt: 11 / 04 / 2024
Transaction ID : AD3082B39BEFA4927ACC
Amount of Each Receipt this Period: 10.00
☐ Memo Item
Earmark:ActBlue (non-directed)

B.
Full Name (Last, First, Middle Initial)
ActBlue
Mailing Address 14 Arrow St
Ste 11
City: Cambridge | State: MA | Zip Code: 02138-5106
FEC ID number of contributing federal political committee: C C00401224
Name of Employer:
Occupation:
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 252139.05

Date of Receipt: 11 / 04 / 2024
Transaction ID : AC97032FF059A42DD8C6
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)
Wallace, Nancy, , ,
Mailing Address 630 W Santa Ana Ave
City: Fresno | State: CA | Zip Code: 93705
FEC ID number of contributing federal political committee: C
Name of Employer: Not employed
Occupation: Not employed
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 216.00

Date of Receipt: 11 / 12 / 2024
Transaction ID : A0EBB6B32AD874B45BC8
Amount of Each Receipt this Period: 24.00
☐ Memo Item
Earmark:ActBlue (non-directed)

SUBTOTAL of Receipts This Page (optional) ▶ 34.00

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

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 11d ☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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

A.
Full Name (Last, First, Middle Initial)
ActBlue
Mailing Address 14 Arrow St
Ste 11
City: Cambridge | State: MA | Zip Code: 02138-5106
FEC ID number of contributing federal political committee: C C00401224
Name of Employer:
Occupation:
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 252139.05

Date of Receipt: 11 / 12 / 2024
Transaction ID : A5E3D25393703473BBFA
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)
Wasson, John, , ,
Mailing Address 9611 Attala Road 2101
City: Ethel | State: MS | Zip Code: 39067
FEC ID number of contributing federal political committee: C
Name of Employer: Not employed
Occupation: Not employed
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 225.00

Date of Receipt: 10 / 17 / 2024
Transaction ID : A1537B96E51744EEBA44
Amount of Each Receipt this Period: 25.00
☐ Memo Item
Earmark:ActBlue (non-directed)

C.
Full Name (Last, First, Middle Initial)
ActBlue
Mailing Address 14 Arrow St
Ste 11
City: Cambridge | State: MA | Zip Code: 02138-5106
FEC ID number of contributing federal political committee: C C00401224
Name of Employer:
Occupation:
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 252139.05

Date of Receipt: 10 / 17 / 2024
Transaction ID : A4DEA68123B564103A70
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)
Wasson, John, , ,
Mailing Address 9611 Attala Road 2101
City: Ethel | State: MS | Zip Code: 39067
FEC ID number of contributing federal political committee: C
Name of Employer: Not employed
Occupation: Not employed
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 250.00

Date of Receipt: 11 / 17 / 2024
Transaction ID : A9B5F0472C94644FD823
Amount of Each Receipt this Period: 25.00
☐ Memo Item
Earmark:ActBlue (non-directed)

B.
Full Name (Last, First, Middle Initial)
ActBlue
Mailing Address 14 Arrow St
Ste 11
City: Cambridge | State: MA | Zip Code: 02138-5106
FEC ID number of contributing federal political committee: C C00401224
Name of Employer:
Occupation:
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 252139.05

Date of Receipt: 11 / 17 / 2024
Transaction ID : AEC17E839B0BC4B72BD5
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)
Williamson, Mary, , ,
Mailing Address PO Box 1232
City: Tabernash | State: CO | Zip Code: 80478
FEC ID number of contributing federal political committee: C
Name of Employer: Not employed
Occupation: Not employed
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 216.00

Date of Receipt: 11 / 21 / 2024
Transaction ID : AEC6629D106F0456DBB1
Amount of Each Receipt this Period: 24.00
☐ Memo Item
Earmark:ActBlue (non-directed)

SUBTOTAL of Receipts This Page (optional) ▶ 49.00

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

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 11d ☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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

A.
Full Name (Last, First, Middle Initial)
ActBlue
Mailing Address 14 Arrow St
Ste 11
City: Cambridge | State: MA | Zip Code: 02138-5106
FEC ID number of contributing federal political committee: C C00401224
Name of Employer:
Occupation:
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 252139.05

Date of Receipt: 11 / 21 / 2024
Transaction ID : A44218CDC17AE47B880C
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)
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: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 324.00

Date of Receipt: 10 / 29 / 2024
Transaction ID : A7080821D79A740FD9C2
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: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 252139.05

Date of Receipt: 10 / 29 / 2024
Transaction ID : A1915370E97D34A7FADF
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) ▶ 5110.40

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
☐ 11a ☐ 11b ☐ 11c ☐ 11d
☐ 12 ☒ 13a ☐ 13b ☐ 14 ☐ 15

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

A.
Full Name (Last, First, Middle Initial): Grayson, Alan Mark, , ,
Mailing Address: 870 N Miramar Ave, Box 242
City: Indialantic | State: FL | Zip Code: 32903-3054
FEC ID number of contributing federal political committee: C S2FL00581
Name of Employer: Self | Occupation: Candidate
Receipt For: 2026 ☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 516797.31

Date of Receipt: 10 / 31 / 2024
Transaction ID : AFCF8D804721240DD892
Amount of Each Receipt this Period: 15568.60
☐ Memo Item
Loan made from personal funds

B.
Full Name (Last, First, Middle Initial): Grayson, Alan Mark, , ,
Mailing Address: 870 N Miramar Ave, Box 242
City: Indialantic | State: FL | Zip Code: 32903-3054
FEC ID number of contributing federal political committee: C S2FL00581
Name of Employer: Self | Occupation: Candidate
Receipt For: 2026 ☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 525107.50

Date of Receipt: 11 / 25 / 2024
Transaction ID : A4D13B11598214F73B40
Amount of Each Receipt this Period: 8310.19
☐ Memo Item
Loan made from personal funds

C.
Full Name (Last, First, Middle Initial):
Mailing Address:
City | State | Zip Code
FEC ID number of contributing federal political committee: C
Name of Employer | Occupation
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date:

Date of Receipt: M M / D D / Y Y Y Y
Amount of Each Receipt this Period:
☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 23878.79

TOTAL This Period (last page this line number only) ▶ 23878.79

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

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

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

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

Mailing Address 14 Arrow St
Ste 11

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

Purpose of Disbursement: Bankcard processing fees

Category/Type: 003

Candidate Name: ActBlue

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

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

Date of Disbursement: 11 / 25 / 2024

FEC Identification Number: C C00401224

Amount of Each Disbursement this Period: 373.11

Transaction ID : B59404743199C4149AE6

☐ Memo Item

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

Mailing Address PO Box 1666

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

Purpose of Disbursement: cc interest

Category/Type: 001

Candidate Name:

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

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

Date of Disbursement: 10 / 08 / 2024

FEC Identification Number: C

Amount of Each Disbursement this Period: 193.39

Transaction ID : B0BD151CB25EA4698A63

☐ 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: 10 / 08 / 2024

FEC Identification Number: C

Amount of Each Disbursement this Period: 228.61

Transaction ID : B8F8AD17D6F21426FB2E

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 795.11

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

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

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

A. Full Name (Last, First, Middle Initial)
Alliant Visa

Mailing Address PO Box 1666

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

Purpose of Disbursement: cc interest

Category/Type: 001

Candidate Name

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

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

Date of Disbursement: 11 / 08 / 2024

FEC Identification Number: C

Amount of Each Disbursement this Period: 184.44

Transaction ID : B0F494B2F52D7497885B

☐ 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: 11 / 08 / 2024

FEC Identification Number: C

Amount of Each Disbursement this Period: 230.56

Transaction ID : B98B48019C90B48A5850

☐ Memo Item

C. Full Name (Last, First, Middle Initial)
American Express Blue Bus+

Mailing Address PO Box 650448

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

Purpose of Disbursement: Credit card 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: 10 / 10 / 2024

FEC Identification Number: C

Amount of Each Disbursement this Period: 142.95

Transaction ID : BC6C736F8E2504463888

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 557.95

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: 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: 10 / 03 / 2024
FEC Identification Number: C
Amount of Each Disbursement this Period: 319.00
Transaction ID : B7AD981B774F542538D3
☐ Memo Item

B. 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
State: District:
Disbursement For: 2024 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 10 / 03 / 2024
FEC Identification Number: C
Amount of Each Disbursement this Period: 319.00
Transaction ID : BE2651B06D34C48D38E9
☒ 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: 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: 11 / 03 / 2024
FEC Identification Number: C
Amount of Each Disbursement this Period: 319.00
Transaction ID : B5D61B3DAAD1644009EB
☐ Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 638.00

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

Image# 202412059739603459

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)
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
State: District:

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

Date of Disbursement: 11 / 03 / 2024

FEC Identification Number: C

Amount of Each Disbursement this Period: 319.00

Transaction ID : B995E50208C5640B28B3

☒ 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: 10 / 08 / 2024

FEC Identification Number: C

Amount of Each Disbursement this Period: 365.70

Transaction ID : B97709773B68343FBB4E

☐ 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: GSuite apps

Category/Type: 001

Candidate Name

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

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

Date of Disbursement: 10 / 08 / 2024

FEC Identification Number: C

Amount of Each Disbursement this Period: 14.40

Transaction ID : BFD925A1DA65A46169A1

☒ Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 365.70

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)
Public Storage

Mailing Address 1510 Spring Hill Road

City: Mc Lean | State: VA | Zip Code: 22102-3011

Purpose of Disbursement: Storage Expense

Category/Type: 001

Candidate Name

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

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

Date of Disbursement: 10 / 08 / 2024

FEC Identification Number: C

Amount of Each Disbursement this Period: 351.30

Transaction ID : BD62837958F3D45DABCC

☒ Memo Item

B. Full Name (Last, First, Middle Initial)
American Express Gold 2

Mailing Address PO Box 650448

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

Purpose of Disbursement: CC interest

Category/Type: 001

Candidate Name

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

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

Date of Disbursement: 10 / 04 / 2024

FEC Identification Number: C

Amount of Each Disbursement this Period: 576.28

Transaction ID : B067C1473ABAA4A40BC4

☐ Memo Item

C. Full Name (Last, First, Middle Initial)
American Express Gold 2

Mailing Address PO Box 650448

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

Purpose of Disbursement: DIgital advertising

Category/Type: 004

Candidate Name

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

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

Date of Disbursement: 10 / 04 / 2024

FEC Identification Number: C

Amount of Each Disbursement this Period: 247.72

Transaction ID : BEF06E15F93EE4D838C3

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 824.00

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

Image# 202412059739603461

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
Category/Type: 001
Candidate Name:
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: 2024 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 10 / 06 / 2024
FEC Identification Number: C
Amount of Each Disbursement this Period: 310.85
Transaction ID : BF436E58A444A4CF7B41
☐ Memo Item

B.
Full Name (Last, First, Middle Initial)
Faenero, Unipessoal LDA
Mailing Address
City | State | Zip Code
Purpose of Disbursement: Online marketing
Category/Type: 004
Candidate Name:
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: 2024 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 10 / 06 / 2024
FEC Identification Number: C
Amount of Each Disbursement this Period: 304.40
Transaction ID : BE75E57DBB1D041C0BA9
☒ 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: 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: 10 / 10 / 2024
FEC Identification Number: C
Amount of Each Disbursement this Period: 121.97
Transaction ID : B6D402497AEE041C7A27
☐ Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 432.82

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

Image# 202412059739603462

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: Print media
Category/Type: 004
Candidate Name
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: 2022 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 10 / 10 / 2024
FEC Identification Number: C
Amount of Each Disbursement this Period: 50.03
Transaction ID : BF838911187E44069AB9
☐ 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
Category/Type: 001
Candidate Name
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: 2024 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 11 / 10 / 2024
FEC Identification Number: C
Amount of Each Disbursement this Period: 82.50
Transaction ID : B0E4FB91F058943CD9E3
☐ 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: 11 / 10 / 2024
FEC Identification Number: C
Amount of Each Disbursement this Period: 49.50
Transaction ID : BA7FD6D3B1616486093D
☐ Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 182.03

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

Image# 202412059739603463

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

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

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

A.
Full Name (Last, First, Middle Initial)
Bank of America Flying Blue
Mailing Address PO Box 660710
City: Dallas | State: TX | Zip Code: 75266-0710
Purpose of Disbursement: CC Interest
Category/Type: 001
Candidate Name
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: 2024
☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 10 / 18 / 2024
FEC Identification Number: C
Amount of Each Disbursement this Period: 529.43
Transaction ID : B9FE9FAB3952E4633978
☐ 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: 10 / 18 / 2024
FEC Identification Number: C
Amount of Each Disbursement this Period: 293.57
Transaction ID : BE8D9BEE6B08F4D0FA98
☐ Memo Item

C.
Full Name (Last, First, Middle Initial)
Bank of America Flying Blue
Mailing Address PO Box 660710
City: Dallas | State: TX | Zip Code: 75266-0710
Purpose of Disbursement: CC Interest
Category/Type: 001
Candidate Name
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: 2024
☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 11 / 18 / 2024
FEC Identification Number: C
Amount of Each Disbursement this Period: 494.99
Transaction ID : B6CD9E016B73F4BDE8D7
☐ Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 1317.99

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

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

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

A.
Full Name (Last, First, Middle Initial)
Bank of America Flying Blue
Mailing Address PO Box 660710
City: Dallas | State: TX | Zip Code: 75266-0710
Purpose of Disbursement: Outdoor advertising
Category/Type: 001
Candidate Name
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: 2022
☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 11 / 18 / 2024
FEC Identification Number: C
Amount of Each Disbursement this Period: 280.01
Transaction ID : B5A4115A105F04922B66
☐ 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: Credit card interest
Category/Type: 001
Candidate Name
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: 2024
☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 10 / 19 / 2024
FEC Identification Number: C
Amount of Each Disbursement this Period: 320.99
Transaction ID : BCF924D1EEC23446D809
☐ Memo Item

C.
Full Name (Last, First, Middle Initial)
Bank Of America Free Spirit
Mailing Address PO Box 851001
City: Dallas | State: TX | Zip Code: 75285-1001
Purpose of Disbursement: Billboards
Category/Type: 001
Candidate Name
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: 2022
☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 10 / 19 / 2024
FEC Identification Number: C
Amount of Each Disbursement this Period: 178.01
Transaction ID : B644F61A0A4C24A66A19
☐ Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 779.01

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
Category/Type: 001
Candidate Name
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: 2024
☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 11 / 18 / 2024
FEC Identification Number: C
Amount of Each Disbursement this Period: 300.46
Transaction ID : B24D3C5D2B88C442C8E6
☐ Memo Item

B.
Full Name (Last, First, Middle Initial)
Bank Of America Free Spirit
Mailing Address PO Box 851001
City: Dallas | State: TX | Zip Code: 75285-1001
Purpose of Disbursement: Billboards
Category/Type: 001
Candidate Name
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: 2022
☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 11 / 18 / 2024
FEC Identification Number: C
Amount of Each Disbursement this Period: 176.54
Transaction ID : BE85399A25BFA46039DB
☐ Memo Item

C.
Full Name (Last, First, Middle Initial)
BofA Virgin Atlantic
Mailing Address PO Box 660710
City: Dallas | State: TX | Zip Code: 75266-3240
Purpose of Disbursement: CC Interest
Category/Type: 001
Candidate Name
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: 2024
☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 10 / 10 / 2024
FEC Identification Number: C
Amount of Each Disbursement this Period: 264.16
Transaction ID : B6F62AAFEE3C24DD981A
☐ Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 741.16

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: 10 / 10 / 2024
FEC Identification Number: C
Amount of Each Disbursement this Period: 171.84
Transaction ID : B5C91716BB11F403CAE4
☐ Memo Item

B.
Full Name (Last, First, Middle Initial)
BofA Virgin Atlantic
Mailing Address PO Box 660710
City: Dallas | State: TX | Zip Code: 75266-3240
Purpose of Disbursement: CC Interest expense
Category/Type: 001
Candidate Name
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: 2024
☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 11 / 10 / 2024
FEC Identification Number: C
Amount of Each Disbursement this Period: 285.00
Transaction ID : B23C09F69AF9946598BD
☐ 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: 11 / 10 / 2024
FEC Identification Number: C
Amount of Each Disbursement this Period: 171.00
Transaction ID : B18994878177B4F76BE4
☐ Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 627.84

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

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

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

A.
Full Name (Last, First, Middle Initial)
British Airways Chase
Mailing Address PO Box 6294
City: Carol Stream | State: IL | Zip Code: 60197-6294
Purpose of Disbursement: CC Interest
Category/Type: 001
Candidate Name:
Office Sought: ☐ House ☐ Senate ☐ President
Disbursement For: 2024 ☒ Primary ☐ General ☐ Other (specify)
State: District:
Date of Disbursement: 10 / 08 / 2024
FEC Identification Number: C
Amount of Each Disbursement this Period: 951.27
Transaction ID : B7D266408B29D4F8F832
☐ 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: 10 / 08 / 2024
FEC Identification Number: C
Amount of Each Disbursement this Period: 557.73
Transaction ID : BC113823ECEF8442A80F
☐ Memo Item

C.
Full Name (Last, First, Middle Initial)
British Airways Chase
Mailing Address PO Box 6294
City: Carol Stream | State: IL | Zip Code: 60197-6294
Purpose of Disbursement: CC Interest
Category/Type: 001
Candidate Name:
Office Sought: ☐ House ☐ Senate ☐ President
Disbursement For: 2024 ☒ Primary ☐ General ☐ Other (specify)
State: District:
Date of Disbursement: 11 / 08 / 2024
FEC Identification Number: C
Amount of Each Disbursement this Period: 912.92
Transaction ID : BA6C1975274184C7099B
☐ Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 2421.92

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

Image# 202412059739603468

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: 11 / 08 / 2024

FEC Identification Number: C

Amount of Each Disbursement this Period: 527.08

Transaction ID : B89D7DF49859D4D3F9D7

☐ 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: Compliance Software

Category/ Type: 004

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

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

Date of Disbursement: 10 / 02 / 2024

FEC Identification Number: C

Amount of Each Disbursement this Period: 5400.00

Transaction ID : B0723774068F2464F8CC

☐ Memo Item

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

Mailing Address 205 Pennsylvania Ave, SE

City: Washington | State: DC | Zip Code: 20003-1164

Purpose of Disbursement: Compliance software

Category/ Type: 001

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

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

Date of Disbursement: 10 / 02 / 2024

FEC Identification Number: C

Amount of Each Disbursement this Period: 5400.00

Transaction ID : BF008DF527E5C4349A3A

☒ Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 5927.08

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

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

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

A.
Full Name (Last, First, Middle Initial)
Chase Amazon Visa
Mailing Address PO Box 6294
City: Carol Stream | State: IL | Zip Code: 60197-6294
Purpose of Disbursement: CC Interest
Category/Type: 001
Candidate Name
Office Sought: ☐ House ☐ Senate ☐ President
Disbursement For: 2024 ☒ Primary ☐ General ☐ Other (specify)
State: District:
Date of Disbursement: 10 / 16 / 2024
FEC Identification Number: C
Amount of Each Disbursement this Period: 529.83
Transaction ID : B558A97B7382246CDB25
☐ Memo Item

B.
Full Name (Last, First, Middle Initial)
Chase Amazon Visa
Mailing Address PO Box 6294
City: Carol Stream | State: IL | Zip Code: 60197-6294
Purpose of Disbursement: Outdoor advertising
Category/Type: 001
Candidate Name
Office Sought: ☐ House ☐ Senate ☐ President
Disbursement For: 2022 ☒ Primary ☐ General ☐ Other (specify)
State: District:
Date of Disbursement: 10 / 16 / 2024
FEC Identification Number: C
Amount of Each Disbursement this Period: 315.17
Transaction ID : BD89CD1991F624026A25
☐ Memo Item

C.
Full Name (Last, First, Middle Initial)
Chase Amazon Visa
Mailing Address PO Box 6294
City: Carol Stream | State: IL | Zip Code: 60197-6294
Purpose of Disbursement: CC Interest
Category/Type: 001
Candidate Name
Office Sought: ☐ House ☐ Senate ☐ President
Disbursement For: 2024 ☒ Primary ☐ General ☐ Other (specify)
State: District:
Date of Disbursement: 11 / 15 / 2024
FEC Identification Number: C
Amount of Each Disbursement this Period: 495.42
Transaction ID : B438A5E31C6BF47729EC
☐ Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 1340.42

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)
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: 11 / 15 / 2024

FEC Identification Number: C

Amount of Each Disbursement this Period: 332.58

Transaction ID : B9015A9E19573426A8EF

☐ 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 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

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: 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

SUBTOTAL of Disbursements This Page (optional) ▶ 332.58

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

Image# 202412059739603471

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: 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

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: 10 / 28 / 2024
FEC Identification Number: C
Amount of Each Disbursement this Period: 101.45
Transaction ID : B1C7EB810A1884F6CABB
☐ Memo Item

C.
Full Name (Last, First, Middle Initial)
Citi Bank Double Cash
Mailing Address PO Box 6062
City: Sioux Falls | State: SD | Zip Code: 57117-6062
Purpose of Disbursement: CC Interest
Category/Type: 001
Candidate Name:
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: 2024 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 10 / 10 / 2024
FEC Identification Number: C
Amount of Each Disbursement this Period: 609.02
Transaction ID : B4E540085FBFD4121A85
☐ Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 710.47

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: 10 / 10 / 2024

FEC Identification Number: C

Amount of Each Disbursement this Period: 343.00

Transaction ID : B79352902D5ED4BA1880

☐ Memo Item

B. Full Name (Last, First, Middle Initial)
Citi Bank Double Cash

Mailing Address PO Box 6062

City: Sioux Falls | State: SD | Zip Code: 57117-6062

Purpose of Disbursement: CC Interest expense

Category/Type: 001

Candidate Name

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

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

Date of Disbursement: 11 / 10 / 2024

FEC Identification Number: C

Amount of Each Disbursement this Period: 600.47

Transaction ID : B066BDBD7A481452B8C7

☐ 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: 11 / 10 / 2024

FEC Identification Number: C

Amount of Each Disbursement this Period: 340.00

Transaction ID : B31903DE374BB4B80B91

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 1283.47

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: 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: 10 / 22 / 2024

FEC Identification Number: C

Amount of Each Disbursement this Period: 651.08

Transaction ID : BE66C2F73C8554239966

☐ 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: Increase in balance - Fees and interest

Category/Type:

Candidate Name

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

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

Date of Disbursement: 10 / 22 / 2024

FEC Identification Number: C

Amount of Each Disbursement this Period: – 281.92

Transaction ID : B7D3801FDBA5A40F3897

☐ 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: 11 / 22 / 2024

FEC Identification Number: C

Amount of Each Disbursement this Period: 429.72

Transaction ID : B62405336DA654996A2B

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 798.88

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: 11 / 22 / 2024

FEC Identification Number: C

Amount of Each Disbursement this Period: 211.00

Transaction ID : B2C1EA6131FA1473AAA9

☐ 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: Credit card interest expense

Category/Type: 001

Candidate Name

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

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

Date of Disbursement: 10 / 11 / 2024

FEC Identification Number: C

Amount of Each Disbursement this Period: 536.06

Transaction ID : B65DBC1CBB0A3447885B

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 747.06

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: 10 / 11 / 2024

FEC Identification Number: C

Amount of Each Disbursement this Period: 341.94

Transaction ID : B16E65CBCD3894FA89B6

☐ 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: Interest expense

Category/Type: 001

Candidate Name

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

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

Date of Disbursement: 11 / 11 / 2024

FEC Identification Number: C

Amount of Each Disbursement this Period: 525.07

Transaction ID : B6A54F1B227EB4A6E90B

☐ 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: 11 / 11 / 2024

FEC Identification Number: C

Amount of Each Disbursement this Period: 326.93

Transaction ID : B2A548B78EEF74A0A82F

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 1193.94

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. 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

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

State: District:

Date of Disbursement: 05 / 31 / 2024

FEC Identification Number: C

Amount of Each Disbursement this Period: 17099.99

Transaction ID : BFADA85467CEE4F9C835

☒ Memo Item

B. 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 interest

Category/Type: 001

Candidate Name

Office Sought: ☐ House ☐ Senate ☐ President

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

State: District:

Date of Disbursement: 10 / 28 / 2024

FEC Identification Number: C

Amount of Each Disbursement this Period: 203.31

Transaction ID : BB82BEFA46BF84A0A9D7

☐ 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: Digital advertising

Category/Type:

Candidate Name

Office Sought: ☐ House ☐ Senate ☐ President

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

State: District:

Date of Disbursement: 10 / 28 / 2024

FEC Identification Number: C

Amount of Each Disbursement this Period: 91.69

Transaction ID : BDE3AF41C84FE4A03A53

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 295.00

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)
USAlliance Visa

Mailing Address PO Box 4517

City: Carol Stream | State: IL | Zip Code: 60197-4517

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: 10 / 23 / 2024

FEC Identification Number: C

Amount of Each Disbursement this Period: 327.44

Transaction ID : BABEBFE5350E44A9B93C

☐ 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: Outdoor advertising

Category/Type: 001

Candidate Name

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

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

Date of Disbursement: 10 / 23 / 2024

FEC Identification Number: C

Amount of Each Disbursement this Period: 128.56

Transaction ID : BED9228078BCB42FDA3B

☐ 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: 11 / 22 / 2024

FEC Identification Number: C

Amount of Each Disbursement this Period: 336.63

Transaction ID : B5235FB712CB54F1086F

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 792.63

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

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

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

A.
Full Name (Last, First, Middle Initial)
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: 11 / 22 / 2024
FEC Identification Number: C
Amount of Each Disbursement this Period: 116.37
Transaction ID : B399E17D4A1DE4B788E6
☐ Memo Item

B.
Full Name (Last, First, Middle Initial)
Mailing Address
City | State | Zip Code
Purpose of Disbursement
Category/Type
Candidate Name
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: ☐ Primary ☐ General ☐ Other (specify)
Date of Disbursement: M M / D D / Y Y Y Y
FEC Identification Number: C
Amount of Each Disbursement this Period
☐ Memo Item

C.
Full Name (Last, First, Middle Initial)
Mailing Address
City | State | Zip Code
Purpose of Disbursement
Category/Type
Candidate Name
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: ☐ Primary ☐ General ☐ Other (specify)
Date of Disbursement: M M / D D / Y Y Y Y
FEC Identification Number: C
Amount of Each Disbursement this Period
☐ Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 116.37

TOTAL This Period (last page this line number only) ▶ 23221.43

Image# 202412059739603479

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the 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	1345.23	– 1016.23

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 / 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) ▶	– 1016.23
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# 202412059739603480

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the 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# 202412059739603481

SCHEDULE C (FEC Form 3)
LOANS

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

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

NAME OF COMMITTEE (In Full)

Committee to Elect Alan Grayson

Transaction ID : CA9E8A74C30A546FF835

LOAN SOURCE Full Name (Last, First, Middle Initial)

Grayson, Alan Mark, , ,

- [ ] Memo Item

Election: 2022
- [X] Primary
- [ ] General
- [ ] Other (specify) ▼

Mailing Address
870 N Miramar Ave
Box 242

City	State	ZIP Code
Indialantic	FL	32903-3054

- [X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
2715.00	0.00	2715.00

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
11/27/2022	None	12.00 % (apr)	[ ] Yes [X] No

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

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

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

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

4. Full 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.

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the 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

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
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 ☒ No

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

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

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

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

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

SUBTOTALS This Period This Page (optional) ▶	515.00
TOTALS This Period (last page in this line only) ▶	

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

SCHEDULE C (FEC Form 3)
LOANS

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

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

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

Transaction ID : CB27F73EA11D1482980A

LOAN SOURCE Full Name (Last, First, Middle Initial)
Grayson, Alan Mark, , ,

- [ ] Memo Item

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

Mailing Address
870 N Miramar Ave
Box 242

City	State	ZIP Code
Indialantic	FL	32903-3054

- [X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
551.00	0.00	551.00

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
12/19/2023	None	12.00 % (apr)	[ ] Yes [X] No

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

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

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

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

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

SUBTOTALS This Period This Page (optional) ▶	551.00
TOTALS This Period (last page in this line only) ▶	

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

Image# 202412059739603484

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the 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# 202412059739603485

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the 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 (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	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.

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the 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# 202412059739603487

SCHEDULE C (FEC Form 3)
LOANS

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

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

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

Transaction ID : C94B280A7778C42F094B

LOAN SOURCE Full Name (Last, First, Middle Initial)
Grayson, Alan Mark, , ,

[ ] Memo Item

Mailing Address
870 N Miramar Ave
Box 242

City: 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# 202412059739603488

SCHEDULE C (FEC Form 3)
LOANS

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

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

NAME OF COMMITTEE (In Full)

Committee to Elect Alan Grayson

Transaction ID : C365D5A3C91754187B53

LOAN SOURCE Full Name (Last, First, Middle Initial)

Grayson, Alan Mark, , ,

[ ] Memo Item

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

Mailing Address
870 N Miramar Ave
Box 242

City	State	ZIP Code
Indialantic	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	0.00	329.00

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
09/26/2023	None	12.00 % (apr)	[ ] Yes [X] No

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

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

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

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

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

SUBTOTALS This Period This Page (optional) ▶	329.00
TOTALS This Period (last page in this line only) ▶	

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

Image# 202412059739603489

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the 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

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

Mailing Address
870 N Miramar Ave
Box 242

City	State	ZIP Code
Indialantic	FL	32903-3054

- [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# 202412059739603490

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the 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

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
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 ☒ No

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

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

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

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

4. Full 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# 202412059739603491

SCHEDULE C (FEC Form 3)
LOANS

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

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

NAME OF COMMITTEE (In Full)

Committee to Elect Alan Grayson

Transaction ID : C8A5E109E4D9448FAB68

LOAN SOURCE Full Name (Last, First, Middle Initial)

Grayson, Alan Mark, , ,

- [ ] Memo Item

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

Mailing Address
870 N Miramar Ave
Box 242

City	State	ZIP Code
Indialantic	FL	32903-3054

- [X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
488.00	0.00	488.00

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
09/23/2023	None	12.00 % (apr)	[ ] Yes [X] No

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

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

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

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

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

SUBTOTALS This Period This Page (optional) ▶	488.00
TOTALS This Period (last page in this line only) ▶	

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

Image# 202412059739603492

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the 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: 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
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# 202412059739603493

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the 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# 202412059739603494

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the 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# 202412059739603495

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the 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# 202412059739603496

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the 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# 202412059739603497

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the 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# 202412059739603498

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 : CFD0E16CF535E4237870

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
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 ☒ No

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

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

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

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

4. Full 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# 202412059739603499

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the 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 ☒ No

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

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

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

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

4. Full 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# 202412059739603500

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the 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# 202412059739603501

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the 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

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

Mailing Address
870 N Miramar Ave
Box 242

City	State	ZIP Code
Indialantic	FL	32903-3054

- [X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
501.00	0.00	501.00

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
04/23/2023	None	12.00 % (apr)	[ ] Yes [X] No

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

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

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

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

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

SUBTOTALS This Period This Page (optional) ▶	501.00
TOTALS This Period (last page in this line only) ▶	

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

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the 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	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:
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# 202412059739603503

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the 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	7500.00	242500.00

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) ▶	242500.00
TOTALS This Period (last page in this line only) ▶	

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

Image# 202412059739603504

SCHEDULE C (FEC Form 3)
LOANS

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

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

NAME OF COMMITTEE (In Full)

Committee to Elect Alan Grayson

Transaction ID : C8F9E3A1011424CFB84A

LOAN SOURCE Full Name (Last, First, Middle Initial)

Grayson, Alan Mark, , ,

- [ ] Memo Item

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

Mailing Address
870 N Miramar Ave
Box 242

City	State	ZIP Code
Indialantic	FL	32903-3054

- [X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
510.00	0.00	510.00

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
01/24/2023	None	12.00 % (apr)	[ ] Yes [X] No

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

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

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

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

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

SUBTOTALS This Period This Page (optional) ▶	510.00
TOTALS This Period (last page in this line only) ▶	

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

Image# 202412059739603505

SCHEDULE C (FEC Form 3)
LOANS

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

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

NAME OF COMMITTEE (In Full)

Committee to Elect Alan Grayson

Transaction ID : CD230EDB9C8CB40EB833

LOAN SOURCE Full Name (Last, First, Middle Initial)

Grayson, Alan Mark, , ,

- [ ] Memo Item

Election: 2022
- [X] Primary
- [ ] General
- [ ] Other (specify) ▼

Mailing Address
870 N Miramar Ave
Box 242

City	State	ZIP Code
Indialantic	FL	32903-3054

- [X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
305.00	0.00	305.00

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
11/28/2022	None	12.00 % (apr)	[ ] Yes [X] No

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

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

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

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

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

SUBTOTALS This Period This Page (optional) ▶	305.00
TOTALS This Period (last page in this line only) ▶	

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

Image# 202412059739603506

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the 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# 202412059739603507

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the 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 ☒ No

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

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

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

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

4. Full 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.

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the 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# 202412059739603509

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the 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# 202412059739603510

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 : CC8CCAF600699480F865

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
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 ☒ No

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

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

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

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

4. Full 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# 202412059739603511

SCHEDULE C (FEC Form 3)
LOANS

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

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

NAME OF COMMITTEE (In Full)

Committee to Elect Alan Grayson

Transaction ID : C2F8BAC7014F04284B25

LOAN SOURCE Full Name (Last, First, Middle Initial)

Grayson, Alan Mark, , ,

- [ ] Memo Item

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

Mailing Address
870 N Miramar Ave
Box 242

City	State	ZIP Code
Indialantic	FL	32903-3054

- [X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
837.00	0.00	837.00

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
02/10/2023	None	12.00 % (apr)	[ ] Yes [X] No

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

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

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

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

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

SUBTOTALS This Period This Page (optional) ▶	837.00
TOTALS This Period (last page in this line only) ▶	

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

Image# 202412059739603512

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the 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 (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:
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# 202412059739603513

SCHEDULE C (FEC Form 3)
LOANS

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

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

NAME OF COMMITTEE (In Full)

Committee to Elect Alan Grayson

Transaction ID : C892D4648D36949E5A4F

LOAN SOURCE Full Name (Last, First, Middle Initial)

Grayson, Alan Mark, , ,

- [ ] Memo Item

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

Mailing Address
870 N Miramar Ave
Box 242

City	State	ZIP Code
Indialantic	FL	32903-3054

- [X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
829.00	0.00	829.00

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
03/11/2023	None	12.00 % (apr)	[ ] Yes [X] No

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

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

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

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

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

SUBTOTALS This Period This Page (optional) ▶	829.00
TOTALS This Period (last page in this line only) ▶	

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

Image# 202412059739603514

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the 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# 202412059739603515

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the 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 [X] No

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

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

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

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

4. Full 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# 202412059739603516

SCHEDULE C (FEC Form 3)
LOANS

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

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

NAME OF COMMITTEE (In Full)

Committee to Elect Alan Grayson

Transaction ID : C851B413DBE174AFFA35

LOAN SOURCE Full Name (Last, First, Middle Initial)

Grayson, Alan Mark, , ,

- [ ] Memo Item

Election: 2006
- [X] Primary
- [ ] General
- [ ] Other (specify) ▼

Mailing Address
870 N Miramar Ave
Box 242

City	State	ZIP Code
Indialantic	FL	32903-3054

- [X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
25000.00	0.00	25000.00

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
09/07/2006	None	12.00 % (apr)	[ ] Yes [X] No

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

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

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

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

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

SUBTOTALS This Period This Page (optional) ▶	25000.00
TOTALS This Period (last page in this line only) ▶	

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

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the 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: 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
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# 202412059739603518

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the 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	0.00	1171.00

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
11/23/2022	None	12.00 % (apr)	[ ] Yes [X] No

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

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

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

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

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

SUBTOTALS This Period This Page (optional) ▶	1171.00
TOTALS This Period (last page in this line only) ▶	

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

Image# 202412059739603519

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the 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# 202412059739603520

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the 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# 202412059739603521

SCHEDULE C (FEC Form 3)
LOANS

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

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

NAME OF COMMITTEE (In Full)

Committee to Elect Alan Grayson

Transaction ID : C74F62F5BE1BB4AD09FD

LOAN SOURCE Full Name (Last, First, Middle Initial)

Grayson, Alan Mark, , ,

☐ Memo Item

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

Mailing Address
870 N Miramar Ave
Box 242

City	State	ZIP Code
Indialantic	FL	32903-3054

[X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
530.00	0.00	530.00

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
08/08/2023	None	12.00 % (apr)	☐ Yes ☒ No

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

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

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

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

4. Full 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# 202412059739603522

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the 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# 202412059739603523

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 : CE4CF7F77B73D4924872

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
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 ☒ No

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

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

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

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

4. Full 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# 202412059739603524

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the 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	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
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# 202412059739603525

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the 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# 202412059739603526

SCHEDULE C (FEC Form 3)
LOANS

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

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

NAME OF COMMITTEE (In Full)

Committee to Elect Alan Grayson

Transaction ID : C259D42E27E214FA0A51

LOAN SOURCE Full Name (Last, First, Middle Initial)

Grayson, Alan Mark, , ,

- [ ] Memo Item

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

Mailing Address
870 N Miramar Ave
Box 242

City	State	ZIP Code
Indialantic	FL	32903-3054

- [X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
943.41	0.00	943.41

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
01/22/2023	None	12.00 % (apr)	[ ] Yes [X] No

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

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

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

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

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

SUBTOTALS This Period This Page (optional) ▶	943.41
TOTALS This Period (last page in this line only) ▶	

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

Image# 202412059739603527

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the 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# 202412059739603528

SCHEDULE C (FEC Form 3)
LOANS

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

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

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

Transaction ID : C99F7EF059B274BB99D5

LOAN SOURCE Full Name (Last, First, Middle Initial)
Grayson, Alan Mark, , ,

- [ ] Memo Item

Election: 2020
- [X] Primary
- [ ] General
- [ ] Other (specify) ▼

Mailing Address
870 N Miramar Ave
Box 242

City	State	ZIP Code
Indialantic	FL	32903-3054

- [X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
100.00	0.00	100.00

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
10/02/2019	None	12.00 % (apr)	[ ] Yes [X] No

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

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

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

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

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

SUBTOTALS This Period This Page (optional) ▶	100.00
TOTALS This Period (last page in this line only) ▶	

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

Image# 202412059739603529

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the 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.

Image# 202412059739603530

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the 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# 202412059739603531

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the 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# 202412059739603532

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the 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# 202412059739603533

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the 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# 202412059739603534

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 : C1C9AA64AFEF647578DE

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
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 ☒ No

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

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

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

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

4. Full 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# 202412059739603535

SCHEDULE C (FEC Form 3)
LOANS

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

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

NAME OF COMMITTEE (In Full)

Committee to Elect Alan Grayson

Transaction ID : C51B09747CDAE45A5BE9

LOAN SOURCE Full Name (Last, First, Middle Initial)

Grayson, Alan Mark, , ,

- [ ] Memo Item

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

Mailing Address
870 N Miramar Ave
Box 242

City	State	ZIP Code
Indialantic	FL	32903-3054

- [X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
794.00	0.00	794.00

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
08/11/2023	None	12.00 % (apr)	[ ] Yes [X] No

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

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

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

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

4. Full 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# 202412059739603536

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the 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.

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the 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# 202412059739603538

SCHEDULE C (FEC Form 3)
LOANS

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

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

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

Transaction ID : C999089F924F44B6CB5C

LOAN SOURCE Full Name (Last, First, Middle Initial)
Grayson, Alan Mark, , ,

- [ ] Memo Item

Election: 2022
- [X] Primary
- [ ] General
- [ ] Other (specify) ▼

Mailing Address
870 N Miramar Ave
Box 242

City	State	ZIP Code
Indialantic	FL	32903-3054

- [X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
1796.00	0.00	1796.00

TERMS

Date Incurred (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 / 08 / 2022	None	12.00 % (apr)	[ ] Yes [X] No

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

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

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

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

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

SUBTOTALS This Period This Page (optional) ▶	1796.00
TOTALS This Period (last page in this line only) ▶	

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

Image# 202412059739603539

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the 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# 202412059739603540

SCHEDULE C (FEC Form 3)
LOANS

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

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

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

Transaction ID : C1B993C799BD1471F8C8

LOAN SOURCE Full Name (Last, First, Middle Initial)
Grayson, Alan Mark, , ,

[ ] Memo Item

Mailing Address
870 N Miramar Ave
Box 242

City: Indialantic | State: FL | ZIP Code: 32903-3054

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

[X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
711.19	0.00	711.19

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
04/23/2023	None	12.00 % (apr)	[ ] Yes [X] No

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

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

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

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

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

SUBTOTALS This Period This Page (optional) ▶	711.19
TOTALS This Period (last page in this line only) ▶	

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

Image# 202412059739603541

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the 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	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
2698.00	0.00	2698.00

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
06/27/2023	None	12.00 % (apr)	[ ] Yes [X] No

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

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

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

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

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

SUBTOTALS This Period This Page (optional) ▶	2698.00
TOTALS This Period (last page in this line only) ▶	

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

Image# 202412059739603542

SCHEDULE C (FEC Form 3)
LOANS

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

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

NAME OF COMMITTEE (In Full)

Committee to Elect Alan Grayson

Transaction ID : C74B69D6BF83F4C0BAAB

LOAN SOURCE Full Name (Last, First, Middle Initial)

Grayson, Alan Mark, , ,

☐ Memo Item

Mailing Address
870 N Miramar Ave
Box 242

City: Indialantic | State: FL | ZIP Code: 32903-3054

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

[X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
564.00	0.00	564.00

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
06/20/2023	None	12.00 % (apr)	☐ Yes ☒ No

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

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

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

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

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

SUBTOTALS This Period This Page (optional) ▶	564.00
TOTALS This Period (last page in this line only) ▶	

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

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the 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# 202412059739603544

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the 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# 202412059739603545

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the 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# 202412059739603546

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the 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# 202412059739603547

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the 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# 202412059739603548

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the 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	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
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# 202412059739603549

SCHEDULE C (FEC Form 3)
LOANS

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

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

NAME OF COMMITTEE (In Full)

Committee to Elect Alan Grayson

Transaction ID : CCF21C0D4579E4CA28FF

LOAN SOURCE Full Name (Last, First, Middle Initial)

Grayson, Alan Mark, , ,

- [ ] Memo Item

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

Mailing Address
870 N Miramar Ave
Box 242

City	State	ZIP Code
Indialantic	FL	32903-3054

- [X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
140.00	0.00	140.00

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
04/04/2023	None	12.00 % (apr)	[ ] Yes [X] No

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

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

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

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

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

SUBTOTALS This Period This Page (optional) ▶	140.00
TOTALS This Period (last page in this line only) ▶	

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

Image# 202412059739603550

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the 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

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

Mailing Address
870 N Miramar Ave
Box 242

City	State	ZIP Code
Indialantic	FL	32903-3054

- [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# 202412059739603551

SCHEDULE C (FEC Form 3)
LOANS

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

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

NAME OF COMMITTEE (In Full)

Committee to Elect Alan Grayson

Transaction ID : CAC38FE6575854FCCA5F

LOAN SOURCE Full Name (Last, First, Middle Initial)

Grayson, Alan Mark, , ,

- [ ] Memo Item

Election: 2008
- [ ] Primary
- [X] General
- [ ] Other (specify) ▼

Mailing Address
870 N Miramar Ave
Box 242

City	State	ZIP Code
Indialantic	FL	32903-3054

- [X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
100000.00	48618.68	51381.32

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
08/27/2008	None	12.00 % (apr)	[ ] Yes [X] No

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

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

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

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

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

SUBTOTALS This Period This Page (optional) ▶	51381.32
TOTALS This Period (last page in this line only) ▶	

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

Image# 202412059739603552

SCHEDULE C (FEC Form 3)
LOANS

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

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

NAME OF COMMITTEE (In Full)

Committee to Elect Alan Grayson

Transaction ID : CDD40F10D240C4B6D91D

LOAN SOURCE Full Name (Last, First, Middle Initial)

Grayson, Alan Mark, , ,

- [ ] Memo Item

Election: 2022
- [X] Primary
- [ ] General
- [ ] Other (specify) ▼

Mailing Address
870 N Miramar Ave
Box 242

City	State	ZIP Code
Indialantic	FL	32903-3054

- [X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
1854.00	0.00	1854.00

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
12/08/2022	None	12.00 % (apr)	[ ] Yes [X] No

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

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

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

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

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

SUBTOTALS This Period This Page (optional) ▶ 1854.00

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

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

Image# 202412059739603553

SCHEDULE C (FEC Form 3)
LOANS

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

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

NAME OF COMMITTEE (In Full)

Committee to Elect Alan Grayson

Transaction ID : CCD5A567702224FE2A97

LOAN SOURCE Full Name (Last, First, Middle Initial)

Grayson, Alan Mark, , ,

- [ ] Memo Item

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

Mailing Address
870 N Miramar Ave
Box 242

City	State	ZIP Code
Indialantic	FL	32903-3054

- [X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
1842.00	0.00	1842.00

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
02/08/2023	None	12.00 % (apr)	[ ] Yes [X] No

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

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

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

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

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

SUBTOTALS This Period This Page (optional) ▶	1842.00
TOTALS This Period (last page in this line only) ▶	

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

Image# 202412059739603554

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the 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 [X] No

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

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

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

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

4. Full 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# 202412059739603555

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the 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# 202412059739603556

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the 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

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
5000.00	0.00	5000.00

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
09/28/2006	None	12.00 % (apr)	[ ] Yes [X] No

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

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

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

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

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

SUBTOTALS This Period This Page (optional) ▶	5000.00
TOTALS This Period (last page in this line only) ▶	

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

Image# 202412059739603557

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the 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

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
514.00	1637.42	– 1123.42

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) ▶	– 1123.42
TOTALS This Period (last page in this line only) ▶	

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

Image# 202412059739603558

SCHEDULE C (FEC Form 3)
LOANS

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

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

NAME OF COMMITTEE (In Full)

Committee to Elect Alan Grayson

Transaction ID : C5158D20820114645A96

LOAN SOURCE Full Name (Last, First, Middle Initial)

Grayson, Alan Mark, , ,

- [ ] Memo Item

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

Mailing Address
870 N Miramar Ave
Box 242

City	State	ZIP Code
Indialantic	FL	32903-3054

- [X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
923.00	0.00	923.00

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
09/18/2023	None	12.00 % (apr)	[ ] Yes [X] No

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

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

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

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

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

SUBTOTALS This Period This Page (optional) ▶	923.00
TOTALS This Period (last page in this line only) ▶	

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

Image# 202412059739603559

SCHEDULE C (FEC Form 3)
LOANS

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

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

NAME OF COMMITTEE (In Full)

Committee to Elect Alan Grayson

Transaction ID : CFCF8D804721240DD892

LOAN SOURCE Full Name (Last, First, Middle Initial)

Grayson, Alan Mark, , ,

[ ] Memo Item

Mailing Address
870 N Miramar Ave
Box 242

City	State	ZIP Code
Indialantic	FL	32903-3054

Election: 2026
- [X] Primary
- [ ] General
- [ ] Other (specify) ▼

[X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
15568.60	0.00	15568.60

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
10/31/2024	None	12.00 % (apr)	[ ] Yes [X] No

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

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

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

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

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

SUBTOTALS This Period This Page (optional) ▶ 15568.60

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

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

Image# 202412059739603560

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the 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# 202412059739603561

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the 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# 202412059739603562

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the 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# 202412059739603563

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the 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

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:
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	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
964.00	0.00	964.00

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
05/18/2023	None	12.00 % (apr)	[ ] Yes [X] No

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

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

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

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

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

SUBTOTALS This Period This Page (optional) ▶	964.00
TOTALS This Period (last page in this line only) ▶	

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

Image# 202412059739603565

SCHEDULE C (FEC Form 3)
LOANS

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

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

NAME OF COMMITTEE (In Full)

Committee to Elect Alan Grayson

Transaction ID : C850F389755F34900A3A

LOAN SOURCE Full Name (Last, First, Middle Initial)

Grayson, Alan Mark, , ,

- [ ] Memo Item

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

Mailing Address
870 N Miramar Ave
Box 242

City	State	ZIP Code
Indialantic	FL	32903-3054

- [X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
483.00	0.00	483.00

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
04/09/2023	None	12.00 % (apr)	[ ] Yes [X] No

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

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

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

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

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

SUBTOTALS This Period This Page (optional) ▶ 483.00

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

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

Image# 202412059739603566

SCHEDULE C (FEC Form 3)
LOANS

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

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

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

Transaction ID : C914C9868299346FABA2

LOAN SOURCE Full Name (Last, First, Middle Initial)
Grayson, Alan Mark, , ,

[ ] Memo Item

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

Mailing Address
870 N Miramar Ave
Box 242

City	State	ZIP Code
Indialantic	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:
11/17/2023	None	12.00 % (apr)	[ ] Yes [X] No

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

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

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

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

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

SUBTOTALS This Period This Page (optional) ▶ 53.93

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

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

Image# 202412059739603567

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the 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# 202412059739603568

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the 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 [X] No

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

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

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

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

4. Full 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# 202412059739603569

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the 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# 202412059739603570

SCHEDULE C (FEC Form 3)
LOANS

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

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

NAME OF COMMITTEE (In Full)

Committee to Elect Alan Grayson

Transaction ID : C2917D0B17B054C7C83D

LOAN SOURCE Full Name (Last, First, Middle Initial)

Grayson, Alan Mark, , ,

- [ ] Memo Item

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

Mailing Address
870 N Miramar Ave
Box 242

City	State	ZIP Code
Indialantic	FL	32903-3054

- [X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
3500.00	0.00	3500.00

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
10/02/2023	None	12.00 % (apr)	[ ] Yes [X] No

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

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

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

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

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

SUBTOTALS This Period This Page (optional) ▶	3500.00
TOTALS This Period (last page in this line only) ▶	

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

Image# 202412059739603571

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the 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# 202412059739603572

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the 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 (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
08/22/2023	None	12.00 % (apr)	[ ] Yes [X] No

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

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

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

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

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

SUBTOTALS This Period This Page (optional) ▶	726.73
TOTALS This Period (last page in this line only) ▶	

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

Image# 202412059739603573

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the 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

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
332.00	0.00	332.00

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
08/28/2023	None	12.00 % (apr)	[ ] Yes [X] No

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

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

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

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

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

SUBTOTALS This Period This Page (optional) ▶ 332.00

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

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

Image# 202412059739603574

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the 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

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
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# 202412059739603575

SCHEDULE C (FEC Form 3)
LOANS

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

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

NAME OF COMMITTEE (In Full)

Committee to Elect Alan Grayson

Transaction ID : CBF173F2D12DD4C7F90C

LOAN SOURCE Full Name (Last, First, Middle Initial)

Grayson, Alan Mark, , ,

- [ ] Memo Item

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

Mailing Address
870 N Miramar Ave
Box 242

City	State	ZIP Code
Indialantic	FL	32903-3054

- [X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
148.93	0.00	148.93

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
12/17/2023	None	12.00 % (apr)	[ ] Yes [X] No

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

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

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

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

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

SUBTOTALS This Period This Page (optional) ▶	148.93
TOTALS This Period (last page in this line only) ▶	

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

Image# 202412059739603576

SCHEDULE C (FEC Form 3)
LOANS

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

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

NAME OF COMMITTEE (In Full)

Committee to Elect Alan Grayson

Transaction ID : CBB356A566D6B44E38F3

LOAN SOURCE Full Name (Last, First, Middle Initial)

Grayson, Alan Mark, , ,

[ ] Memo Item

Mailing Address
870 N Miramar Ave
Box 242

City: Indialantic | State: FL | ZIP Code: 32903-3054

Election: 2008
- [ ] Primary
- [X] General
- [ ] Other (specify) ▼

[X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
50000.00	0.00	50000.00

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
09/11/2008	None	12.00 % (apr)	[ ] Yes [X] No

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

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

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

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

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

SUBTOTALS This Period This Page (optional) ▶ 50000.00

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

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

Image# 202412059739603577

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the 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

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

Mailing Address
870 N Miramar Ave
Box 242

City	State	ZIP Code
Indialantic	FL	32903-3054

- [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# 202412059739603578

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the 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# 202412059739603579

SCHEDULE C (FEC Form 3)
LOANS

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

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

NAME OF COMMITTEE (In Full)

Committee to Elect Alan Grayson

Transaction ID : CC6C4BA059E9147FB9D8

LOAN SOURCE Full Name (Last, First, Middle Initial)

Grayson, Alan Mark, , ,

- [ ] Memo Item

Election: 2016
- [X] Primary
- [ ] General
- [ ] Other (specify) ▼

Mailing Address
870 N Miramar Ave
Box 242

City	State	ZIP Code
Indialantic	FL	32903-3054

- [X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
150000.00	9000.00	141000.00

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
09/01/2016	None	12.00 % (apr)	[ ] Yes [X] No

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

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

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

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

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

SUBTOTALS This Period This Page (optional) ▶	141000.00
TOTALS This Period (last page in this line only) ▶	

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

Image# 202412059739603580

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the 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: 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
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# 202412059739603581

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the 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# 202412059739603582

SCHEDULE C (FEC Form 3)
LOANS

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

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

NAME OF COMMITTEE (In Full)

Committee to Elect Alan Grayson

Transaction ID : C44D43933008647099D2

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
244.00	4255.04	– 4011.04

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
12/05/2022	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) ▶	– 4011.04
TOTALS This Period (last page in this line only) ▶	

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

Image# 202412059739603583

SCHEDULE C (FEC Form 3)
LOANS

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

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

NAME OF COMMITTEE (In Full)

Committee to Elect Alan Grayson

Transaction ID : CC986090CEAAA448AB8B

LOAN SOURCE Full Name (Last, First, Middle Initial)

Grayson, Alan Mark, , ,

- [ ] Memo Item

Election: 2022
- [ ] Primary
- [X] General
- [ ] Other (specify) ▼

Mailing Address
870 N Miramar Ave
Box 242

City	State	ZIP Code
Indialantic	FL	32903-3054

- [X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
507.00	0.00	507.00

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
12/13/2022	None	12.00 % (apr)	[ ] Yes [X] No

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

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

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

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

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

SUBTOTALS This Period This Page (optional) ▶	507.00
TOTALS This Period (last page in this line only) ▶	

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

SCHEDULE C (FEC Form 3)
LOANS

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

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

NAME OF COMMITTEE (In Full)

Committee to Elect Alan Grayson

Transaction ID : C0F3671D46E954C539EC

LOAN SOURCE Full Name (Last, First, Middle Initial)

Grayson, Alan Mark, , ,

[ ] Memo Item

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
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# 202412059739603585

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the 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# 202412059739603586

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the 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	5337.56	– 4981.56

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) ▶	– 4981.56
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# 202412059739603587

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the 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 (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
11/02/2010	None	12.00 % (apr)	[ ] Yes [X] No

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

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

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

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

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

SUBTOTALS This Period This Page (optional) ▶	40000.00
TOTALS This Period (last page in this line only) ▶	

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

Image# 202412059739603588

SCHEDULE C (FEC Form 3)
LOANS

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

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

NAME OF COMMITTEE (In Full)

Committee to Elect Alan Grayson

Transaction ID : C7DA74433DD4E4476A50

LOAN SOURCE Full Name (Last, First, Middle Initial)

Grayson, Alan Mark, , ,

- [ ] Memo Item

Election: 2016
- [X] Primary
- [ ] General
- [ ] Other (specify) ▼

Mailing Address
870 N Miramar Ave
Box 242

City	State	ZIP Code
Indialantic	FL	32903-3054

- [X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
60000.00	15120.16	44879.84

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
11/05/2014	None	12.00 % (apr)	[ ] Yes [X] No

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

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

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

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

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

SUBTOTALS This Period This Page (optional) ▶	44879.84
TOTALS This Period (last page in this line only) ▶	

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

Image# 202412059739603589

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the 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

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

Mailing Address
870 N Miramar Ave
Box 242

City	State	ZIP Code
Indialantic	FL	32903-3054

- [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# 202412059739603590

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the 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# 202412059739603591

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the 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 ☒ No

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

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

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

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

4. Full 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# 202412059739603592

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the 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# 202412059739603593

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the 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# 202412059739603594

SCHEDULE C (FEC Form 3)
LOANS

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

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

NAME OF COMMITTEE (In Full)

Committee to Elect Alan Grayson

Transaction ID : CDD99C2C353404277B4F

LOAN SOURCE Full Name (Last, First, Middle Initial)

Grayson, Alan Mark, , ,

- [ ] Memo Item

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

Mailing Address
870 N Miramar Ave
Box 242

City	State	ZIP Code
Indialantic	FL	32903-3054

- [X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
3500.00	0.00	3500.00

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
10/26/2023	None	12.00 % (apr)	[ ] Yes [X] No

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

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

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

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

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

SUBTOTALS This Period This Page (optional) ▶	3500.00
TOTALS This Period (last page in this line only) ▶	

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

Image# 202412059739603595

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the 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

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

Mailing Address
870 N Miramar Ave
Box 242

City	State	ZIP Code
Indialantic	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:
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# 202412059739603596

SCHEDULE C (FEC Form 3)
LOANS

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

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

NAME OF COMMITTEE (In Full)

Committee to Elect Alan Grayson

Transaction ID : C887C74CEF35E4095AF9

LOAN SOURCE Full Name (Last, First, Middle Initial)

Grayson, Alan Mark, , ,

- [ ] Memo Item

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

Mailing Address
870 N Miramar Ave
Box 242

City	State	ZIP Code
Indialantic	FL	32903-3054

- [X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
8957.66	0.00	8957.66

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
09/30/2024	None	12.00 % (apr)	[ ] Yes [X] No

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

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

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

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

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

SUBTOTALS This Period This Page (optional) ▶	8957.66
TOTALS This Period (last page in this line only) ▶	

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

Image# 202412059739603597

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the 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: 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
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# 202412059739603598

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the 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	1345.23	– 1013.23

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) ▶	– 1013.23
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# 202412059739603599

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the 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# 202412059739603600

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the 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# 202412059739603601

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the 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

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
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# 202412059739603602

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the 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# 202412059739603603

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the 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# 202412059739603604

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the 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# 202412059739603605

SCHEDULE C (FEC Form 3)
LOANS

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

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

NAME OF COMMITTEE (In Full)

Committee to Elect Alan Grayson

Transaction ID : C2EED3C11248B47DD930

LOAN SOURCE Full Name (Last, First, Middle Initial)

Grayson, Alan Mark, , ,

- [ ] Memo Item

Election: 2022
- [X] Primary
- [ ] General
- [ ] Other (specify) ▼

Mailing Address
870 N Miramar Ave
Box 242

City	State	ZIP Code
Indialantic	FL	32903-3054

- [X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
559.00	3248.48	– 2689.48

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) ▶ – 2689.48

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

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

Image# 202412059739603606

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the 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.

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the 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# 202412059739603608

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the 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# 202412059739603609

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the 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# 202412059739603610

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the 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# 202412059739603611

SCHEDULE C (FEC Form 3)
LOANS

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

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

NAME OF COMMITTEE (In Full)

Committee to Elect Alan Grayson

Transaction ID : C5352F3298ADA4A68894

LOAN SOURCE Full Name (Last, First, Middle Initial)

Grayson, Alan Mark, , ,

- [ ] Memo Item

Election: 2010
- [X] Primary
- [ ] General
- [ ] Other (specify) ▼

Mailing Address
870 N Miramar Ave
Box 242

City	State	ZIP Code
Indialantic	FL	32903-3054

- [X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
15000.00	0.00	15000.00

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
11/26/2008	None	12.00 % (apr)	[ ] Yes [X] No

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

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

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

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

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

SUBTOTALS This Period This Page (optional) ▶ 15000.00

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

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

Image# 202412059739603612

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the 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# 202412059739603613

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the 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)

Grayson, Alan Mark, , ,

- [ ] Memo Item

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

Mailing Address
870 N Miramar Ave
Box 242

City	State	ZIP Code
Indialantic	FL	32903-3054

- [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.

SCHEDULE C (FEC Form 3)
LOANS

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

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

NAME OF COMMITTEE (In Full)

Committee to Elect Alan Grayson

Transaction ID : C3D707683356849F6A83

LOAN SOURCE Full Name (Last, First, Middle Initial)

Grayson, Alan Mark, , ,

[ ] Memo Item

Election: 2022
[X] Primary
[ ] General
[ ] Other (specify)

Mailing Address
870 N Miramar Ave
Box 242

City	State	ZIP Code
Indialantic	FL	32903-3054

[X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
1789.00	0.00	1789.00

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
11/09/2022	None	12.00 % (apr)	[ ] Yes [X] No

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

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

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

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

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

SUBTOTALS This Period This Page (optional) ▶ 1789.00

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

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

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the 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

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
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# 202412059739603616

SCHEDULE C (FEC Form 3)
LOANS

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

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

NAME OF COMMITTEE (In Full)

Committee to Elect Alan Grayson

Transaction ID : C39370D39130B49F88CB

LOAN SOURCE Full Name (Last, First, Middle Initial)

Grayson, Alan Mark, , ,

[ ] Memo Item

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

Mailing Address
870 N Miramar Ave
Box 242

City	State	ZIP Code
Indialantic	FL	32903-3054

[X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
13842.17	0.00	13842.17

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
03/31/2024	None	12.00 % (apr)	[ ] Yes [X] No

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

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

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

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

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

SUBTOTALS This Period This Page (optional) ▶	13842.17
TOTALS This Period (last page in this line only) ▶	

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

Image# 202412059739603617

SCHEDULE C (FEC Form 3)
LOANS

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

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

NAME OF COMMITTEE (In Full)

Committee to Elect Alan Grayson

Transaction ID : CE43C93265C5747F6AF1

LOAN SOURCE Full Name (Last, First, Middle Initial)

Grayson, Alan Mark, , ,

- [ ] Memo Item

Election: 2016
- [X] Primary
- [ ] General
- [ ] Other (specify) ▼

Mailing Address
870 N Miramar Ave
Box 242

City	State	ZIP Code
Indialantic	FL	32903-3054

- [X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
50000.00	0.00	50000.00

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
06/26/2015	None	12.00 % (apr)	[ ] Yes [X] No

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

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

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

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

4. Full 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# 202412059739603618

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the 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	3153.56	– 2636.56

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) ▶ – 2636.56

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.

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the 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# 202412059739603620

SCHEDULE C (FEC Form 3)
LOANS

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

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

NAME OF COMMITTEE (In Full)

Committee to Elect Alan Grayson

Transaction ID : CC2BBC202874341C8988

LOAN SOURCE Full Name (Last, First, Middle Initial)

Grayson, Alan Mark, , ,

[ ] Memo Item

Election: 2022
- [X] Primary
- [ ] General
- [ ] Other (specify) ▼

Mailing Address
870 N Miramar Ave
Box 242

City	State	ZIP Code
Indialantic	FL	32903-3054

[X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
114.00	0.00	114.00

TERMS

Date Incurred (M M / D D / Y Y Y Y)	Date Due (M M / D D / Y Y Y Y)	Interest Rate (If none, enter 0)	Secured:
11 / 03 / 2022	None	12.00 % (apr)	[ ] Yes [X] No

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

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

Mailing Address

City | State | ZIP Code

Name of Employer

Occupation

Amount Guaranteed Outstanding:

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

Mailing Address

City | State | ZIP Code

Name of Employer

Occupation

Amount Guaranteed Outstanding:

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

Mailing Address

City | State | ZIP Code

Name of Employer

Occupation

Amount Guaranteed Outstanding:

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

Mailing Address

City | State | ZIP Code

Name of Employer

Occupation

Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶	114.00
TOTALS This Period (last page in this line only) ▶	

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

Image# 202412059739603621

SCHEDULE C (FEC Form 3)
LOANS

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

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

NAME OF COMMITTEE (In Full)

Committee to Elect Alan Grayson

Transaction ID : C4D13B11598214F73B40

LOAN SOURCE Full Name (Last, First, Middle Initial)

Grayson, Alan Mark, , ,

[ ] Memo Item

Mailing Address
870 N Miramar Ave
Box 242

City	State	ZIP Code
Indialantic	FL	32903-3054

Election: 2026
- [X] Primary
- [ ] General
- [ ] Other (specify) ▼

[X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
8310.19	0.00	8310.19

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
11/25/2024	None	12.00 % (apr)	[ ] Yes [X] No

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

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

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

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

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

SUBTOTALS This Period This Page (optional) ▶	8310.19
TOTALS This Period (last page in this line only) ▶	

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

Image# 202412059739603622

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the 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# 202412059739603623

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the 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

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
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# 202412059739603624

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the 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# 202412059739603625

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the 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	6233.04	52469.14

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) ▶	52469.14
TOTALS This Period (last page in this line 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 : C6C555980F7E14808A33

LOAN SOURCE Full Name (Last, First, Middle Initial)

Grayson, Alan Mark, , ,

[ ] Memo Item

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

Mailing Address
870 N Miramar Ave
Box 242

City	State	ZIP Code
Indialantic	FL	32903-3054

[X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
917.00	0.00	917.00

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
10/18/2023	None	12.00 % (apr)	[ ] Yes [X] No

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

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

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

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

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

SUBTOTALS This Period This Page (optional) ▶ 917.00

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

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

Image# 202412059739603627

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the 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# 202412059739603628

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the 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# 202412059739603629

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 : C7DF6427BE9DD411793F

LOAN SOURCE Full Name (Last, First, Middle Initial)

☐ Memo Item

Grayson, Alan Mark, , ,

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

Mailing Address
870 N Miramar Ave
Box 242

City	State	ZIP Code
Indialantic	FL	32903-3054

☒ Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
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 ☒ No

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

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

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

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

4. Full 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# 202412059739603630

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the 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# 202412059739603631

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the 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# 202412059739603632

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the 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# 202412059739603633

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the 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

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

Mailing Address
870 N Miramar Ave
Box 242

City	State	ZIP Code
Indialantic	FL	32903-3054

- [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# 202412059739603634

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the 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# 202412059739603635

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the 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	State	ZIP Code
Indialantic	FL	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# 202412059739603636

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the 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# 202412059739603637

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the 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

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

Mailing Address
870 N Miramar Ave
Box 242

City	State	ZIP Code
Indialantic	FL	32903-3054

[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# 202412059739603638

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the 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	State	ZIP Code
Indialantic	FL	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# 202412059739603639

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the 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# 202412059739603640

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the 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# 202412059739603641

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the 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.

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the 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# 202412059739603643

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the 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

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	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# 202412059739603644

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the 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# 202412059739603645

SCHEDULE C (FEC Form 3)
LOANS

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

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

NAME OF COMMITTEE (In Full)

Committee to Elect Alan Grayson

Transaction ID : CA0CC05A7F40145D28BC

LOAN SOURCE Full Name (Last, First, Middle Initial)

Grayson, Alan Mark, , ,

- [ ] Memo Item

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

Mailing Address
870 N Miramar Ave
Box 242

City	State	ZIP Code
Indialantic	FL	32903-3054

- [X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
9841.24	0.00	9841.24

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
07/31/2024	None	12.00 % (apr)	[ ] Yes [X] No

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

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

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

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

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

SUBTOTALS This Period This Page (optional) ▶	9841.24
TOTALS This Period (last page in this line only) ▶	

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

Image# 202412059739603646

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the 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# 202412059739603647

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the 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# 202412059739603648

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the 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# 202412059739603649

SCHEDULE C (FEC Form 3)
LOANS

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

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

NAME OF COMMITTEE (In Full)

Committee to Elect Alan Grayson

Transaction ID : C37589BB322F74C8689A

LOAN SOURCE Full Name (Last, First, Middle Initial)

Grayson, Alan Mark, , ,

[ ] Memo Item

Election: 2022
- [ ] Primary
- [X] General
- [ ] Other (specify) ▼

Mailing Address
870 N Miramar Ave
Box 242

City	State	ZIP Code
Indialantic	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:
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# 202412059739603650

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one)
- [X] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)

Committee to Elect Alan Grayson

Transaction ID : CBD91D7C19B8E4F74823

LOAN SOURCE Full Name (Last, First, Middle Initial)

Grayson, Alan Mark, , ,

- [ ] Memo Item

Election: 2022
- [X] Primary
- [ ] General
- [ ] Other (specify) ▼

Mailing Address
870 N Miramar Ave
Box 242

City	State	ZIP Code
Indialantic	FL	32903-3054

- [X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
804.00	0.00	804.00

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
10/11/2022	None	12.00 % (apr)	[ ] Yes [X] No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶	804.00
TOTALS This Period (last page in this line only) ▶	

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Image# 202412059739603651

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the 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 (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 / 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# 202412059739603652

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the 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.

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
- [X] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)

Committee to Elect Alan Grayson

Transaction ID : CBE7046D8ADB64D0AAC8

LOAN SOURCE Full Name (Last, First, Middle Initial)

Grayson, Alan Mark, , ,

- [ ] Memo Item

Election: 2022
- [X] Primary
- [ ] General
- [ ] Other (specify) ▼

Mailing Address
870 N Miramar Ave
Box 242

City	State	ZIP Code
Indialantic	FL	32903-3054

- [X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
8264.72	0.00	8264.72

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
09/15/2022	None	12.00 % (apr)	[ ] Yes [X] No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶	8264.72
TOTALS This Period (last page in this line only) ▶	

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Image# 202412059739603654

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
- [X] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)

Committee to Elect Alan Grayson

Transaction ID : C04FC058BF25F404CB5B

LOAN SOURCE Full Name (Last, First, Middle Initial)

Grayson, Alan Mark, , ,

- [ ] Memo Item

Election: 2024
- [X] Primary
- [ ] General
- [ ] Other (specify) ▼

Mailing Address
870 N Miramar Ave
Box 242

City	State	ZIP Code
Indialantic	FL	32903-3054

- [X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
218.51	0.00	218.51

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
12/06/2023	None	12.00 % (apr)	[ ] Yes [X] No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶ 218.51

TOTALS This Period (last page in this line only) ▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Image# 202412059739603655

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the 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# 202412059739603656

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
- [X] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)

Committee to Elect Alan Grayson

Transaction ID : CF92EE1474D6449A5982

LOAN SOURCE Full Name (Last, First, Middle Initial)

Grayson, Alan Mark, , ,

- [ ] Memo Item

Election: 2024
- [X] Primary
- [ ] General
- [ ] Other (specify) ▼

Mailing Address
870 N Miramar Ave
Box 242

City	State	ZIP Code
Indialantic	FL	32903-3054

- [X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
969.00	0.00	969.00

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
03/18/2023	None	12.00 % (apr)	[ ] Yes [X] No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶	969.00
TOTALS This Period (last page in this line only) ▶	

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Image# 202412059739603657

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
- [X] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)

Committee to Elect Alan Grayson

Transaction ID : CA10AA42FB65E4D499E6

LOAN SOURCE Full Name (Last, First, Middle Initial)

Grayson, Alan Mark, , ,

- [ ] Memo Item

Election: 2024
- [X] Primary
- [ ] General
- [ ] Other (specify) ▼

Mailing Address
870 N Miramar Ave
Box 242

City	State	ZIP Code
Indialantic	FL	32903-3054

- [X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
10000.00	0.00	10000.00

TERMS

Date Incurred (M M / D D / Y Y Y Y)	Date Due (M M / D D / Y Y Y Y)	Interest Rate (If none, enter 0)	Secured:
06 / 13 / 2024	None	12.00 % (apr)	[ ] Yes [X] No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶	10000.00
TOTALS This Period (last page in this line only) ▶	

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Image# 202412059739603658

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the 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.

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the 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# 202412059739603660

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the 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

Election: 2024
- [X] Primary
- [ ] General
- [ ] Other (specify) ▼

Mailing Address
870 N Miramar Ave
Box 242

City	State	ZIP Code
Indialantic	FL	32903-3054

[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# 202412059739603661

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the 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# 202412059739603662

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the 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# 202412059739603663

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the 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# 202412059739603664

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the 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# 202412059739603665

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the 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# 202412059739603666

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
- [X] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)

Committee to Elect Alan Grayson

Transaction ID : CD8C692AD99D0469C898

LOAN SOURCE Full Name (Last, First, Middle Initial)

Grayson, Alan Mark, , ,

- [ ] Memo Item

Election: 2024
- [X] Primary
- [ ] General
- [ ] Other (specify) ▼

Mailing Address
870 N Miramar Ave
Box 242

City	State	ZIP Code
Indialantic	FL	32903-3054

- [X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
174.00	0.00	174.00

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
05/10/2023	None	12.00 % (apr)	[ ] Yes [X] No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶	174.00
TOTALS This Period (last page in this line only) ▶	

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Image# 202412059739603667

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
- [X] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)

Committee to Elect Alan Grayson

Transaction ID : CD4B8A07637B346F280E

LOAN SOURCE Full Name (Last, First, Middle Initial)

Grayson, Alan Mark, , ,

- [ ] Memo Item

Election: 2024
- [X] Primary
- [ ] General
- [ ] Other (specify) ▼

Mailing Address
870 N Miramar Ave
Box 242

City	State	ZIP Code
Indialantic	FL	32903-3054

- [X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
1840.00	11369.69	– 9529.69

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) ▶	– 9529.69
TOTALS This Period (last page in this line only) ▶	

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Image# 202412059739603668

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the 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	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
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# 202412059739603670

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the 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# 202412059739603671

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the 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 [X] No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

4. Full 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# 202412059739603672

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the 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 (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 / 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# 202412059739603673

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the 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# 202412059739603674

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the 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# 202412059739603675

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the 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# 202412059739603676

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the 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# 202412059739603677

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the 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# 202412059739603678

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the 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

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
361.00	1345.23	– 984.23

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) ▶	– 984.23
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# 202412059739603679

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the 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# 202412059739603680

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
- [X] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)

Committee to Elect Alan Grayson

Transaction ID : C9B144C421EA742299DB

LOAN SOURCE Full Name (Last, First, Middle Initial)

Grayson, Alan Mark, , ,

[ ] Memo Item

Mailing Address
870 N Miramar Ave
Box 242

City	State	ZIP Code
Indialantic	FL	32903-3054

Election: 2018
- [X] Primary
- [ ] General
- [ ] Other (specify) ▼

[X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
35000.00	9000.00	26000.00

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
07/17/2018	None	12.00 % (apr)	[ ] Yes [X] No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶ 26000.00

TOTALS This Period (last page in this line only) ▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Image# 202412059739603681

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the 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: 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
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# 202412059739603682

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the 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# 202412059739603683

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
- [X] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)

Committee to Elect Alan Grayson

Transaction ID : CEB9304A6CB0845F9A25

LOAN SOURCE Full Name (Last, First, Middle Initial)

Grayson, Alan Mark, , ,

- [ ] Memo Item

Election: 2024
- [X] Primary
- [ ] General
- [ ] Other (specify) ▼

Mailing Address
870 N Miramar Ave
Box 242

City	State	ZIP Code
Indialantic	FL	32903-3054

- [X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
902.00	0.00	902.00

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
09/15/2023	None	12.00 % (apr)	[ ] Yes [X] No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶	902.00
TOTALS This Period (last page in this line only) ▶	

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Image# 202412059739603684

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the 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# 202412059739603685

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the 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# 202412059739603686

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the 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 ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶	12223.74
TOTALS This Period (last page in this line only) ▶	

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one) [X] 13a [ ] 13b

NAME OF COMMITTEE (In Full)

Committee to Elect Alan Grayson

Transaction ID : CB8215DE928824C03AEA

LOAN SOURCE Full Name (Last, First, Middle Initial)

Grayson, Alan Mark, , ,

[ ] Memo Item

Election: 2024
[X] Primary
[ ] General
[ ] Other (specify) ▼

Mailing Address
870 N Miramar Ave
Box 242

City	State	ZIP Code
Indialantic	FL	32903-3054

[X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
801.00	0.00	801.00

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
09/11/2023	None	12.00 % (apr)	[ ] Yes [X] No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶	801.00
TOTALS This Period (last page in this line only) ▶	

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Image# 202412059739603688

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the 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# 202412059739603689

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the 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# 202412059739603690

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the 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# 202412059739603691

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the 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# 202412059739603692

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the 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 ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

4. Full 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# 202412059739603693

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
- [X] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)
Committee to Elect Alan Grayson

Transaction ID : C021809124FB5462B9FF

LOAN SOURCE Full Name (Last, First, Middle Initial)
Grayson, Alan Mark, , ,

[ ] Memo Item

Mailing Address
870 N Miramar Ave
Box 242

City	State	ZIP Code
Indialantic	FL	32903-3054

Election: 2024
- [X] Primary
- [ ] General
- [ ] Other (specify) ▼

[X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
1794.00	0.00	1794.00

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
07/08/2023	None	12.00 % (apr)	[ ] Yes [X] No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶	1794.00
TOTALS This Period (last page in this line only) ▶	

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Image# 202412059739603694

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the 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# 202412059739603695

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the 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# 202412059739603696

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the 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# 202412059739603697

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
- [X] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)

Committee to Elect Alan Grayson

Transaction ID : C3AC4D85E5AC64BB88A0

LOAN SOURCE Full Name (Last, First, Middle Initial)

Grayson, Alan Mark, , ,

- [ ] Memo Item

Election: 2018
- [X] Primary
- [ ] General
- [ ] Other (specify) ▼

Mailing Address
870 N Miramar Ave
Box 242

City	State	ZIP Code
Indialantic	FL	32903-3054

- [X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
40000.00	9000.00	31000.00

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
08/14/2018	None	12.00 % (apr)	[ ] Yes [X] No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶	31000.00
TOTALS This Period (last page in this line only) ▶	

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Image# 202412059739603698

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the 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: 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
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# 202412059739603699

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the 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# 202412059739603700

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the 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# 202412059739603701

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
- [X] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)

Committee to Elect Alan Grayson

Transaction ID : C23F888F25D66402F82A

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
10000.00	0.00	10000.00

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
08/26/2022	None	12.00 % (apr)	[ ] Yes [X] No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶ 10000.00

TOTALS This Period (last page in this line only) ▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one) [X] 13a [ ] 13b

NAME OF COMMITTEE (In Full)
Committee to Elect Alan Grayson

Transaction ID : 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# 202412059739603703

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the 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

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
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.

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the 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 ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

4. Full 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# 202412059739603705

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the 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# 202412059739603706

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the 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# 202412059739603707

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the 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# 202412059739603708

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the 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# 202412059739603709

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the 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# 202412059739603710

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the 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 (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
12/12/2010	None	12.00 % (apr)	[ ] Yes [X] No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶	20000.00
TOTALS This Period (last page in this line only) ▶	

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Image# 202412059739603711

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the 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.

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
- [X] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)

Committee to Elect Alan Grayson

Transaction ID : C279175611CC341E286F

LOAN SOURCE Full Name (Last, First, Middle Initial)

Grayson, Alan Mark, , ,

- [ ] Memo Item

Election: 2024
- [X] Primary
- [ ] General
- [ ] Other (specify) ▼

Mailing Address
870 N Miramar Ave
Box 242

City	State	ZIP Code
Indialantic	FL	32903-3054

- [X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
341.00	0.00	341.00

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
04/27/2023	None	12.00 % (apr)	[ ] Yes [X] No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶	341.00
TOTALS This Period (last page in this line only) ▶	

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Image# 202412059739603713

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
- [X] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)

Committee to Elect Alan Grayson

Transaction ID : CD9C67427B39348A3B84

LOAN SOURCE Full Name (Last, First, Middle Initial)

Grayson, Alan Mark, , ,

- [ ] Memo Item

Election: 2024
- [X] Primary
- [ ] General
- [ ] Other (specify) ▼

Mailing Address
870 N Miramar Ave
Box 242

City	State	ZIP Code
Indialantic	FL	32903-3054

- [X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
2030.16	0.00	2030.16

TERMS

Date Incurred (M M / D D / Y Y Y Y)	Date Due (M M / D D / Y Y Y Y)	Interest Rate (If none, enter 0)	Secured:
06 / 18 / 2023	None	12.00 % (apr)	[ ] Yes [X] No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶	2030.16
TOTALS This Period (last page in this line only) ▶	

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the 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# 202412059739603715

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the 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# 202412059739603716

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the 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

Election: 2024
- [X] Primary
- [ ] General
- [ ] Other (specify) ▼

Mailing Address
870 N Miramar Ave
Box 242

City	State	ZIP Code
Indialantic	FL	32903-3054

- [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# 202412059739603717

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the 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: 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
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# 202412059739603718

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the 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# 202412059739603719

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the 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# 202412059739603720

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the 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# 202412059739603721

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
- [X] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)

Committee to Elect Alan Grayson

Transaction ID : CA06FC2081F3A4E8496A

LOAN SOURCE Full Name (Last, First, Middle Initial)

Grayson, Alan Mark, , ,

- [ ] Memo Item

Election: 2024
- [X] Primary
- [ ] General
- [ ] Other (specify) ▼

Mailing Address
870 N Miramar Ave
Box 242

City	State	ZIP Code
Indialantic	FL	32903-3054

- [X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
291.00	0.00	291.00

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
10/28/2023	None	12.00 % (apr)	[ ] Yes [X] No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶	291.00
TOTALS This Period (last page in this line only) ▶	

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Image# 202412059739603722

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the 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

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:
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# 202412059739603723

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the 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 [X] No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

4. Full 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# 202412059739603724

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
- [X] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)

Committee to Elect Alan Grayson

Transaction ID : CF8A82C569A55480F807

LOAN SOURCE Full Name (Last, First, Middle Initial)

Grayson, Alan Mark, , ,

[ ] Memo Item

Mailing Address
870 N Miramar Ave
Box 242

City	State	ZIP Code
Indialantic	FL	32903-3054

Election: 2024
- [X] Primary
- [ ] General
- [ ] Other (specify) ▼

[X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
506.00	0.00	506.00

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
06/23/2023	None	12.00 % (apr)	[ ] Yes [X] No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶ 506.00

TOTALS This Period (last page in this line only) ▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Image# 202412059739603725

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the 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# 202412059739603726

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
- [X] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)

Committee to Elect Alan Grayson

Transaction ID : C97F3CA605C76407CA18

LOAN SOURCE Full Name (Last, First, Middle Initial)

Grayson, Alan Mark, , ,

- [ ] Memo Item

Election: 2024
- [X] Primary
- [ ] General
- [ ] Other (specify) ▼

Mailing Address
870 N Miramar Ave
Box 242

City	State	ZIP Code
Indialantic	FL	32903-3054

- [X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
9262.90	0.00	9262.90

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 / 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) ▶	9262.90
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# 202412059739603727

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
- [X] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)

Committee to Elect Alan Grayson

Transaction ID : C7D0F3053D73749CB815

LOAN SOURCE Full Name (Last, First, Middle Initial)

Grayson, Alan Mark, , ,

- [ ] Memo Item

Mailing Address
870 N Miramar Ave
Box 242

City	State	ZIP Code
Indialantic	FL	32903-3054

Election: 2012
- [ ] Primary
- [X] General
- [ ] Other (specify) ▼

- [X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
667875.00	528545.77	139329.23

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
09/27/2012	None	12.00 % (apr)	[ ] Yes [X] No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

4. Full 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# 202412059739603728

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the 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.

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the 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

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
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# 202412059739603730

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the 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

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
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 ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

4. Full 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# 202412059739603731

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the 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# 202412059739603732

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 : CDE898B4807AF4BD2877

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
515.00	0.00	515.00

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
12/08/2022	None	12.00 % (apr)	☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶ 515.00

TOTALS This Period (last page in this line only) ▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Image# 202412059739603733

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the 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# 202412059739603734

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the 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	State	ZIP Code
Indialantic	FL	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# 202412059739603735

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the 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: 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
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# 202412059739603736

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
- [X] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)

Committee to Elect Alan Grayson

Transaction ID : C713FBB0300424813ACC

LOAN SOURCE Full Name (Last, First, Middle Initial)

Grayson, Alan Mark, , ,

[ ] Memo Item

Election: 2024
- [X] Primary
- [ ] General
- [ ] Other (specify) ▼

Mailing Address
870 N Miramar Ave
Box 242

City	State	ZIP Code
Indialantic	FL	32903-3054

[X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
65000.00	0.00	65000.00

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
06/09/2023	None	12.00 % (apr)	[ ] Yes [X] No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶	65000.00
TOTALS This Period (last page in this line only) ▶	

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Image# 202412059739603737

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the 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# 202412059739603738

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the 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# 202412059739603739

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
- [X] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)

Committee to Elect Alan Grayson

Transaction ID : CCB8EEBB09AC9471896B

LOAN SOURCE Full Name (Last, First, Middle Initial)

Grayson, Alan Mark, , ,

- [ ] Memo Item

Election: 2024
- [X] Primary
- [ ] General
- [ ] Other (specify) ▼

Mailing Address
870 N Miramar Ave
Box 242

City	State	ZIP Code
Indialantic	FL	32903-3054

- [X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
20000.00	0.00	20000.00

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
07/05/2023	None	12.00 % (apr)	[ ] Yes [X] No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶	20000.00
TOTALS This Period (last page in this line only) ▶	

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Image# 202412059739603740

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
- [X] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)

Committee to Elect Alan Grayson

Transaction ID : CCF734B31EA4C45358B7

LOAN SOURCE Full Name (Last, First, Middle Initial)

Grayson, Alan Mark, , ,

- [ ] Memo Item

Election: 2024
- [X] Primary
- [ ] General
- [ ] Other (specify) ▼

Mailing Address
870 N Miramar Ave
Box 242

City	State	ZIP Code
Indialantic	FL	32903-3054

- [X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
514.00	0.00	514.00

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
09/08/2023	None	12.00 % (apr)	[ ] Yes [X] No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶	514.00
TOTALS This Period (last page in this line only) ▶	

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Image# 202412059739603741

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the 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.

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the 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# 202412059739603743

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the 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	0.00	510.00

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
10/14/2022	None	12.00 % (apr)	[ ] Yes [X] No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶	510.00
TOTALS This Period (last page in this line only) ▶	

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Image# 202412059739603744

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the 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

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
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 ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

4. Full 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# 202412059739603745

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the 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

Mailing Address
870 N Miramar Ave
Box 242

City	State	ZIP Code
Indialantic	FL	32903-3054

Election: 2024
- [X] Primary
- [ ] General
- [ ] Other (specify) ▼

[X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
506.00	0.00	506.00

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
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# 202412059739603746

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the 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# 202412059739603747

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
- [X] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)

Committee to Elect Alan Grayson

Transaction ID : CFADD764AE9974EBD9A2

LOAN SOURCE Full Name (Last, First, Middle Initial)

Grayson, Alan Mark, , ,

- [ ] Memo Item

Mailing Address
870 N Miramar Ave
Box 242

City: Indialantic | State: FL | ZIP Code: 32903-3054

Election: 2022
- [ ] Primary
- [X] General
- [ ] Other (specify) ▼

- [X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
996.21	0.00	996.21

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
10/22/2022	None	12.00 % (apr)	[ ] Yes [X] No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

4. Full 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# 202412059739603748

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the 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.

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the 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# 202412059739603750

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
- [X] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)

Committee to Elect Alan Grayson

Transaction ID : C74D8813D23E44744B25

LOAN SOURCE Full Name (Last, First, Middle Initial)

Grayson, Alan Mark, , ,

[ ] Memo Item

Mailing Address
870 N Miramar Ave
Box 242

City	State	ZIP Code
Indialantic	FL	32903-3054

Election: 2024
- [X] Primary
- [ ] General
- [ ] Other (specify) ▼

[X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
2557.00	0.00	2557.00

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
10/27/2023	None	12.00 % (apr)	[ ] Yes [X] No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶ 2557.00

TOTALS This Period (last page in this line only) ▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Image# 202412059739603751

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the 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# 202412059739603752

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the 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# 202412059739603753

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the 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# 202412059739603754

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the 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

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
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# 202412059739603756

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the 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

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
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# 202412059739603757

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the 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# 202412059739603758

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the 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# 202412059739603759

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
- [X] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)

Committee to Elect Alan Grayson

Transaction ID : C731210C039584AD5AA9

LOAN SOURCE Full Name (Last, First, Middle Initial)

Grayson, Alan Mark, , ,

[ ] Memo Item

Election: 2018
- [X] Primary
- [ ] General
- [ ] Other (specify) ▼

Mailing Address
870 N Miramar Ave
Box 242

City	State	ZIP Code
Indialantic	FL	32903-3054

[X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
19000.00	0.00	19000.00

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
08/09/2018	None	12.00 % (apr)	[ ] Yes [X] No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶	19000.00
TOTALS This Period (last page in this line only) ▶	

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Image# 202412059739603760

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the 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# 202412059739603761

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the 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 (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 / 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# 202412059739603762

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the 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.

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the 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: 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
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# 202412059739603764

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the 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.

Image# 202412059739603765

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the 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# 202412059739603766

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the 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# 202412059739603767

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the 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 (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	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# 202412059739603768

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
- [X] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)

Committee to Elect Alan Grayson

Transaction ID : CEE0D50DA6B074E55916

LOAN SOURCE Full Name (Last, First, Middle Initial)

Grayson, Alan Mark, , ,

- [ ] Memo Item

Election: 2024
- [X] Primary
- [ ] General
- [ ] Other (specify) ▼

Mailing Address
870 N Miramar Ave
Box 242

City	State	ZIP Code
Indialantic	FL	32903-3054

- [X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
294.00	0.00	294.00

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
05/28/2023	None	12.00 % (apr)	[ ] Yes [X] No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

4. Full 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# 202412059739603769

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the 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	3248.48	– 2690.48

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 / 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) ▶ – 2690.48

TOTALS This Period (last page in this line only) ▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Image# 202412059739603770

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the 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# 202412059739603771

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the 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

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
5813.25	6233.04	– 419.79

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 ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶	– 419.79
TOTALS This Period (last page in this line only) ▶	

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Image# 202412059739603772

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the 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# 202412059739603773

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
- [X] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)

Committee to Elect Alan Grayson

Transaction ID : C9E58D062C0F345E6977

LOAN SOURCE Full Name (Last, First, Middle Initial)

Grayson, Alan Mark, , ,

- [ ] Memo Item

Election: 2024
- [X] Primary
- [ ] General
- [ ] Other (specify) ▼

Mailing Address
870 N Miramar Ave
Box 242

City	State	ZIP Code
Indialantic	FL	32903-3054

- [X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
614.00	0.00	614.00

TERMS

Date Incurred (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# 202412059739603774

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the 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# 202412059739603775

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the 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# 202412059739603776

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the 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# 202412059739603777

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
- [X] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)

Committee to Elect Alan Grayson

Transaction ID : CA651077E775F4717805

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
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 [X] No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

4. Full 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# 202412059739603778

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the 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

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
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 ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

4. Full 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# 202412059739603779

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the 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

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
788.00	5337.56	– 4549.56

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 ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶	– 4549.56
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# 202412059739603780

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
- [X] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)

Committee to Elect Alan Grayson

Transaction ID : C4C76429167AF491C893

LOAN SOURCE Full Name (Last, First, Middle Initial)

Grayson, Alan Mark, , ,

[ ] Memo Item

Election: 2024
- [X] Primary
- [ ] General
- [ ] Other (specify) ▼

Mailing Address
870 N Miramar Ave
Box 242

City	State	ZIP Code
Indialantic	FL	32903-3054

[X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
1000.00	0.00	1000.00

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
12/06/2023	None	12.00 % (apr)	[ ] Yes [X] No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶	1000.00
TOTALS This Period (last page in this line only) ▶	

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Image# 202412059739603781

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the 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# 202412059739603782

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the 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# 202412059739603783

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the 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# 202412059739603784

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the 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# 202412059739603785

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the 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

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
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# 202412059739603786

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the 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# 202412059739603787

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the 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# 202412059739603788

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the 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# 202412059739603789

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the 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

Mailing Address
870 N Miramar Ave
Box 242

City	State	ZIP Code
Indialantic	FL	32903-3054

Election: 2010
- [ ] Primary
- [X] General
- [ ] Other (specify) ▼

- [X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
50000.00	0.00	50000.00

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
10/30/2010	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# 202412059739603790

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the 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# 202412059739603791

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the 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# 202412059739603792

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the 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# 202412059739603793

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the 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# 202412059739603794

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the 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

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
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# 202412059739603795

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the 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# 202412059739603796

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the 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) ▶	3372572.43

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
3346.15	0.00	0.00	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
9161.91	0.00	459.17	8702.74

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) ▶	12271.18
2) **TOTALS** This Period (last page this line number only) ▶	
3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ▶	
4) **ADD 2)** and **3)** and carry forward to appropriate line of Summary Page (last page only) ▶	

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one) ☐ 9 ☒ 10

NAME OF COMMITTEE (In Full)

Committee to Elect Alan Grayson

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

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: 3812.14

Transaction ID : D9FE7F5274EA14C4ABC3

Amount Incurred This Period: 0.00

Payment This Period: 0.00

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: 24316.42

Transaction ID : D68BB431804974809A96

Amount Incurred This Period: 0.00

Payment This Period: 247.72

Outstanding Balance at Close of This Period: 24068.70

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: – 7348.80

Transaction ID : DBA3C7B0ED1164F1F938

Amount Incurred This Period: 0.00

Payment This Period: 99.53

Outstanding Balance at Close of This Period: – 7448.33

1) **SUBTOTALS** This Period This Page (optional) ▶	20432.51
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

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 ☒ 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

Outstanding Balance Beginning This Period: 63949.00

Transaction ID : DF73314FFC597443BA23

Amount Incurred This Period: 0.00

Payment This Period: 0.00

Outstanding Balance at Close of This Period: 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

Outstanding Balance Beginning This Period: 31574.85

Transaction ID : D49DF434BFBC54B14927

Amount Incurred This Period: 0.00

Payment This Period: 573.58

Outstanding Balance at Close of This Period: 31001.27

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

Outstanding Balance Beginning This Period: 18365.67

Transaction ID : D32FF2238DDE84A2FB98

Amount Incurred This Period: 0.00

Payment This Period: 354.55

Outstanding Balance at Close of This Period: 18011.12

1) **SUBTOTALS** This Period This Page (optional) ▶	112961.39
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
3234.14	0.00	0.00	3234.14

B. 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

C. 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

Transaction ID : D4F265D41C0B9428799C

Outstanding Balance Beginning This Period	Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
15134.30	0.00	342.84	14791.46

1) **SUBTOTALS** This Period This Page (optional) ▶	20525.60
2) **TOTALS** This Period (last page this line number only) ▶	
3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ▶	
4) **ADD 2)** and **3)** and carry forward to appropriate line of Summary Page (last page only) ▶	

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one) ☐ 9 ☒ 10

NAME OF COMMITTEE (In Full)

Committee to Elect Alan Grayson

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

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

Transaction ID : D281C1614F1A8448DAA1

Outstanding Balance Beginning This Period	Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
50971.26	0.00	1084.81	49886.45

B. 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

Transaction ID : D21B093FE02A74627B87

Outstanding Balance Beginning This Period	Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
1750.00	0.00	0.00	1750.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Chase Amazon Visa

Mailing Address PO Box 6294

City: Carol Stream | State: IL | Zip Code: 60197-6294

Nature of Debt (Purpose): Credit Card Transactions

Transaction ID : DC2BC14AFAFD54E69B40

Outstanding Balance Beginning This Period	Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
28789.50	0.00	647.75	28141.75

1) **SUBTOTALS** This Period This Page (optional) ▶	79778.20
2) **TOTALS** This Period (last page this line number only) ▶	
3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ▶	
4) **ADD 2)** and **3)** and carry forward to appropriate line of Summary Page (last page only) ▶	

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one) ☐ 9 ☒ 10

NAME OF COMMITTEE (In Full)

Committee to Elect Alan Grayson

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Chase BA Visa

Mailing Address PO Box 1423

City: Charlotte | State: NC | Zip Code: 28201-1423

Nature of Debt (Purpose): Polling

Transaction ID : D03614FA0D1C14E5A99E

Outstanding Balance Beginning This Period	Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
9609.89	0.00	101.45	9508.44

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Chase Card Services

Mailing Address PO Box 94014

City: Palatine | State: IL | Zip Code: 60094-4014

Nature of Debt (Purpose): CREDIT CARD PAYMENT: SEE BELOW

Transaction ID : D61088B5EB0B14318900

Outstanding Balance Beginning This Period	Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
8745.83	0.00	0.00	8745.83

C. 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

Transaction ID : DDD487735FDB044DFAEE

Outstanding Balance Beginning This Period	Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
1030.92	0.00	0.00	1030.92

1) **SUBTOTALS** This Period This Page (optional) ▶	19285.19
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

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

Transaction ID : D3BE8D6166E734630A12

Outstanding Balance Beginning This Period	Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
1208.00	0.00	0.00	1208.00

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): Billboards/Digital Marketing/Printing

Transaction ID : DF1A7CECD375B4FD18D5

Outstanding Balance Beginning This Period	Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
– 5406.99	0.00	683.00	– 6089.99

C. 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
11247.02	0.00	– 70.92	11317.94

1) **SUBTOTALS** This Period This Page (optional) ▶	6435.95
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

Coastal Community X1 Card

Mailing Address: Credit Card Division, PO Box 12220

City: Everett | State: WA | Zip Code: 98206-2220

Nature of Debt (Purpose): Outdoor Advertising

Transaction ID : D301D2E1EA7A84BC09B4

Outstanding Balance Beginning This Period	Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
35493.08	0.00	668.87	34824.21

B. 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

C. 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

Transaction ID : D4F075FB772C8451B8C5

Outstanding Balance Beginning This Period	Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
1000.00	0.00	0.00	1000.00

1) **SUBTOTALS** This Period This Page (optional) ▶	36189.41
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

Discover It Card

Mailing Address PO Box 6103

City: Carol Stream | State: IL | Zip Code: 60197-6103

Nature of Debt (Purpose):

Transaction ID : DB2AD3D286E3F4EAFB7D

Outstanding Balance Beginning This Period	Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
1798.97	0.00	91.69	1707.28

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

NGPVAN, Inc. - Everyaction

Mailing Address 1445 New York Ave NW Suite 200

City: Washington | State: DC | Zip Code: 20005-2158

Nature of Debt (Purpose): Email distribution Services

Transaction ID : D230D86B6C70D4BE884B

Outstanding Balance Beginning This Period	Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
1250.00	0.00	0.00	1250.00

C. 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

1) **SUBTOTALS** This Period This Page (optional) ▶	4957.28
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

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

B. 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

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Tribune Publishing Company

Mailing Address 633 North Orange Ave

City: Orlando | State: FL | Zip Code: 32801-1325

Nature of Debt (Purpose): Subscription

Transaction ID : D62A54C4B9B694856B86

Outstanding Balance Beginning This Period	Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
9.58	0.00	0.00	9.58

1) **SUBTOTALS** This Period This Page (optional) ▶	184.43
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

Uber Technologies

Mailing Address 182 Howard Street # 8

City: San Francisco | State: CA | Zip Code: 94105-1611

Nature of Debt (Purpose): Car service

Transaction ID : D9B8FEF8E34894E849EA

Outstanding Balance Beginning This Period	Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
20.05	0.00	0.00	20.05

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

USAlliance Visa

Mailing Address PO Box 4517

City: Carol Stream | State: IL | Zip Code: 60197-4517

Nature of Debt (Purpose): Outdoor Advertising - Billboards/Signs

Transaction ID : D4A133307CC82485095E

Outstanding Balance Beginning This Period	Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
23498.06	0.00	244.93	23253.13

C. 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

1) **SUBTOTALS** This Period This Page (optional) ▶	26874.98
2) **TOTALS** This Period (last page this line number only) ▶	366452.38
3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ▶	3372572.43
4) **ADD 2)** and **3)** and carry forward to appropriate line of Summary Page (last page only) ▶	3739024.81