

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

Affordable Florida

ADDRESS (number and street)

610 S. Boulevard

Check if different
than previously
reported. (ACC)

Tampa

FL

33606

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C

C00952812

3. IS THIS
REPORTNEW
(N)

OR

AMENDED
(A)

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)July 31 Mid-Year
Report (Non-election
Year Only) (MY)Termination Report
(TER)(b) Monthly
Report
Due On:

Feb 20 (M2)



May 20 (M5)



Aug 20 (M8)

Nov 20 (M11)
(Non-Election
Year Only)

Mar 20 (M3)



Jun 20 (M6)



Sep 20 (M9)

Dec 20 (M12)
(Non-Election
Year Only)

Apr 20 (M4)



Jul 20 (M7)



Oct 20 (M10)



Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:

Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M M /

D D D /

Y Y Y Y Y Y /

08

18

2026

in the
State of

FL

(d) 30-Day
POST-Election
Report for the:

General (30G)



Runoff (30R)



Special (30S)

Election on

M M M /

D D D /

Y Y Y Y Y Y /

in the
State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y /

07

01

2026

through

M M M /

D D D /

Y Y Y Y Y Y /

07

29

2026

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

Watkins, Nancy, H., ,

Signature of Treasurer

Watkins, Nancy, H., ,

Date

M M M /

D D D /

Y Y Y Y Y Y /

08

05

2026

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

Office
Use
Only**FEC FORM 3X**
Rev. 05/2016

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

Affordable FloridaReport Covering the Period: From:

M M	D D	Y Y Y Y Y
07	01	2026

 To:

M M	D D	Y Y Y Y Y
07	29	2026

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, Y Y Y Y Y 2026		<



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

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

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 05/2016)

Page 3

Write or Type Committee Name

Affordable Florida

Report Covering the Period:

From:

M M	/	D D	/	Y Y Y Y
07	/	01	/	2026

To:

M M	/	D D	/	Y Y Y Y
07	/	29	/	2026

I. Receipts
COLUMN A
Total This Period
COLUMN B
Calendar Year-to-Date

11. Contributions (other than loans) From:

(a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

22500.00

22500.00

(ii) Unitemized

0.00

0.00

(iii) TOTAL (add

Lines 11(a)(i) and (ii).....▶

22500.00

22500.00

(b) Political Party Committees

0.00

0.00

(c) Other Political Committees

(such as PACs).....

20000.00

20000.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5)

42500.00

42500.00

12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

13. All Loans Received

0.00

0.00

14. Loan Repayments Received.....

0.00

0.00

15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

0.00

16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

17. Other Federal Receipts

(Dividends, Interest, etc.).....

0.00

0.00

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3)

0.00

0.00

(b) Levin Funds (from Schedule H5)

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),

12, 13, 14, 15, 16, 17, and 18(c))

42500.00

42500.00

20. Total Federal Receipts

(subtract Line 18(c) from Line 19)

42500.00

42500.00

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	2739.90	2739.90
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	2739.90	2739.90
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements (Including Non-Federal Donations).....	0.00	0.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	2739.90	2739.90
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	2739.90	2739.90

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	42500.00	42500.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	42500.00	42500.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	2739.90	2739.90
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)▶	2739.90	2739.90

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 6 OF 11
(check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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)

Affordable Florida

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Burkett, Austin, , ,

Mailing Address 8605 Cessna Drive

City
New Port Richey

State
FL

Zip Code
34654

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Burkett ACE Hardware

Occupation (for Individual)
owner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY
07 / 02 / 2026

Transaction ID : SA11AI.4107

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Fund for Economic Independence

Mailing Address 1520 Belle View Blvd.
Suite 5490

City
Alexandria

State
VA

Zip Code
22307

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

MM / DD / YYYY
07 / 29 / 2026

Transaction ID : SA11AI.4122

Amount of Each Receipt this Period

5000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. MacKechnie, Ian, , ,

Mailing Address 4902 Andros Drive

City
Tampa

State
FL

Zip Code
33629

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Amscot Financial, Inc.

Occupation (for Individual)
executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

MM / DD / YYYY
07 / 21 / 2026

Transaction ID : SA11AI.4113

Amount of Each Receipt this Period

5000.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

10500.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 7 OF 11
(check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Affordable Florida

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Primal Fundraising LLC

Mailing Address 5706 E. Mockingbird Lane
Box 115-382

City
Dallas

State
TX

Zip Code
75206

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

07 / 28 / 2026

Transaction ID : SA11AI.4120

Amount of Each Receipt this Period

10000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Woods, Stephanie, , ,

Mailing Address 4409 U.S. 19

City

New Port Richey

State

FL

Zip Code

34652

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
self-employed

Occupation (for Individual)
construction

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

07 / 03 / 2026

Transaction ID : SA11AI.4108

Amount of Each Receipt this Period

2000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

12000.00

22500.00

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 8 OF 11

(check only one)

☐ 11a	☐ 11b	☒ 11c	☐ 12
☐ 13	☐ 14	☐ 15	☐ 16
			☐ 17

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NAME OF COMMITTEE (In Full)

Affordable Florida

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Conservatives for America PAC

Mailing Address 4905 Del Ray Avenue
Suite 401

City
Bethesda

State
MD

Zip Code
20814

FEC ID number of contributing
federal political committee.

C C00893263

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

20000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 20 / 2026

Transaction ID : SA11C.4112

Amount of Each Receipt this Period

20000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶

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

20000.00

20000.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 9 OF 11

☒ 21b ☐ 22 ☐ 23 ☐ 26 ☐ 27
☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Affordable Florida

Full Name (Last, First, Middle Initial)

A. Anedot

Mailing Address 1340 Poydras Street
Suite 1770

City
New Orleans

State
LA

Zip Code
70112

Purpose of Disbursement

processing fees

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
07 / 23 / 2026

FEC Identification Number

C

Transaction ID : SB21B.4115

Amount of Each Disbursement this Period

175.30

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Dickinson Wright PLLC

Mailing Address 1825 I Street, N.W.
Suite 900

City
Washington

State
DC

Zip Code
20006

Purpose of Disbursement

legal fees

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
07 / 27 / 2026

FEC Identification Number

C

Transaction ID : SB21B.4118

Amount of Each Disbursement this Period

2476.50

☐ Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2651.80

2651.80

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 10 OF 11

FOR LINE NUMBER:
(check only one)
☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

Affordable Florida

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

SIMWINS, LLC

Nature of Debt (Purpose):

website design

Mailing Address 1509 E. 9th Avenue

City
TampaState
FLZip Code
33605

Outstanding Balance Beginning This Period

0.00

Transaction ID : SD10.4126

Amount Incurred This Period

1500.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1500.00

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

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

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

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

1) SUBTOTALS This Period This Page (optional)..... ►

1500.00

2) TOTALS This Period (last page this line number only)..... ►

1500.00

3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ►

0.00

4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ►

1500.00

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 11 OF 11
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Affordable Florida			FEC IDENTIFICATION NUMBER ▼ C C00952812	
Check if ☐ 24-hour report ☐ 48-hour report ▶ New report Amends report filed on M M / D D / Y Y Y Y Y Y				
Full Name of Payee SIMWINS, LLC			☒ Memo Item Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 07 / 29 / 2026	
Mailing Address 1509 E. 9th Avenue			Amount 1500.00	
City Tampa	State FL	Zip Code 33605	Transaction ID : SE.4130 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y	
Purpose of Expenditure website design		Category/ Type		
Name of Federal Candidate: Bilirakis, Gus M., , ,			☒ Support Office Sought: ☒ House District: 12 ☐ Oppose ☐ President ☐ Senate State: FL	
Calendar Year-To-Date Per Election for Office Sought 0.00			Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	
Full Name of Payee			☐ Memo Item Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y	
Mailing Address			Amount 	
City	State	Zip Code	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y	
Purpose of Expenditure		Category/ Type		
Name of Federal Candidate:			☐ Support Office Sought: ☐ House District: _____ ☐ Oppose ☐ President ☐ Senate State: _____	
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: ☐ Primary ☐ General ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures			0.00	
(b) SUBTOTAL of Unitemized Independent Expenditures.....				
(c) TOTAL Independent Expenditures			0.00	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature Watkins, Nancy, H., ,			Date M M / D D / Y Y Y Y Y Y 08 / 05 / 2026	