

**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
REPORTNEW
(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

M M / D D / Y Y Y Y

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

General (30G)



Runoff (30R)



Special (30S)

Election on

M M / D D / Y Y Y Y

in the
State of

5. Covering Period

M M / D D / Y Y Y Y
01 / 01 / 2023

through

M M / D D / Y Y Y Y
03 / 31 / 2023*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

M M / D D / Y Y Y Y
09 / 17 / 2025

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

Office
Use
Only**FEC FORM 3**
(Revised 05/2016)

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:

MM / DD / YYYY
01 / 01 / 2023

To:

MM / DD / YYYY
03 / 31 / 2023

	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))	2796.13	4963.54
(b) Total Contribution Refunds (from Line 20(d))	95.00	95.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	2701.13	4868.54
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	41255.71	66191.43
(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))	41255.71	66191.43
8. Cash on Hand at Close of Reporting Period (from Line 27)	7813.65	
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)	3517979.53	

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

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 05/2016)

Write or Type Committee Name

Committee to Elect Alan Grayson

Report Covering the Period:

From:

M M / D D / Y Y Y Y
01 01 2023

To:

M M / D D / Y Y Y Y
03 31 2023**I. RECEIPTS****COLUMN A**
Total This Period**COLUMN B**
Election Cycle-to-Date

11. CONTRIBUTIONS (other than loans) FROM:

(a) Individuals/Persons Other Than
Political Committees

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

0.00

0.00

(ii) Unitemized

2796.13

4963.54

(iii) TOTAL of contributions
from individuals ▶

2796.13

4963.54

(b) Political Party Committees.....

0.00

0.00

(c) Other Political Committees
(such as PACs)

0.00

0.00

(d) The Candidate

0.00

0.00

(e) TOTAL CONTRIBUTIONS
(other than loans)
(add Lines 11(a)(iii), (b), (c), and (d))..

2796.13

4963.54

12. TRANSFERS FROM OTHER
AUTHORIZED COMMITTEES

0.00

0.00

13. LOANS:

(a) Made or Guaranteed by the
Candidate.....

39470.07

60326.30

(b) All Other Loans.....

0.00

0.00

(c) TOTAL LOANS
(add Lines 13(a) and (b)).....

39470.07

60326.30

14. OFFSETS TO OPERATING
EXPENDITURES
(Refunds, Rebates, etc.)

0.00

0.00

15. OTHER RECEIPTS
(Dividends, Interest, etc.)

0.07

0.13

16. TOTAL RECEIPTS (add Lines
11(e), 12, 13(c), 14, and 15)
(Carry Total to Line 24, page 4)..... ▶

42266.27

65289.97

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3 (Revised 05/2016)

II. DISBURSEMENTS**COLUMN A**
Total This Period**COLUMN B**
Election Cycle-to-Date

17. OPERATING EXPENDITURES.....

41255.71

66191.43

18. TRANSFERS TO OTHER
AUTHORIZED COMMITTEES

0.00

0.00

19. LOAN REPAYMENTS:

(a) Of Loans Made or Guaranteed
by the Candidate.....

0.00

0.00

(b) Of All Other Loans

0.00

0.00

(c) TOTAL LOAN REPAYMENTS
(add Lines 19(a) and (b)).....

0.00

0.00

20. REFUNDS OF CONTRIBUTIONS TO:

(a) Individuals/Persons Other
Than Political Committees

95.00

95.00

(b) Political Party Committees.....

0.00

0.00

(c) Other Political Committees
(such as PACs)

0.00

0.00

(d) TOTAL CONTRIBUTION REFUNDS
(add Lines 20(a), (b), and (c)).....

95.00

95.00

21. OTHER DISBURSEMENTS

0.00

0.00

22. **TOTAL DISBURSEMENTS**

(add Lines 17, 18, 19(c), 20(d), and 21) ►

41350.71

66286.43

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....

6898.09

24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....

42266.27

25. SUBTOTAL (add Line 23 and Line 24).....

49164.36

26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....

41350.71

27. CASH ON HAND AT CLOSE OF REPORTING PERIOD

(subtract Line 26 from Line 25).....

7813.65

FEC MISCELLANEOUS TEXT RELATED TO A REPORT, SCHEDULE OR ITEMIZATION

Form/Schedule: F3A

Transaction ID :

Note that individuals with addresses outside the US are eligible to make political donations in federal elections.

Form/Schedule:

Transaction ID:

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 6 OF 211

☐ 11a	☐ 11b	☐ 11c	☐ 11d	☐ 15
☐ 12	☒ 13a	☐ 13b	☐ 14	☐ 15

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NAME OF COMMITTEE (In Full)

Committee to Elect Alan Grayson

Full Name (Last, First, Middle Initial)

Grayson, Alan Mark, , ,

A.

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
SelfOccupation
Candidate

Receipt For: 2024

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

21040.62

Date of Receipt

M M / D D / Y Y Y Y Y
01 02 2023

Transaction ID : AA350A3582D0A48BB9A3

Amount of Each Receipt this Period

184.39

☐ 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
SelfOccupation
Candidate

Receipt For: 2024

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

21648.62

Date of Receipt

M M / D D / Y Y Y Y Y
01 05 2023

Transaction ID : A33C30FC818A94C54960

Amount of Each Receipt this Period

608.00

☐ Memo Item

Loan received from personal funds

C.

Full Name (Last, First, Middle Initial)

Grayson, Alan Mark, , ,

Mailing Address 870 N Miramar Ave

Box 242

City

Indialantic

State

FL

Zip Code

32903-3054

FEC ID number of contributing
federal political committee.

C S2FL00581

Name of Employer
SelfOccupation
Candidate

Receipt For: 2024

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

23440.62

Date of Receipt

M M / D D / Y Y Y Y Y
01 08 2023

Transaction ID : A9E440899B1AF4FAEA8D

Amount of Each Receipt this Period

1792.00

☐ Memo Item

Loan from personal funds

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

2584.39

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

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
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Detailed Summary PageFOR LINE NUMBER:
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NAME OF COMMITTEE (In Full)

Committee to Elect Alan Grayson

Full Name (Last, First, Middle Initial)
Grayson, Alan Mark, , ,Mailing Address 870 N Miramar Ave
Box 242City
IndialanticState
FLZip Code
32903-3054FEC ID number of contributing
federal political committee.

C S2FL00581

Name of Employer
SelfOccupation
Candidate

Receipt For: 2024

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

25002.93

Date of Receipt

M M / D D / Y Y Y Y Y
01 09 2023

Transaction ID : AFA50A833E67B47F59F4

Amount of Each Receipt this Period

515.00

☐ Memo Item

Loan made from personal funds

Full Name (Last, First, Middle Initial)
Grayson, Alan Mark, , ,Mailing Address 870 N Miramar Ave
Box 242City
IndialanticState
FLZip Code
32903-3054FEC ID number of contributing
federal political committee.

C S2FL00581

Name of Employer
SelfOccupation
Candidate

Receipt For: 2024

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

25002.93

Date of Receipt

M M / D D / Y Y Y Y Y
01 09 2023

Transaction ID : A9A85E7D9355645C790F

Amount of Each Receipt this Period

1047.31

☐ Memo Item

Loan received from personal funds

Full Name (Last, First, Middle Initial)
Grayson, Alan Mark, , ,Mailing Address 870 N Miramar Ave
Box 242City
IndialanticState
FLZip Code
32903-3054FEC ID number of contributing
federal political committee.

C S2FL00581

Name of Employer
SelfOccupation
Candidate

Receipt For: 2024

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

27183.93

Date of Receipt

M M / D D / Y Y Y Y Y
01 10 2023

Transaction ID : AA7E49336C6E74F38846

Amount of Each Receipt this Period

2111.00

☐ Memo Item

Loan received from personal funds

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

3673.31

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

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
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Detailed Summary PageFOR LINE NUMBER:
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NAME OF COMMITTEE (In Full)

Committee to Elect Alan Grayson

Full Name (Last, First, Middle Initial)
Grayson, Alan Mark, , ,Mailing Address 870 N Miramar Ave
Box 242City
IndialanticState
FLZip Code
32903-3054FEC ID number of contributing
federal political committee.

C S2FL00581

Name of Employer
SelfOccupation
Candidate

Receipt For: 2024

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

27183.93

Date of Receipt

M M / D D / Y Y Y Y Y
01 10 2023

Transaction ID : A22D9E11609234B4AA35

Amount of Each Receipt this Period

70.00

☐ Memo Item

Loan received from personal funds

Full Name (Last, First, Middle Initial)
Grayson, Alan Mark, , ,Mailing Address 870 N Miramar Ave
Box 242City
IndialanticState
FLZip Code
32903-3054FEC ID number of contributing
federal political committee.

C S2FL00581

Name of Employer
SelfOccupation
Candidate

Receipt For: 2024

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

27998.93

Date of Receipt

M M / D D / Y Y Y Y Y
01 11 2023

Transaction ID : ACD909BCEE0684A8BA43

Amount of Each Receipt this Period

815.00

☐ Memo Item

Loan received from personal funds

Full Name (Last, First, Middle Initial)
Grayson, Alan Mark, , ,Mailing Address 870 N Miramar Ave
Box 242City
IndialanticState
FLZip Code
32903-3054FEC ID number of contributing
federal political committee.

C S2FL00581

Name of Employer
SelfOccupation
Candidate

Receipt For: 2024

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

29524.93

Date of Receipt

M M / D D / Y Y Y Y Y
01 15 2023

Transaction ID : A9F0492F51B1E44E7B07

Amount of Each Receipt this Period

574.00

☐ Memo Item

Load received from personal funds

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

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

1459.00

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
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NAME OF COMMITTEE (In Full)

Committee to Elect Alan Grayson

Full Name (Last, First, Middle Initial)
Grayson, Alan Mark, , ,Mailing Address 870 N Miramar Ave
Box 242City
IndialanticState
FLZip Code
32903-3054FEC ID number of contributing
federal political committee.

C S2FL00581

Name of Employer
SelfOccupation
Candidate

Receipt For: 2024

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

29524.93

Date of Receipt

M M / D D / Y Y Y Y Y
01 15 2023

Transaction ID : AD1402AA1B2734CFAB07

Amount of Each Receipt this Period

952.00

☐ Memo Item

Loan received from personal funds

Full Name (Last, First, Middle Initial)
Grayson, Alan Mark, , ,Mailing Address 870 N Miramar Ave
Box 242City
IndialanticState
FLZip Code
32903-3054FEC ID number of contributing
federal political committee.

C S2FL00581

Name of Employer
SelfOccupation
Candidate

Receipt For: 2024

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

30468.34

Date of Receipt

M M / D D / Y Y Y Y Y
01 22 2023

Transaction ID : A259D42E27E214FA0A51

Amount of Each Receipt this Period

943.41

☐ Memo Item

Loan received from personal funds

Full Name (Last, First, Middle Initial)
Grayson, Alan Mark, , ,Mailing Address 870 N Miramar Ave
Box 242City
IndialanticState
FLZip Code
32903-3054FEC ID number of contributing
federal political committee.

C S2FL00581

Name of Employer
SelfOccupation
Candidate

Receipt For: 2024

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

30978.34

Date of Receipt

M M / D D / Y Y Y Y Y
01 24 2023

Transaction ID : A8F9E3A1011424CFB84A

Amount of Each Receipt this Period

510.00

☐ Memo Item

Loan received from personal funds

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

2405.41

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

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
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☐ 11a	☐ 11b	☐ 11c	☐ 11d	☐ 15
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Committee to Elect Alan Grayson

Full Name (Last, First, Middle Initial)
Grayson, Alan Mark, , ,Mailing Address 870 N Miramar Ave
Box 242City
IndialanticState
FLZip Code
32903-3054FEC ID number of contributing
federal political committee.

C S2FL00581

Name of Employer
SelfOccupation
Candidate

Receipt For: 2024

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

34423.34

Date of Receipt

M M / D D / Y Y Y Y Y
01 27 2023

Transaction ID : A435974EE6A6F4E2EB32

Amount of Each Receipt this Period

2772.00

☐ Memo Item

Loan made from personal funds

Full Name (Last, First, Middle Initial)
Grayson, Alan Mark, , ,Mailing Address 870 N Miramar Ave
Box 242City
IndialanticState
FLZip Code
32903-3054FEC ID number of contributing
federal political committee.

C S2FL00581

Name of Employer
SelfOccupation
Candidate

Receipt For: 2024

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

34423.34

Date of Receipt

M M / D D / Y Y Y Y Y
01 27 2023

Transaction ID : A7A92243A4C1F4BDCAFB

Amount of Each Receipt this Period

371.00

☐ Memo Item

Loan made from personal funds

Full Name (Last, First, Middle Initial)
Grayson, Alan Mark, , ,Mailing Address 870 N Miramar Ave
Box 242City
IndialanticState
FLZip Code
32903-3054FEC ID number of contributing
federal political committee.

C S2FL00581

Name of Employer
SelfOccupation
Candidate

Receipt For: 2024

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

34423.34

Date of Receipt

M M / D D / Y Y Y Y Y
01 27 2023

Transaction ID : A5286A9823C7F4C3DADE

Amount of Each Receipt this Period

302.00

☐ Memo Item

Loan received from personal funds

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

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

3445.00

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
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PAGE 11 OF 211

☐ 11a	☐ 11b	☐ 11c	☐ 11d	☐ 15
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Committee to Elect Alan Grayson

Full Name (Last, First, Middle Initial)
Grayson, Alan Mark, , ,Mailing Address 870 N Miramar Ave
Box 242City
IndialanticState
FLZip Code
32903-3054FEC ID number of contributing
federal political committee.

C S2FL00581

Name of Employer
SelfOccupation
Candidate

Receipt For: 2024

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

34645.40

Date of Receipt

M M / D D / Y Y Y Y Y
02 02 2023

Transaction ID : A2C53CE65578747AB809

Amount of Each Receipt this Period

222.06

☐ Memo Item

Loan made from personal funds

Full Name (Last, First, Middle Initial)
Grayson, Alan Mark, , ,Mailing Address 870 N Miramar Ave
Box 242City
IndialanticState
FLZip Code
32903-3054FEC ID number of contributing
federal political committee.

C S2FL00581

Name of Employer
SelfOccupation
Candidate

Receipt For: 2024

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

35841.40

Date of Receipt

M M / D D / Y Y Y Y Y
02 05 2023

Transaction ID : AB4512CB3A7CD4900817

Amount of Each Receipt this Period

1196.00

☐ Memo Item

Loans received from personal funds

Full Name (Last, First, Middle Initial)
Grayson, Alan Mark, , ,Mailing Address 870 N Miramar Ave
Box 242City
IndialanticState
FLZip Code
32903-3054FEC ID number of contributing
federal political committee.

C S2FL00581

Name of Employer
SelfOccupation
Candidate

Receipt For: 2024

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

37683.40

Date of Receipt

M M / D D / Y Y Y Y Y
02 08 2023

Transaction ID : ACD5A567702224FE2A97

Amount of Each Receipt this Period

1842.00

☐ Memo Item

Loan from personal funds

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

3260.06

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

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
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(check only one)

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☐ 11a	☐ 11b	☐ 11c	☐ 11d	☐ 15
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Committee to Elect Alan Grayson

Full Name (Last, First, Middle Initial)
Grayson, Alan Mark, , ,Mailing Address 870 N Miramar Ave
Box 242City
IndialanticState
FLZip Code
32903-3054FEC ID number of contributing
federal political committee.

C S2FL00581

Name of Employer
SelfOccupation
Candidate

Receipt For: 2024

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

39225.55

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 09 / 2023

Transaction ID : A34295D98163546FEAFF

Amount of Each Receipt this Period

1013.15

☐ Memo Item

Loan received from personal funds

Full Name (Last, First, Middle Initial)
Grayson, Alan Mark, , ,Mailing Address 870 N Miramar Ave
Box 242City
IndialanticState
FLZip Code
32903-3054FEC ID number of contributing
federal political committee.

C S2FL00581

Name of Employer
SelfOccupation
Candidate

Receipt For: 2024

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

39225.55

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 09 / 2023

Transaction ID : A196D124019C641F5AD3

Amount of Each Receipt this Period

529.00

☐ Memo Item

Loan received from personal funds

Full Name (Last, First, Middle Initial)
Grayson, Alan Mark, , ,Mailing Address 870 N Miramar Ave
Box 242City
IndialanticState
FLZip Code
32903-3054FEC ID number of contributing
federal political committee.

C S2FL00581

Name of Employer
SelfOccupation
Candidate

Receipt For: 2024

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

40885.55

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 10 / 2023

Transaction ID : A2F8BAC7014F04284B25

Amount of Each Receipt this Period

837.00

☐ Memo Item

Loan received from personal funds

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

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

2379.15

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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☐ 11a	☐ 11b	☐ 11c	☐ 11d	☐ 15
☐ 12	☒ 13a	☐ 13b	☐ 14	☐ 15

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NAME OF COMMITTEE (In Full)

Committee to Elect Alan Grayson

Full Name (Last, First, Middle Initial)

Grayson, Alan Mark, , ,

A.

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
SelfOccupation
Candidate

Receipt For: 2024

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

40885.55

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 10 / 2023

Transaction ID : A0F3671D46E954C539EC

Amount of Each Receipt this Period

665.00

☐ Memo Item

Loan received 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
SelfOccupation
Candidate

Receipt For: 2024

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

40885.55

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 10 / 2023

Transaction ID : A0F697F98CC014720A24

Amount of Each Receipt this Period

158.00

☐ Memo Item

Loan received from personal funds

C.

Full Name (Last, First, Middle Initial)

Grayson, Alan Mark, , ,

Mailing Address 870 N Miramar Ave

Box 242

City

Indialantic

State

FL

Zip Code

32903-3054

FEC ID number of contributing
federal political committee.

C S2FL00581

Name of Employer
SelfOccupation
Candidate

Receipt For: 2024

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

42024.55

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 14 / 2023

Transaction ID : A8AC7CC05DC014347B8C

Amount of Each Receipt this Period

1139.00

☐ Memo Item

Loan received from personal funds

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

1962.00

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

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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☐ 11a	☐ 11b	☐ 11c	☐ 11d	☐ 15
☐ 12	☒ 13a	☐ 13b	☐ 14	☐ 15

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NAME OF COMMITTEE (In Full)

Committee to Elect Alan Grayson

Full Name (Last, First, Middle Initial)
Grayson, Alan Mark, , ,Mailing Address 870 N Miramar Ave
Box 242City
IndialanticState
FLZip Code
32903-3054FEC ID number of contributing
federal political committee.

C S2FL00581

Name of Employer
SelfOccupation
Candidate

Receipt For: 2024

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

43590.55

Date of Receipt

M M / D D / Y Y Y Y Y
02 18 2023

Transaction ID : AE2FDA287EB964088A5F

Amount of Each Receipt this Period

977.00

☐ Memo Item

Loan received from personal funds

Full Name (Last, First, Middle Initial)
Grayson, Alan Mark, , ,Mailing Address 870 N Miramar Ave
Box 242City
IndialanticState
FLZip Code
32903-3054FEC ID number of contributing
federal political committee.

C S2FL00581

Name of Employer
SelfOccupation
Candidate

Receipt For: 2024

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

43590.55

Date of Receipt

M M / D D / Y Y Y Y Y
02 18 2023

Transaction ID : AEBF89C994D654850856

Amount of Each Receipt this Period

589.00

☐ Memo Item

Loan received from personal funds

Full Name (Last, First, Middle Initial)
Grayson, Alan Mark, , ,Mailing Address 870 N Miramar Ave
Box 242City
IndialanticState
FLZip Code
32903-3054FEC ID number of contributing
federal political committee.

C S2FL00581

Name of Employer
SelfOccupation
Candidate

Receipt For: 2024

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

44848.95

Date of Receipt

M M / D D / Y Y Y Y Y
02 22 2023

Transaction ID : ABCBAE172661F41739D3

Amount of Each Receipt this Period

750.40

☐ Memo Item

Loan received from personal funds

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

2316.40

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

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)

Committee to Elect Alan Grayson

Full Name (Last, First, Middle Initial)
Grayson, Alan Mark, , ,Mailing Address 870 N Miramar Ave
Box 242City
IndialanticState
FLZip Code
32903-3054FEC ID number of contributing
federal political committee.

C S2FL00581

Name of Employer
SelfOccupation
Candidate

Receipt For: 2024

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

44848.95

Date of Receipt

M M / D D / Y Y Y Y Y
02 22 2023

Transaction ID : A26C22EDA2BAA45EF82F

Amount of Each Receipt this Period

508.00

☐ Memo Item

Loan received from personal funds

Full Name (Last, First, Middle Initial)
Grayson, Alan Mark, , ,Mailing Address 870 N Miramar Ave
Box 242City
IndialanticState
FLZip Code
32903-3054FEC ID number of contributing
federal political committee.

C S2FL00581

Name of Employer
SelfOccupation
Candidate

Receipt For: 2024

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

47593.95

Date of Receipt

M M / D D / Y Y Y Y Y
02 27 2023

Transaction ID : A35F50C929E8E471E96F

Amount of Each Receipt this Period

2745.00

☐ Memo Item

Loan made from personal funds

Full Name (Last, First, Middle Initial)
Grayson, Alan Mark, , ,Mailing Address 870 N Miramar Ave
Box 242City
IndialanticState
FLZip Code
32903-3054FEC ID number of contributing
federal political committee.

C S2FL00581

Name of Employer
SelfOccupation
Candidate

Receipt For: 2024

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

47893.95

Date of Receipt

M M / D D / Y Y Y Y Y
02 28 2023

Transaction ID : ABD5C19AA2E324384A6B

Amount of Each Receipt this Period

300.00

☐ Memo Item

Loan received from personal funds

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

3553.00

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

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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☐ 12	☒ 13a	☐ 13b	☐ 14	☐ 15

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NAME OF COMMITTEE (In Full)

Committee to Elect Alan Grayson

Full Name (Last, First, Middle Initial)
Grayson, Alan Mark, , ,Mailing Address 870 N Miramar Ave
Box 242City
IndialanticState
FLZip Code
32903-3054FEC ID number of contributing
federal political committee.

C S2FL00581

Name of Employer
SelfOccupation
Candidate

Receipt For: 2024

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

48234.95

Date of Receipt

M M / D D / Y Y Y Y Y
03 01 2023

Transaction ID : A7DF6427BE9DD411793F

Amount of Each Receipt this Period

341.00

☐ Memo Item

Loan from personal funds

Full Name (Last, First, Middle Initial)
Grayson, Alan Mark, , ,Mailing Address 870 N Miramar Ave
Box 242City
IndialanticState
FLZip Code
32903-3054FEC ID number of contributing
federal political committee.

C S2FL00581

Name of Employer
SelfOccupation
Candidate

Receipt For: 2024

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

48469.57

Date of Receipt

M M / D D / Y Y Y Y Y
03 02 2023

Transaction ID : A1D062E09457443F8A63

Amount of Each Receipt this Period

234.62

☐ Memo Item

Loan made from personal funds

Full Name (Last, First, Middle Initial)
Grayson, Alan Mark, , ,Mailing Address 870 N Miramar Ave
Box 242City
IndialanticState
FLZip Code
32903-3054FEC ID number of contributing
federal political committee.

C S2FL00581

Name of Employer
SelfOccupation
Candidate

Receipt For: 2024

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

49585.57

Date of Receipt

M M / D D / Y Y Y Y Y
03 06 2023

Transaction ID : AD727287C2A644FC8AC3

Amount of Each Receipt this Period

1116.00

☐ Memo Item

Loan received from personal funds

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

1691.62

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

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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☐ 12	☒ 13a	☐ 13b	☐ 14	☐ 15

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NAME OF COMMITTEE (In Full)

Committee to Elect Alan Grayson

Full Name (Last, First, Middle Initial)
Grayson, Alan Mark, , ,Mailing Address 870 N Miramar Ave
Box 242City
IndialanticState
FLZip Code
32903-3054FEC ID number of contributing
federal political committee.

C S2FL00581

Name of Employer
SelfOccupation
Candidate

Receipt For: 2024

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

51425.57

Date of Receipt

M M / D D / Y Y Y Y Y
03 08 2023

Transaction ID : AD4B8A07637B346F280E

Amount of Each Receipt this Period

1840.00

☐ Memo Item

Loan made from personal funds

Full Name (Last, First, Middle Initial)
Grayson, Alan Mark, , ,Mailing Address 870 N Miramar Ave
Box 242City
IndialanticState
FLZip Code
32903-3054FEC ID number of contributing
federal political committee.

C S2FL00581

Name of Employer
SelfOccupation
Candidate

Receipt For: 2024

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

53014.96

Date of Receipt

M M / D D / Y Y Y Y Y
03 09 2023

Transaction ID : AFD0E16CF535E4237870

Amount of Each Receipt this Period

1065.39

☐ Memo Item

Loan received from personal funds

Full Name (Last, First, Middle Initial)
Grayson, Alan Mark, , ,Mailing Address 870 N Miramar Ave
Box 242City
IndialanticState
FLZip Code
32903-3054FEC ID number of contributing
federal political committee.

C S2FL00581

Name of Employer
SelfOccupation
Candidate

Receipt For: 2024

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

53014.96

Date of Receipt

M M / D D / Y Y Y Y Y
03 09 2023

Transaction ID : ACBDE1938611044D4988

Amount of Each Receipt this Period

524.00

☐ Memo Item

Loan received from personal funds

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

3429.39

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

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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☐ 11a	☐ 11b	☐ 11c	☐ 11d	☐ 15
☐ 12	☒ 13a	☐ 13b	☐ 14	☐ 15

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NAME OF COMMITTEE (In Full)

Committee to Elect Alan Grayson

Full Name (Last, First, Middle Initial)
Grayson, Alan Mark, , ,Mailing Address 870 N Miramar Ave
Box 242City
IndialanticState
FLZip Code
32903-3054FEC ID number of contributing
federal political committee.

C S2FL00581

Name of Employer
SelfOccupation
Candidate

Receipt For: 2024

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

53429.96

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 10 / 2023

Transaction ID : A4C6281CD992741AA941

Amount of Each Receipt this Period

170.00

☐ Memo Item

Loan received from personal funds

Full Name (Last, First, Middle Initial)
Grayson, Alan Mark, , ,Mailing Address 870 N Miramar Ave
Box 242City
IndialanticState
FLZip Code
32903-3054FEC ID number of contributing
federal political committee.

C S2FL00581

Name of Employer
SelfOccupation
Candidate

Receipt For: 2024

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

53429.96

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 10 / 2023

Transaction ID : AB743224B93E7458299E

Amount of Each Receipt this Period

245.00

☐ Memo Item

Loan received from personal funds

Full Name (Last, First, Middle Initial)
Grayson, Alan Mark, , ,Mailing Address 870 N Miramar Ave
Box 242City
IndialanticState
FLZip Code
32903-3054FEC ID number of contributing
federal political committee.

C S2FL00581

Name of Employer
SelfOccupation
Candidate

Receipt For: 2024

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

54258.96

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 11 / 2023

Transaction ID : A892D4648D36949E5A4F

Amount of Each Receipt this Period

829.00

☐ Memo Item

Loan received from personal funds

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

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

1244.00

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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☐ 12	☒ 13a	☐ 13b	☐ 14	☐ 15

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NAME OF COMMITTEE (In Full)

Committee to Elect Alan Grayson

Full Name (Last, First, Middle Initial)
Grayson, Alan Mark, , ,Mailing Address 870 N Miramar Ave
Box 242City
IndialanticState
FLZip Code
32903-3054FEC ID number of contributing
federal political committee.

C S2FL00581

Name of Employer
SelfOccupation
Candidate

Receipt For: 2024

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

55227.96

Date of Receipt

M M / D D / Y Y Y Y Y
03 18 2023

Transaction ID : AF92EE1474D6449A5982

Amount of Each Receipt this Period

969.00

☐ Memo Item

Loan received from personal funds

Full Name (Last, First, Middle Initial)
Grayson, Alan Mark, , ,Mailing Address 870 N Miramar Ave
Box 242City
IndialanticState
FLZip Code
32903-3054FEC ID number of contributing
federal political committee.

C S2FL00581

Name of Employer
SelfOccupation
Candidate

Receipt For: 2024

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

55811.96

Date of Receipt

M M / D D / Y Y Y Y Y
03 20 2023

Transaction ID : A28078C0014DA459093E

Amount of Each Receipt this Period

584.00

☐ Memo Item

Loan received from personal funds

Full Name (Last, First, Middle Initial)
Grayson, Alan Mark, , ,Mailing Address 870 N Miramar Ave
Box 242City
IndialanticState
FLZip Code
32903-3054FEC ID number of contributing
federal political committee.

C S2FL00581

Name of Employer
SelfOccupation
Candidate

Receipt For: 2024

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

56593.30

Date of Receipt

M M / D D / Y Y Y Y Y
03 22 2023

Transaction ID : A73459602E3E74AA19B9

Amount of Each Receipt this Period

781.34

☐ Memo Item

Loan received from personal funds

2334.34

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

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

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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☐ 11a	☐ 11b	☐ 11c	☐ 11d	☐ 15
☐ 12	☒ 13a	☐ 13b	☐ 14	☐ 15

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NAME OF COMMITTEE (In Full)

Committee to Elect Alan Grayson

Full Name (Last, First, Middle Initial)

Grayson, Alan Mark, , ,

A.

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
SelfOccupation
Candidate

Receipt For: 2024

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

57097.30

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 23 / 2023

Transaction ID : A19DAA36C62DE4283AA3

Amount of Each Receipt this Period

504.00

☐ Memo Item

Loan received 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
SelfOccupation
Candidate

Receipt For: 2024

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

59667.30

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 27 / 2023

Transaction ID : A7FDAD4C10BD746B3A08

Amount of Each Receipt this Period

2570.00

☐ Memo Item

Loan made from personal funds

C.

Full Name (Last, First, Middle Initial)

Grayson, Alan Mark, , ,

Mailing Address 870 N Miramar Ave

Box 242

City

Indialantic

State

FL

Zip Code

32903-3054

FEC ID number of contributing
federal political committee.

C S2FL00581

Name of Employer
SelfOccupation
Candidate

Receipt For: 2024

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

60326.30

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 28 / 2023

Transaction ID : A2FF24543ED0947E3AA5

Amount of Each Receipt this Period

298.00

☐ Memo Item

Loans received from personal funds

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

3372.00

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

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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☐ 12	☒ 13a	☐ 13b	☐ 14	☐ 15

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NAME OF COMMITTEE (In Full)

Committee to Elect Alan Grayson

Full Name (Last, First, Middle Initial)
Grayson, Alan Mark, , ,Mailing Address 870 N Miramar Ave
Box 242City
IndialanticState
FLZip Code
32903-3054FEC ID number of contributing
federal political committee.

C S2FL00581

Name of Employer
SelfOccupation
Candidate

Receipt For: 2024

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

60326.30

Date of Receipt

M M / D D / Y Y Y Y Y
03 28 2023

Transaction ID : AA3589374F35B4477845

Amount of Each Receipt this Period

361.00

☐ Memo Item

Loan made from personal funds

Full Name (Last, First, Middle Initial)

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

Full Name (Last, First, Middle Initial)

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

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

361.00

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

39470.07

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)

Committee to Elect Alan Grayson

Full Name (Last, First, Middle Initial)

A. AAdvantage MC BarclayMailing Address Barclays
PO Box 13337City
PhiladelphiaState
PAZip Code
19101-3337Purpose of Disbursement
Interest expense

001

Candidate Name

Category/
Type

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☒	Primary	☐ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		0	2		2	0	2	3

FEC Identification Number

C

Amount of Each Disbursement this Period

159.05

Transaction ID : BAAD2A5D4308D4882925

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. AAdvantage MC BarclayMailing Address Barclays
PO Box 13337City
PhiladelphiaState
PAZip Code
19101-3337Purpose of Disbursement
Principal repayment - digital advertising

001

Candidate Name

Category/
Type

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☒	Primary	☐ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		0	2		2	0	2	3

FEC Identification Number

C

Amount of Each Disbursement this Period

63.01

Transaction ID : B65E0CA38B0694992878

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. AAdvantage MC BarclayMailing Address Barclays
PO Box 13337City
PhiladelphiaState
PAZip Code
19101-3337Purpose of Disbursement
Interest Expense

001

Candidate Name

Category/
Type

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☒	Primary	☐ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		0	2		2	0	2	3

FEC Identification Number

C

Amount of Each Disbursement this Period

166.46

Transaction ID : BA697C59EB6984925994

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

388.52

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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☒ 17	☐ 18	☐ 19a	☐ 19b
☐ 20a	☐ 20b	☐ 20c	☐ 21

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NAME OF COMMITTEE (In Full)

Committee to Elect Alan Grayson

Full Name (Last, First, Middle Initial)

A. AAdvantage MC BarclayMailing Address Barclays
PO Box 13337City
PhiladelphiaState
PAZip Code
19101-3337Purpose of Disbursement
Principal repayment - digital advertising

001

Candidate Name

Category/
Type

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☒	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		0	2		2	0	2	3

FEC Identification Number

C

Amount of Each Disbursement this Period

68.16

Transaction ID : B7B573B0BD9B74665B53

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. ActBlueMailing Address 14 Arrow St
Ste 11City
CambridgeState
MAZip Code
02138-5106Purpose of Disbursement
Bankcard processing fees

003

Candidate Name
ActBlueCategory/
Type

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☒	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		3	1		2	0	2	3

FEC Identification Number

C C00401224

Amount of Each Disbursement this Period

41.80

Transaction ID : B9E646C5299A544A7BB4

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Alliant Visa

Mailing Address PO Box 1666

City
Des PlainesState
ILZip Code
60017-1666Purpose of Disbursement
CC interest expense

001

Candidate Name

Category/
Type

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☒	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		1	4		2	0	2	3

FEC Identification Number

C

Amount of Each Disbursement this Period

448.14

Transaction ID : BEE272A9AA3FF41F19CF

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

558.10

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)

Committee to Elect Alan Grayson

Full Name (Last, First, Middle Initial)

A. Alliant Visa

Mailing Address PO Box 1666

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		1	4		2	0	2	3

City
Des PlainesState
ILZip Code
60017-1666

FEC Identification Number

C

Purpose of Disbursement
Principal repayment - printing

001

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

690.86

Transaction ID : B02CA3B9F050D40999CE

☐ Memo Item

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☒	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Full Name (Last, First, Middle Initial)

B. American Express Blue Bus+

Mailing Address PO Box 650448

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	0		2	0	2	3

City
DallasState
TXZip Code
75265

FEC Identification Number

C

Purpose of Disbursement
Interest expense

001

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

100.72

Transaction ID : BDDCAA52B931849F0998

☐ Memo Item

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☒	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Full Name (Last, First, Middle Initial)

C. American Express Blue Bus+

Mailing Address PO Box 650448

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	0		2	0	2	3

City
DallasState
TXZip Code
75265

FEC Identification Number

C

Purpose of Disbursement
Principal repayment - polling expenses

001

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

2010.28

Transaction ID : B6ADDDF7A0B2641C4905

☐ Memo Item

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☒	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

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

2801.86

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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☐ 20a	☐ 20b	☐ 20c	☐ 21

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NAME OF COMMITTEE (In Full)

Committee to Elect Alan Grayson

Full Name (Last, First, Middle Initial)

A. American Express Blue Bus+

Mailing Address PO Box 650448

City
DallasState
TXZip Code
75265Purpose of Disbursement
Principal repayment

001

Candidate Name

Category/
Type

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☒	Primary	☐ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		1	0		2	0	2	3

FEC Identification Number

C

Amount of Each Disbursement this Period

57.29

Transaction ID : B936682A9904245C8884

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. American Express Blue Bus+

Mailing Address PO Box 650448

City
DallasState
TXZip Code
75265Purpose of Disbursement
Interest expense

001

Candidate Name

Category/
Type

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☒	Primary	☐ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		1	0		2	0	2	3

FEC Identification Number

C

Amount of Each Disbursement this Period

100.71

Transaction ID : B7D263998D7A849F782D

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. American Express Blue Bus+

Mailing Address PO Box 650448

City
DallasState
TXZip Code
75265Purpose of Disbursement
Principal repayment

001

Candidate Name

Category/
Type

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☒	Primary	☐ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	0		2	0	2	3

FEC Identification Number

C

Amount of Each Disbursement this Period

152.93

Transaction ID : B0ABE5B71CD9C458384D

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

310.93

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
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☒ 17	☐ 18	☐ 19a	☐ 19b
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NAME OF COMMITTEE (In Full)

Committee to Elect Alan Grayson

Full Name (Last, First, Middle Initial)

A. American Express Blue Bus+

Mailing Address PO Box 650448

City
DallasState
TXZip Code
75265Purpose of Disbursement
CC Interest

001

Candidate Name

Category/
Type

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☒	Primary	☐ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	0		2	0	2	3

FEC Identification Number

C

Amount of Each Disbursement this Period

92.07

Transaction ID : B740F9FC9E4CD4BA4A28

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. American Express Business Green

Mailing Address PO Box 650448

City
DallasState
TXZip Code
75265-0448Purpose of Disbursement
Credit Card: See Below

001

Candidate Name

Category/
Type

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☒	Primary	☐ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	8		2	0	2	3

FEC Identification Number

C

Amount of Each Disbursement this Period

1459.00

Transaction ID : B061D7523EB1643978B8

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Action Network Toolset

Mailing Address 12180 Millennium Drive, Suite 500

City
Playa VistaState
CAZip Code
90094Purpose of Disbursement
Computer Data Services

001

Candidate Name

Category/
Type

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☒	Primary	☐ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	8		2	0	2	3

FEC Identification Number

C

Amount of Each Disbursement this Period

1000.00

Transaction ID : BFB59B8C58B794E118A3

☒ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

1551.07

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
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(check only one)

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NAME OF COMMITTEE (In Full)

Committee to Elect Alan Grayson

Full Name (Last, First, Middle Initial)

A. Aristotle

Mailing Address 205 Pennsylvania Ave, SE

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	8		2	0	2	3

City
WashingtonState
DCZip Code
20003-1164

FEC Identification Number

C

Purpose of Disbursement
Compliance software

001

Candidate Name

Category/
Type

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☒	Primary	☐	General
☐	Other (specify) ▼		

Amount of Each Disbursement this Period

459.00

Transaction ID : B123B8A508BFF4FB39B5

☒ Memo Item

State:

District:

Full Name (Last, First, Middle Initial)

B. American Express Gold 2

Mailing Address PO Box 650448

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	5		2	0	2	3

City
DallasState
TXZip Code
75265-0448

FEC Identification Number

C

Purpose of Disbursement
Principal repayment - digital ads

001

Candidate Name

Category/
Type

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☒	Primary	☐	General
☐	Other (specify) ▼		

Amount of Each Disbursement this Period

608.00

Transaction ID : B078583EBEDCF401CB98

☐ Memo Item

State:

District:

Full Name (Last, First, Middle Initial)

C. American Express Gold 2

Mailing Address PO Box 650448

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		0	5		2	0	2	3

City
DallasState
TXZip Code
75265-0448

FEC Identification Number

C

Purpose of Disbursement
Principal repayment - digital ad

001

Candidate Name

Category/
Type

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☒	Primary	☐	General
☐	Other (specify) ▼		

Amount of Each Disbursement this Period

578.08

Transaction ID : B78C3BB2D8AB0428393A

☐ Memo Item

State:

District:

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

1186.08

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
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☒ 17	☐ 18	☐ 19a	☐ 19b
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NAME OF COMMITTEE (In Full)

Committee to Elect Alan Grayson

Full Name (Last, First, Middle Initial)

A. American Express Gold 2

Mailing Address PO Box 650448

City
DallasState
TXZip Code
75265-0448Purpose of Disbursement
Interest expense

001

Candidate Name

Category/
Type

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☒	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		0	5		2	0	2	3

FEC Identification Number

C

Amount of Each Disbursement this Period

617.92

Transaction ID : B3C734F1B08704303A65

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. American Express Gold 2

Mailing Address PO Box 650448

City
DallasState
TXZip Code
75265-0448Purpose of Disbursement
Interest expense

001

Candidate Name

Category/
Type

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☒	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		0	6		2	0	2	3

FEC Identification Number

C

Amount of Each Disbursement this Period

593.59

Transaction ID : BF08D92260A2C4623A5B

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. American Express Gold 2

Mailing Address PO Box 650448

City
DallasState
TXZip Code
75265-0448Purpose of Disbursement
principal pmt - digital ad

001

Candidate Name

Category/
Type

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☒	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		0	6		2	0	2	3

FEC Identification Number

C

Amount of Each Disbursement this Period

522.41

Transaction ID : B5E93C7AD56A541CF804

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

1733.92

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
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☒ 17	☐ 18	☐ 19a	☐ 19b
☐ 20a	☐ 20b	☐ 20c	☐ 21

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NAME OF COMMITTEE (In Full)

Committee to Elect Alan Grayson

Full Name (Last, First, Middle Initial)

A. American Express Schwab Business Platinum

Mailing Address PO Box 650448

City
DallasState
TXZip Code
75265-0448Purpose of Disbursement
Principal repayment - print media

001

Candidate Name

Category/
Type

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☒	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	0		2	0	2	3

FEC Identification Number

C

Amount of Each Disbursement this Period

70.00

Transaction ID : BBFEF29DCFF7E434AB03

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. American Express Schwab Business Platinum

Mailing Address PO Box 650448

City
DallasState
TXZip Code
75265-0448Purpose of Disbursement
CC Fees

001

Candidate Name

Category/
Type

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☒	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		1	0		2	0	2	3

FEC Identification Number

C

Amount of Each Disbursement this Period

595.00

Transaction ID : BE8FC585A2CAA482E856

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. American Express Schwab Business Platinum

Mailing Address PO Box 650448

City
DallasState
TXZip Code
75265-0448Purpose of Disbursement
Principal repayment - print ads

001

Candidate Name

Category/
Type

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☒	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		1	0		2	0	2	3

FEC Identification Number

C

Amount of Each Disbursement this Period

70.00

Transaction ID : BEEA8F7329A054750ABE

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

735.00

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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☒ 17	☐ 18	☐ 19a	☐ 19b
☐ 20a	☐ 20b	☐ 20c	☐ 21

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NAME OF COMMITTEE (In Full)

Committee to Elect Alan Grayson

Full Name (Last, First, Middle Initial)

A. American Express Schwab Business Platinum

Mailing Address PO Box 650448

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	0		2	0	2	3

City
DallasState
TXZip Code
75265-0448

FEC Identification Number

C

Purpose of Disbursement
Interest expense

001

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

100.79

Transaction ID : B46C228832C014EC2B4E

☐ Memo Item

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☒	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Full Name (Last, First, Middle Initial)

B. American Express Schwab Business Platinum

Mailing Address PO Box 650448

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	0		2	0	2	3

City
DallasState
TXZip Code
75265-0448

FEC Identification Number

C

Purpose of Disbursement
Principal repayment - print ads

001

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

69.21

Transaction ID : BB79C4C7CACB546FEBEB

☐ Memo Item

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☒	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Full Name (Last, First, Middle Initial)

C. Bank of America Flying Blue

Mailing Address PO Box 660710

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	5		2	0	2	3

City
DallasState
TXZip Code
75266-0710

FEC Identification Number

C

Purpose of Disbursement
Interest expense

001

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

596.40

Transaction ID : BD75EDDF52BA441A0BF1

☐ Memo Item

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☒	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

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

766.40

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
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☒ 17	☐ 18	☐ 19a	☐ 19b
☐ 20a	☐ 20b	☐ 20c	☐ 21

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NAME OF COMMITTEE (In Full)

Committee to Elect Alan Grayson

Full Name (Last, First, Middle Initial)

A. Bank of America Flying Blue

Mailing Address PO Box 660710

City
DallasState
TXZip Code
75266-0710Purpose of Disbursement
Principal repayment

001

Candidate Name

Category/
Type

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☒	Primary	☐ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	1	5	/	2	0	2	3

FEC Identification Number

C

Amount of Each Disbursement this Period

355.60

Transaction ID : B35B9D1F1673B46B2A5E

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Bank of America Flying Blue

Mailing Address PO Box 660710

City
DallasState
TXZip Code
75266-0710Purpose of Disbursement
Interest Expense

001

Candidate Name

Category/
Type

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☒	Primary	☐ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	1	8	/	2	0	2	3

FEC Identification Number

C

Amount of Each Disbursement this Period

624.62

Transaction ID : B317518A5B384426CB5A

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Bank of America Flying Blue

Mailing Address PO Box 660710

City
DallasState
TXZip Code
75266-0710Purpose of Disbursement
Principal repayment

001

Candidate Name

Category/
Type

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☒	Primary	☐ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	1	8	/	2	0	2	3

FEC Identification Number

C

Amount of Each Disbursement this Period

352.38

Transaction ID : BE06053F98E024D3B97C

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

1332.60

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
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(check only one)

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☐ 20a	☐ 20b	☐ 20c	☐ 21

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NAME OF COMMITTEE (In Full)

Committee to Elect Alan Grayson

Full Name (Last, First, Middle Initial)

A. Bank of America Flying Blue

Mailing Address PO Box 660710

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	8		2	0	2	3

City
DallasState
TXZip Code
75266-0710

FEC Identification Number

C

Purpose of Disbursement
Interest expense

001

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

620.47

Transaction ID : B70CA8282D87640F6875

☐ Memo Item

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☒	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Full Name (Last, First, Middle Initial)

B. Bank of America Flying Blue

Mailing Address PO Box 660710

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	8		2	0	2	3

City
DallasState
TXZip Code
75266-0710

FEC Identification Number

C

Purpose of Disbursement
Principal repayment

001

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

348.53

Transaction ID : BCC67BAA76AD0455C827

☐ Memo Item

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☒	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Full Name (Last, First, Middle Initial)

C. Bank Of America Free Spirit

Mailing Address PO Box 851001

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	5		2	0	2	3

City
DallasState
TXZip Code
75285-1001

FEC Identification Number

C

Purpose of Disbursement
Principal repayment

001

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

219.76

Transaction ID : BD6B509DD55074905A0E

☐ Memo Item

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☒	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

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

1188.76

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 PageFOR LINE NUMBER:
(check only one)

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☐ 20a	☐ 20b	☐ 20c	☐ 21

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NAME OF COMMITTEE (In Full)

Committee to Elect Alan Grayson

Full Name (Last, First, Middle Initial)

A. Bank Of America Free Spirit

Mailing Address PO Box 851001

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	1	5	/	2	0	2	3

City
DallasState
TXZip Code
75285-1001

FEC Identification Number

C

Purpose of Disbursement
CC interest expense

001

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

354.24

Transaction ID : BB61F1F88E64843B4AED

☐ Memo Item

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☒	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Full Name (Last, First, Middle Initial)

B. Bank Of America Free Spirit

Mailing Address PO Box 851001

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	1	8	/	2	0	2	3

City
DallasState
TXZip Code
75285-1001

FEC Identification Number

C

Purpose of Disbursement
CC interest expense

001

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

371.08

Transaction ID : B294B48B3CF1945C5AF1

☐ Memo Item

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☒	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Full Name (Last, First, Middle Initial)

C. Bank Of America Free Spirit

Mailing Address PO Box 851001

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	1	8	/	2	0	2	3

City
DallasState
TXZip Code
75285-1001

FEC Identification Number

C

Purpose of Disbursement
Principal repayment

001

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

217.92

Transaction ID : B1B71328D4C9F45F6A6A

☐ Memo Item

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☒	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

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

943.24

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)

Committee to Elect Alan Grayson

Full Name (Last, First, Middle Initial)

A. Bank Of America Free Spirit

Mailing Address PO Box 851001

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	0		2	0	2	3

City
DallasState
TXZip Code
75285-1001

FEC Identification Number

C

Purpose of Disbursement
Principal repayment

001

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

215.43

Transaction ID : B25DF459B079841DFBA6

☐ Memo Item

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☒	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Full Name (Last, First, Middle Initial)

B. Bank Of America Free Spirit

Mailing Address PO Box 851001

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	0		2	0	2	3

City
DallasState
TXZip Code
75285-1001

FEC Identification Number

C

Purpose of Disbursement
Interest expense

001

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

368.57

Transaction ID : BB59DD51894E14A0F8A2

☐ Memo Item

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☒	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Full Name (Last, First, Middle Initial)

C. BofA Virgin Atlantic

Mailing Address PO Box 660710

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	9		2	0	2	3

City
DallasState
TXZip Code
75266-3240

FEC Identification Number

C

Purpose of Disbursement
cc Interest expense

001

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

219.27

Transaction ID : B09B10AFCEECA4A24878

☐ Memo Item

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☒	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

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

803.27

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
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NAME OF COMMITTEE (In Full)

Committee to Elect Alan Grayson

Full Name (Last, First, Middle Initial)

A. BofA Virgin Atlantic

Mailing Address PO Box 660710

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	9		2	0	2	3

City
DallasState
TXZip Code
75266-3240

FEC Identification Number

C

Purpose of Disbursement
cc Interest expense

001

Candidate Name

Category/
Type

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☒	Primary	☐	General
☐	Other (specify) ▼		

Amount of Each Disbursement this Period

295.73

Transaction ID : BD8F9F80007BD414BA90

☐ Memo Item

State:

District:

Full Name (Last, First, Middle Initial)

B. BofA Virgin Atlantic

Mailing Address PO Box 660710

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		0	9		2	0	2	3

City
DallasState
TXZip Code
75266-3240

FEC Identification Number

C

Purpose of Disbursement
cc Interest expense

001

Candidate Name

Category/
Type

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☒	Primary	☐	General
☐	Other (specify) ▼		

Amount of Each Disbursement this Period

312.44

Transaction ID : B728B3A583EE04D2FB8B

☐ Memo Item

State:

District:

Full Name (Last, First, Middle Initial)

C. BofA Virgin Atlantic

Mailing Address PO Box 660710

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		0	9		2	0	2	3

City
DallasState
TXZip Code
75266-3240

FEC Identification Number

C

Purpose of Disbursement
Principal repayment

001

Candidate Name

Category/
Type

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☒	Primary	☐	General
☐	Other (specify) ▼		

Amount of Each Disbursement this Period

216.56

Transaction ID : BC399CA6328064CF181D

☐ Memo Item

State:

District:

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

824.73

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
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☒ 17	☐ 18	☐ 19a	☐ 19b
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NAME OF COMMITTEE (In Full)

Committee to Elect Alan Grayson

Full Name (Last, First, Middle Initial)

A. BofA Virgin Atlantic

Mailing Address PO Box 660710

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		0	9		2	0	2	3

City
DallasState
TXZip Code
75266-3240

FEC Identification Number

C

Purpose of Disbursement
Principal repayment

001

Candidate Name

Category/
Type

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☒	Primary	☐	General
☐	Other (specify) ▼		

Amount of Each Disbursement this Period

214.42

Transaction ID : B5DCD666AC19142C583F

☐ Memo Item

State:

District:

Full Name (Last, First, Middle Initial)

B. BofA Virgin Atlantic

Mailing Address PO Box 660710

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		0	9		2	0	2	3

City
DallasState
TXZip Code
75266-3240

FEC Identification Number

C

Purpose of Disbursement
Credit card interest

001

Candidate Name

Category/
Type

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☒	Primary	☐	General
☐	Other (specify) ▼		

Amount of Each Disbursement this Period

309.58

Transaction ID : B096FE52D53B0454DBAE

☐ Memo Item

State:

District:

Full Name (Last, First, Middle Initial)

C. British Airways Chase

Mailing Address PO Box 6294

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	8		2	0	2	3

City
Carol StreamState
ILZip Code
60197-6294

FEC Identification Number

C

Purpose of Disbursement
Principal repayment

001

Candidate Name

Category/
Type

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☒	Primary	☐	General
☐	Other (specify) ▼		

Amount of Each Disbursement this Period

648.03

Transaction ID : B2363C5384CD74661A61

☐ Memo Item

State:

District:

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

1172.03

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
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☐ 20a	☐ 20b	☐ 20c	☐ 21

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NAME OF COMMITTEE (In Full)

Committee to Elect Alan Grayson

Full Name (Last, First, Middle Initial)

A. British Airways Chase

Mailing Address PO Box 6294

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	8		2	0	2	3

City
Carol StreamState
ILZip Code
60197-6294

FEC Identification Number

C

Purpose of Disbursement
Bank fees

001

Amount of Each Disbursement this Period

29.00

Transaction ID : BEE1BA3FB44AA4CD88FA

☐ Memo Item

Candidate Name

Category/
Type

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☒	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Full Name (Last, First, Middle Initial)

B. British Airways Chase

Mailing Address PO Box 6294

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	8		2	0	2	3

City
Carol StreamState
ILZip Code
60197-6294

FEC Identification Number

C

Purpose of Disbursement
Interest expense

001

Amount of Each Disbursement this Period

1114.97

Transaction ID : B45516F6656E54159826

☐ Memo Item

Candidate Name

Category/
Type

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☒	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Full Name (Last, First, Middle Initial)

C. British Airways Chase

Mailing Address PO Box 6294

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		0	8		2	0	2	3

City
Carol StreamState
ILZip Code
60197-6294

FEC Identification Number

C

Purpose of Disbursement
CC Fees

001

Amount of Each Disbursement this Period

95.00

Transaction ID : B01BF709594AC40E3BF7

☐ Memo Item

Candidate Name

Category/
Type

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☒	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

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

1238.97

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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☒ 17	☐ 18	☐ 19a	☐ 19b
20a	20b	20c	21

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NAME OF COMMITTEE (In Full)

Committee to Elect Alan Grayson

Full Name (Last, First, Middle Initial)

A. British Airways Chase

Mailing Address PO Box 6294

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		08		2023

City
Carol StreamState
ILZip Code
60197-6294

FEC Identification Number

C

Purpose of Disbursement
Principal repayment

001

Candidate Name

Category/
Type

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☒	Primary	☐	General
☐	Other (specify) ▼		

Amount of Each Disbursement this Period

1747.00

Transaction ID : B61199E4F6BCC428DB7B

☐ Memo Item

State:

District:

Full Name (Last, First, Middle Initial)

B. British Airways Chase

Mailing Address PO Box 6294

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		08		2023

City
Carol StreamState
ILZip Code
60197-6294

FEC Identification Number

C

Purpose of Disbursement
Bank fees

001

Candidate Name

Category/
Type

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☒	Primary	☐	General
☐	Other (specify) ▼		

Amount of Each Disbursement this Period

29.00

Transaction ID : BAD76597DEA194434A5C

☐ Memo Item

State:

District:

Full Name (Last, First, Middle Initial)

C. British Airways Chase

Mailing Address PO Box 6294

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		08		2023

City
Carol StreamState
ILZip Code
60197-6294

FEC Identification Number

C

Purpose of Disbursement
Principal payment

001

Candidate Name

Category/
Type

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☒	Primary	☐	General
☐	Other (specify) ▼		

Amount of Each Disbursement this Period

635.65

Transaction ID : B46E20B54E05B479DBE1

☐ Memo Item

State:

District:

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

2411.65

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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☒ 17	☐ 18	☐ 19a	☐ 19b
20a	20b	20c	21

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NAME OF COMMITTEE (In Full)

Committee to Elect Alan Grayson

Full Name (Last, First, Middle Initial)

A. British Airways Chase

Mailing Address PO Box 6294

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		08		2023

City
Carol StreamState
ILZip Code
60197-6294

FEC Identification Number

C

Purpose of Disbursement
Interest expense

001

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

1175.35

Transaction ID : B7AA2446785C14EFD94E

☐ Memo Item

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☒	Primary	☐ General
☐	Other (specify) ▼	

State:

District:

Full Name (Last, First, Middle Initial)

B. Chase BA Visa

Mailing Address PO Box 1423

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		28		2022

City
CharlotteState
NCZip Code
28201-1423

FEC Identification Number

C

Purpose of Disbursement
Credit card fees

001

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

29.00

Transaction ID : B8507980EA90B488696B

☒ Memo Item

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2022

☐	Primary	☒ General
☐	Other (specify) ▼	

State:

District:

Full Name (Last, First, Middle Initial)

C. Chase BA Visa

Mailing Address PO Box 1423

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		28		2022

City
CharlotteState
NCZip Code
28201-1423

FEC Identification Number

C

Purpose of Disbursement
Interest charges

001

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

205.71

Transaction ID : BCBCD20BB45B7428988A

☒ Memo Item

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2022

☐	Primary	☒ General
☐	Other (specify) ▼	

State:

District:

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

1175.35

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 PageFOR LINE NUMBER:
(check only one)

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☒ 17	☐ 18	☐ 19a	☐ 19b
☐ 20a	☐ 20b	☐ 20c	☐ 21

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NAME OF COMMITTEE (In Full)

Committee to Elect Alan Grayson

Full Name (Last, First, Middle Initial)

A. Chase BA Visa

Mailing Address PO Box 1423

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	2	8	/	2	0	2	2

City
CharlotteState
NCZip Code
28201-1423

FEC Identification Number

C

Purpose of Disbursement
Credit card principal

001

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

95.29

Transaction ID : B1C2132C4794946BDB25

☒ Memo Item

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2022

☐	Primary	☒	General
☐	Other (specify) ▼		

State:

District:

Full Name (Last, First, Middle Initial)

B. Chase BA Visa

Mailing Address PO Box 1423

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	2	7	/	2	0	2	3

City
CharlotteState
NCZip Code
28201-1423

FEC Identification Number

C

Purpose of Disbursement
CC fees

001

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

124.00

Transaction ID : B0E89B8D5214F4E8A8CF

☐ Memo Item

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☒	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Full Name (Last, First, Middle Initial)

C. Chase BA Visa

Mailing Address PO Box 1423

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	2	7	/	2	0	2	3

City
CharlotteState
NCZip Code
28201-1423

FEC Identification Number

C

Purpose of Disbursement
CC interest expense

001

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

216.38

Transaction ID : B16E6EC17A4634DA4AD1

☐ Memo Item

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☒	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

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

340.38

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
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(check only one)

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☒ 17	☐ 18	☐ 19a	☐ 19b
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NAME OF COMMITTEE (In Full)

Committee to Elect Alan Grayson

Full Name (Last, First, Middle Initial)

A. Chase BA Visa

Mailing Address PO Box 1423

Date of Disbursement

M M	/	D D	/	Y Y Y Y
01		27		2023

City
CharlotteState
NCZip Code
28201-1423

FEC Identification Number

C

Purpose of Disbursement
Principal repayment

001

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

30.62

Transaction ID : BD93F7BE959AC491395F

☐ Memo Item

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☒	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Full Name (Last, First, Middle Initial)

B. Chase BA Visa

Mailing Address PO Box 1423

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		01		2023

City
CharlotteState
NCZip Code
28201-1423

FEC Identification Number

C

Purpose of Disbursement
Principal repayment

001

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

124.28

Transaction ID : BD561F97B261E42D2A02

☐ Memo Item

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☒	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Full Name (Last, First, Middle Initial)

C. Chase BA Visa

Mailing Address PO Box 1423

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		01		2023

City
CharlotteState
NCZip Code
28201-1423

FEC Identification Number

C

Purpose of Disbursement
CC interest expense

001

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

216.72

Transaction ID : B8A5F2E5760DB44A78A8

☐ Memo Item

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☒	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

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

371.62

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
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(check only one)

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NAME OF COMMITTEE (In Full)

Committee to Elect Alan Grayson

Full Name (Last, First, Middle Initial)

A. Chase BA Visa

Mailing Address PO Box 1423

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	8		2	0	2	3

City
CharlotteState
NCZip Code
28201-1423

FEC Identification Number

C

Purpose of Disbursement
Interest expense

001

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

197.35

Transaction ID : B250153602AF746658E1

☐ Memo Item

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☒	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Full Name (Last, First, Middle Initial)

B. Chase BA Visa

Mailing Address PO Box 1423

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	8		2	0	2	3

City
CharlotteState
NCZip Code
28201-1423

FEC Identification Number

C

Purpose of Disbursement
Bank fees

001

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

40.00

Transaction ID : BA1D2EBFFCC0643B59E2

☐ Memo Item

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☒	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Full Name (Last, First, Middle Initial)

C. Chase BA Visa

Mailing Address PO Box 1423

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	8		2	0	2	3

City
CharlotteState
NCZip Code
28201-1423

FEC Identification Number

C

Purpose of Disbursement
Principal payment

001

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

123.65

Transaction ID : B79EC89BF7C324061B4D

☐ Memo Item

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☒	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

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

361.00

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
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NAME OF COMMITTEE (In Full)

Committee to Elect Alan Grayson

Full Name (Last, First, Middle Initial)

A. Chase United

Mailing Address PO Box 6294

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	7		2	0	2	3

City
Carol StreamState
ILZip Code
60197-6294

FEC Identification Number

C

Purpose of Disbursement
Credit card interest

001

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

1759.97

Transaction ID : B7900FFDC36C04D0E878

☐ Memo Item

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☒	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Full Name (Last, First, Middle Initial)

B. Chase United

Mailing Address PO Box 6294

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	7		2	0	2	3

City
Carol StreamState
ILZip Code
60197-6294

FEC Identification Number

C

Purpose of Disbursement
Principal repayment

001

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

1012.03

Transaction ID : B37792A1843D34305811

☐ Memo Item

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☒	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Full Name (Last, First, Middle Initial)

C. Chase United

Mailing Address PO Box 6294

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		2	7		2	0	2	3

City
Carol StreamState
ILZip Code
60197-6294

FEC Identification Number

C

Purpose of Disbursement
Principal repayment

001

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

1001.59

Transaction ID : B62086189DD6A4E1C908

☐ Memo Item

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☒	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

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

3773.59

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
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☒ 17	☐ 18	☐ 19a	☐ 19b
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NAME OF COMMITTEE (In Full)

Committee to Elect Alan Grayson

Full Name (Last, First, Middle Initial)

A. Chase United

Mailing Address PO Box 6294

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		2	7		2	0	2	3

City
Carol StreamState
ILZip Code
60197-6294

FEC Identification Number

C

Purpose of Disbursement
CC interest

001

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

1743.41

Transaction ID : BC7ABF7B838C64743B23

☐ Memo Item

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☒	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Full Name (Last, First, Middle Initial)

B. Chase United

Mailing Address PO Box 6294

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	7		2	0	2	3

City
Carol StreamState
ILZip Code
60197-6294

FEC Identification Number

C

Purpose of Disbursement
Principal repayment

001

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

989.50

Transaction ID : BA6D6B956C6F64515AC8

☐ Memo Item

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☒	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Full Name (Last, First, Middle Initial)

C. Chase United

Mailing Address PO Box 6294

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	7		2	0	2	3

City
Carol StreamState
ILZip Code
60197-6294

FEC Identification Number

C

Purpose of Disbursement
CC Interest expense

001

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

1580.50

Transaction ID : B395966CC7C4844B68C1

☐ Memo Item

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☒	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

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

4313.41

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
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(check only one)

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☒ 17	☐ 18	☐ 19a	☐ 19b
20a	20b	20c	21

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NAME OF COMMITTEE (In Full)

Committee to Elect Alan Grayson

Full Name (Last, First, Middle Initial)

A. Citi Bank Double Cash

Mailing Address PO Box 6062

City
Sioux FallsState
SDZip Code
57117-6062Purpose of Disbursement
Principal payment

001

Candidate Name

Category/
Type

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☒	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	9		2	0	2	3

FEC Identification Number

C

Amount of Each Disbursement this Period

389.00

Transaction ID : B9416BD03C7BE4190A8E

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Citi Bank Double Cash

Mailing Address PO Box 6062

City
Sioux FallsState
SDZip Code
57117-6062Purpose of Disbursement
Interest expense

001

Candidate Name

Category/
Type

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☒	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	9		2	0	2	3

FEC Identification Number

C

Amount of Each Disbursement this Period

658.31

Transaction ID : B536B57DDC18D43CA8CF

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Citi Bank Double Cash

Mailing Address PO Box 6062

City
Sioux FallsState
SDZip Code
57117-6062Purpose of Disbursement
Interest expense

001

Candidate Name

Category/
Type

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☒	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		0	9		2	0	2	3

FEC Identification Number

C

Amount of Each Disbursement this Period

626.15

Transaction ID : B47ED0E54259C448B859

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

1673.46

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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☒ 17	☐ 18	☐ 19a	☐ 19b
20a	20b	20c	21

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NAME OF COMMITTEE (In Full)

Committee to Elect Alan Grayson

Full Name (Last, First, Middle Initial)

A. Citi Bank Double Cash

Mailing Address PO Box 6062

City
Sioux FallsState
SDZip Code
57117-6062Purpose of Disbursement
Principal payment

001

Candidate Name

Category/
Type

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☒	Primary	☐ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		0	9		2	0	2	3

FEC Identification Number

C

Amount of Each Disbursement this Period

387.00

Transaction ID : BC297B569422C470D9AB

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Citi Bank Double Cash

Mailing Address PO Box 6062

City
Sioux FallsState
SDZip Code
57117-6062Purpose of Disbursement
Principal repayment

001

Candidate Name

Category/
Type

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☒	Primary	☐ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		0	9		2	0	2	3

FEC Identification Number

C

Amount of Each Disbursement this Period

388.00

Transaction ID : BFCD2771609764B4B85E

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Citi Bank Double Cash

Mailing Address PO Box 6062

City
Sioux FallsState
SDZip Code
57117-6062Purpose of Disbursement
Interest expense

001

Candidate Name

Category/
Type

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☒	Primary	☐ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		0	9		2	0	2	3

FEC Identification Number

C

Amount of Each Disbursement this Period

677.39

Transaction ID : BD6D72FEAC6EF42F79CF

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

1452.39

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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☒ 17	☐ 18	☐ 19a	☐ 19b
20a	20b	20c	21

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NAME OF COMMITTEE (In Full)

Committee to Elect Alan Grayson

Full Name (Last, First, Middle Initial)

A. Citi Prestige

Mailing Address PO Box 6004

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	2		2	0	2	3

City
Sioux FallsState
SDZip Code
57117-6004

FEC Identification Number

C

Purpose of Disbursement
Principal repayment

001

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

400.13

Transaction ID : BF06A1C5B23F7491C8F6

☐ Memo Item

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☒	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Full Name (Last, First, Middle Initial)

B. Citi Prestige

Mailing Address PO Box 6004

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	2		2	0	2	3

City
Sioux FallsState
SDZip Code
57117-6004

FEC Identification Number

C

Purpose of Disbursement
Interest expense

001

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

543.28

Transaction ID : BFFBF7399B63046FF9B3

☐ Memo Item

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☒	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Full Name (Last, First, Middle Initial)

C. Citi Prestige

Mailing Address PO Box 6004

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		2	2		2	0	2	3

City
Sioux FallsState
SDZip Code
57117-6004

FEC Identification Number

C

Purpose of Disbursement
Interest expense

001

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

503.40

Transaction ID : B1AC44FFCFB5C463FA90

☐ Memo Item

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☒	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

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

1446.81

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

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
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☒ 17	☐ 18	☐ 19a	☐ 19b
☐ 20a	☐ 20b	☐ 20c	☐ 21

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NAME OF COMMITTEE (In Full)

Committee to Elect Alan Grayson

Full Name (Last, First, Middle Initial)

A. Citi Prestige

Mailing Address PO Box 6004

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	2	2	/	2	0	2	3

City
Sioux FallsState
SDZip Code
57117-6004

FEC Identification Number

C

Purpose of Disbursement
Principal repayment

001

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

247.00

Transaction ID : B412D74B288F247B1B50

☐ Memo Item

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☒	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Full Name (Last, First, Middle Initial)

B. Citi Prestige

Mailing Address PO Box 6004

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	2	2	/	2	0	2	3

City
Sioux FallsState
SDZip Code
57117-6004

FEC Identification Number

C

Purpose of Disbursement
Interest expense

001

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

505.34

Transaction ID : B5F559DBA75ED41E7835

☐ Memo Item

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☒	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Full Name (Last, First, Middle Initial)

C. Citi Prestige

Mailing Address PO Box 6004

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	2	2	/	2	0	2	3

City
Sioux FallsState
SDZip Code
57117-6004

FEC Identification Number

C

Purpose of Disbursement
Bank fees

001

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

30.00

Transaction ID : B0FA7394DC9464E0C92E

☐ Memo Item

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☒	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

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

782.34

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
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☒ 17	☐ 18	☐ 19a	☐ 19b
20a	20b	20c	21

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NAME OF COMMITTEE (In Full)

Committee to Elect Alan Grayson

Full Name (Last, First, Middle Initial)

A. Citi Prestige

Mailing Address PO Box 6004

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	2		2	0	2	3

City
Sioux FallsState
SDZip Code
57117-6004

FEC Identification Number

C

Purpose of Disbursement
Principal payment

001

Candidate Name

Category/
Type

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☒	Primary	☐	General
☐	Other (specify) ▼		

Amount of Each Disbursement this Period

246.00

Transaction ID : B77541D071B564371A95

☐ Memo Item

State:

District:

Full Name (Last, First, Middle Initial)

B. Coastal Community X1 CardMailing Address Credit Card Division
PO Box 12220

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	1		2	0	2	3

City
EverettState
WAZip Code
98206-2220

FEC Identification Number

C

Purpose of Disbursement
Interest Expense

001

Candidate Name

Category/
Type

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☒	Primary	☐	General
☐	Other (specify) ▼		

Amount of Each Disbursement this Period

473.71

Transaction ID : BEB9978110A754141B2E

☐ Memo Item

State:

District:

Full Name (Last, First, Middle Initial)

C. Coastal Community X1 CardMailing Address Credit Card Division
PO Box 12220

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	1		2	0	2	3

City
EverettState
WAZip Code
98206-2220

FEC Identification Number

C

Purpose of Disbursement
Principal repayment - outdoor advertising

001

Candidate Name

Category/
Type

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☒	Primary	☐	General
☐	Other (specify) ▼		

Amount of Each Disbursement this Period

341.29

Transaction ID : BF553873A1DA546E7888

☐ Memo Item

State:

District:

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

1061.00

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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☒ 17	☐ 18	☐ 19a	☐ 19b
20a	20b	20c	21

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NAME OF COMMITTEE (In Full)

Committee to Elect Alan Grayson

Full Name (Last, First, Middle Initial)

A. Coastal Community X1 CardMailing Address Credit Card Division
PO Box 12220City
EverettState
WAZip Code
98206-2220Purpose of Disbursement
Principal repayment - outdoor advertising

001

Candidate Name

Category/
Type

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☒	Primary	☐ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		1	0		2	0	2	3

FEC Identification Number

C

Amount of Each Disbursement this Period

337.35

Transaction ID : B9D220C1624FD49CB905

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Coastal Community X1 CardMailing Address Credit Card Division
PO Box 12220City
EverettState
WAZip Code
98206-2220Purpose of Disbursement
Interest expense

001

Candidate Name

Category/
Type

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☒	Primary	☐ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		1	0		2	0	2	3

FEC Identification Number

C

Amount of Each Disbursement this Period

499.65

Transaction ID : BCA19C87426EE46E4914

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Coastal Community X1 CardMailing Address Credit Card Division
PO Box 12220City
EverettState
WAZip Code
98206-2220Purpose of Disbursement
Principal repayment - outdoor advertising

001

Candidate Name

Category/
Type

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☒	Primary	☐ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	1		2	0	2	3

FEC Identification Number

C

Amount of Each Disbursement this Period

334.38

Transaction ID : B5D47596212884A52A5C

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

1171.38

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 PageFOR LINE NUMBER:
(check only one)

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☒ 17	☐ 18	☐ 19a	☐ 19b
☐ 20a	☐ 20b	☐ 20c	☐ 21

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NAME OF COMMITTEE (In Full)

Committee to Elect Alan Grayson

Full Name (Last, First, Middle Initial)

A. Coastal Community X1 CardMailing Address Credit Card Division
PO Box 12220City
EverettState
WAZip Code
98206-2220Purpose of Disbursement
Interest expense

001

Candidate Name

Category/
Type

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☒	Primary	☐ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	1		2	0	2	3

FEC Identification Number

C

Amount of Each Disbursement this Period

494.62

Transaction ID : B13D943228BE943B3A53

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Discover It Card

Mailing Address PO Box 6103

City
Carol StreamState
ILZip Code
60197-6103Purpose of Disbursement
Bank fees

001

Candidate Name

Category/
Type

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☒	Primary	☐ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	7		2	0	2	3

FEC Identification Number

C

Amount of Each Disbursement this Period

30.00

Transaction ID : B89BBFF3EBE9A461E812

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Discover It Card

Mailing Address PO Box 6103

City
Carol StreamState
ILZip Code
60197-6103Purpose of Disbursement
Bank fees

001

Candidate Name

Category/
Type

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☒	Primary	☐ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	7		2	0	2	3

FEC Identification Number

C

Amount of Each Disbursement this Period

62.79

Transaction ID : BB8A4FF0381D042EC918

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

587.41

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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☒ 17	☐ 18	☐ 19a	☐ 19b
☐ 20a	☐ 20b	☐ 20c	☐ 21

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NAME OF COMMITTEE (In Full)

Committee to Elect Alan Grayson

Full Name (Last, First, Middle Initial)

A. Discover It Card

Mailing Address PO Box 6103

Date of Disbursement

M M	/	D D	/	Y Y Y Y
01		27		2023

City
Carol StreamState
ILZip Code
60197-6103

FEC Identification Number

C

Purpose of Disbursement
Interest expense

001

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

209.21

Transaction ID : B2F3EF5AF378E4E59B2D

☐ Memo Item

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☒	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Full Name (Last, First, Middle Initial)

B. Discover It Card

Mailing Address PO Box 6103

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		28		2023

City
Carol StreamState
ILZip Code
60197-6103

FEC Identification Number

C

Purpose of Disbursement
Interest expense

001

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

208.13

Transaction ID : B77311D88A24942AE9C2

☐ Memo Item

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☒	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Full Name (Last, First, Middle Initial)

C. Discover It Card

Mailing Address PO Box 6103

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		28		2023

City
Carol StreamState
ILZip Code
60197-6103

FEC Identification Number

C

Purpose of Disbursement
Principal repayment

001

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

91.87

Transaction ID : B574B6DEB6D3E4EB2871

☐ Memo Item

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☒	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

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

509.21

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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☒ 17	☐ 18	☐ 19a	☐ 19b
20a	20b	20c	21

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NAME OF COMMITTEE (In Full)

Committee to Elect Alan Grayson

Full Name (Last, First, Middle Initial)

A. Discover It Card

Mailing Address PO Box 6103

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	8		2	0	2	3

City
Carol StreamState
ILZip Code
60197-6103

FEC Identification Number

C

Purpose of Disbursement
Interest expense

001

Candidate Name

Category/
Type

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☒	Primary	☐	General
☐	Other (specify) ▼		

Amount of Each Disbursement this Period

190.11

Transaction ID : B4280EA41AA9E4AE4851

☐ Memo Item

State:

District:

Full Name (Last, First, Middle Initial)

B. Discover It Card

Mailing Address PO Box 6103

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	8		2	0	2	3

City
Carol StreamState
ILZip Code
60197-6103

FEC Identification Number

C

Purpose of Disbursement
Principal repayment

001

Candidate Name

Category/
Type

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☒	Primary	☐	General
☐	Other (specify) ▼		

Amount of Each Disbursement this Period

107.89

Transaction ID : BF0303A052546498BA4C

☐ Memo Item

State:

District:

Full Name (Last, First, Middle Initial)

C. USAlliance Visa

Mailing Address PO Box 4517

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	4		2	0	2	3

City
Carol StreamState
ILZip Code
60197-4517

FEC Identification Number

C

Purpose of Disbursement
Principal repayment

001

Candidate Name

Category/
Type

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☒	Primary	☐	General
☐	Other (specify) ▼		

Amount of Each Disbursement this Period

165.38

Transaction ID : BEA232494A86C4F0DAE4

☐ Memo Item

State:

District:

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

463.38

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 54 OF 211

☒ 17	☐ 18	☐ 19a	☐ 19b
20a	20b	20c	21

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NAME OF COMMITTEE (In Full)

Committee to Elect Alan Grayson

Full Name (Last, First, Middle Initial)

A. USAlliance Visa

Mailing Address PO Box 4517

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	4		2	0	2	3

City
Carol StreamState
ILZip Code
60197-4517

FEC Identification Number

C

Purpose of Disbursement
Interest expense

001

Candidate Name

Category/
Type

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☒	Primary	☐	General
☐	Other (specify) ▼		

Amount of Each Disbursement this Period

344.62

Transaction ID : B0ACEED5811DF47598D8

☐ Memo Item

State:

District:

Full Name (Last, First, Middle Initial)

B. USAlliance Visa

Mailing Address PO Box 4517

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		2	2		2	0	2	3

City
Carol StreamState
ILZip Code
60197-4517

FEC Identification Number

C

Purpose of Disbursement
Principal repayment

001

Candidate Name

Category/
Type

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☒	Primary	☐	General
☐	Other (specify) ▼		

Amount of Each Disbursement this Period

128.25

Transaction ID : BFA298B863EA1407F8EB

☐ Memo Item

State:

District:

Full Name (Last, First, Middle Initial)

C. USAlliance Visa

Mailing Address PO Box 4517

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		2	2		2	0	2	3

City
Carol StreamState
ILZip Code
60197-4517

FEC Identification Number

C

Purpose of Disbursement
Interest expense

001

Candidate Name

Category/
Type

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☒	Primary	☐	General
☐	Other (specify) ▼		

Amount of Each Disbursement this Period

379.75

Transaction ID : B537372603F4C4D6A9AF

☐ Memo Item

State:

District:

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

852.62

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 55 OF 211

☒ 17	☐ 18	☐ 19a	☐ 19b
20a	20b	20c	21

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NAME OF COMMITTEE (In Full)

Committee to Elect Alan Grayson

Full Name (Last, First, Middle Initial)

A. USAlliance Visa

Mailing Address PO Box 4517

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		23		2023

City
Carol StreamState
ILZip Code
60197-4517

FEC Identification Number

C

Purpose of Disbursement
Interest Expense

001

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

330.32

Transaction ID : B81E109596BE94E2EAC5

☐ Memo Item

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☒	Primary	☐ General
☐	Other (specify) ▼	

State:

District:

Full Name (Last, First, Middle Initial)

B. USAlliance Visa

Mailing Address PO Box 4517

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		23		2023

City
Carol StreamState
ILZip Code
60197-4517

FEC Identification Number

C

Purpose of Disbursement
Principal repayment

001

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

173.68

Transaction ID : BD5A4FE09BABA4FE98A8

☐ Memo Item

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☒	Primary	☐ General
☐	Other (specify) ▼	

State:

District:

Full Name (Last, First, Middle Initial)

C.

Mailing Address

Date of Disbursement

M M	/	D D	/	Y Y Y Y

City

State

Zip Code

FEC Identification Number

C

Purpose of Disbursement

Category/
Type

Amount of Each Disbursement this Period

☐ Memo Item

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For:

☐	Primary	☐ General
☐	Other (specify) ▼	

State:

District:

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

504.00

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

40786.48

SCHEDULE C (FEC Form 3)
LOANSUse separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 56 OF 211

FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : CCEA7243CCC2A44A09A4

Committee to Elect Alan Grayson

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

Election: 2022

☒ Primary☐ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

870 N Miramar Ave
Box 242

City

Indialantic

State

FL

ZIP Code

32903-3054

☒ Personal Funds of the Candidate

Original Amount of Loan

329.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

329.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
10 / 27 / 2022M M / D D / Y Y Y Y
NoneM M / D D / Y Y Y Y
NoneM M / D D / Y Y Y Y
None

12.00

% (apr)

☐ Yes☒ No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

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.

SCHEDULE C (FEC Form 3)
LOANSUse separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 57 OF 211

FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : CA9E8A74C30A546FF835

Committee to Elect Alan Grayson

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

Election: 2022

☒ Primary☐ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

870 N Miramar Ave
Box 242

City

Indialantic

State

FL

ZIP Code

32903-3054

☒ Personal Funds of the Candidate

Original Amount of Loan

2715.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

2715.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
11 / 27 / 2022

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

None

12.00 % (apr)

☐ Yes ☒ No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

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

PAGE 58 OF 211

FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : CFA50A833E67B47F59F4

Committee to Elect Alan Grayson

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

Election: 2024

☒ Primary☐ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

870 N Miramar Ave
Box 242

City

Indialantic

State

FL

ZIP Code

32903-3054

☒ Personal Funds of the Candidate

Original Amount of Loan

515.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

515.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
01 09 / 2023

M M / D D / Y Y Y Y

None

12.00 % (apr)

☐ Yes ☒ No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

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

PAGE 59 OF 211

Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : CE2633519C8EC4FC29E2

Committee to Elect Alan Grayson

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

Election: 2014

☐ Primary☒ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

870 N Miramar Ave
Box 242

City

Indialantic

State

FL

ZIP Code

32903-3054

☒ Personal Funds of the Candidate

Original Amount of Loan

175806.72

Cumulative Payment To Date

52278.00

Balance Outstanding at Close of This Period

123528.72

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
09 26 / 2014

M M / D D / Y Y Y Y

None

12.00 % (apr)

☐ Yes ☒ No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

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

PAGE 60 OF 211

FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : CB9A1B81C3A1A452D858

Committee to Elect Alan Grayson

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

Election: 2022

☒ Primary☐ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

870 N Miramar Ave
Box 242

City

Indialantic

State

FL

ZIP Code

32903-3054

☒ Personal Funds of the Candidate

Original Amount of Loan

2654.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

2654.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
10 / 27 / 2022M M / D D / Y Y Y Y
NoneM M / D D / Y Y Y Y
NoneM M / D D / Y Y Y Y
None

12.00 % (apr)

☐ Yes ☒ No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

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.

SCHEDULE C (FEC Form 3)
LOANSUse separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 61 OF 211

FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : C94B280A7778C42F094B

Committee to Elect Alan Grayson

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

Election: 2022

☒ Primary☐ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

870 N Miramar Ave
Box 242

City

Indialantic

State

FL

ZIP Code

32903-3054

☒ Personal Funds of the Candidate

Original Amount of Loan

45.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

45.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
12 / 03 / 2022

M M / D D / Y Y Y Y

None

12.00 % (apr)

☐ Yes ☒ No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

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.

SCHEDULE C (FEC Form 3)
LOANS

PAGE 62 OF 211

Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : CBB2D1E04D4C049B8BA2

Committee to Elect Alan Grayson

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

Election: 2010

☒ Primary☐ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

870 N Miramar Ave
Box 242

City

Indialantic

State

FL

ZIP Code

32903-3054

☒ Personal Funds of the Candidate

Original Amount of Loan

20000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

20000.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
11 17 / 2008

M M / D D / Y Y Y Y

None

Y Y Y Y

12.00

% (apr)

☐ Yes ☒ No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

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.

SCHEDULE C (FEC Form 3)
LOANS

PAGE 63 OF 211

Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : CD727287C2A644FC8AC3

Committee to Elect Alan Grayson

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

Election: 2024

☒ Primary☐ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

870 N Miramar Ave
Box 242

City

Indialantic

State

FL

ZIP Code

32903-3054

☒ Personal Funds of the Candidate

Original Amount of Loan

1116.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

1116.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
03 06 / 2023

M M / D D / Y Y Y Y

None

12.00 % (apr)

☐ Yes ☒ No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

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.

SCHEDULE C (FEC Form 3)
LOANS

PAGE 64 OF 211

Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : C413B086AB6AD4EA3B22

Committee to Elect Alan Grayson

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

Election: 2022

☒ Primary☐ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

870 N Miramar Ave
Box 242

City

Indialantic

State

FL

ZIP Code

32903-3054

☒ Personal Funds of the Candidate

Original Amount of Loan

500.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

500.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
09 02 / 2022M M / D D / Y Y Y Y
NoneY Y Y Y
None

12.00

% (apr)

☐ Yes☒ No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

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.

SCHEDULE C (FEC Form 3)
LOANSUse separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 65 OF 211

FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : CFD0E16CF535E4237870

Committee to Elect Alan Grayson

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

Election: 2024

☒ Primary☐ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

870 N Miramar Ave
Box 242

City

Indialantic

State

FL

ZIP Code

32903-3054

☒ Personal Funds of the Candidate

Original Amount of Loan

1065.39

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

1065.39

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
03 09 / 2023

M M / D D / Y Y Y Y

None

12.00 % (apr)

☐ Yes ☒ No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

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.

SCHEDULE C (FEC Form 3)
LOANS

PAGE 66 OF 211

Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : CFB7B251FEC4449A5895

Committee to Elect Alan Grayson

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

Election: 2010

☐ Primary☒ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

870 N Miramar Ave
Box 242

City

Indialantic

State

FL

ZIP Code

32903-3054

☒ Personal Funds of the Candidate

Original Amount of Loan

50000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

50000.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
10 19 / 2010

M M / D D / Y Y Y Y

None

12.00

% (apr)

☐ Yes ☒ No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

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.

SCHEDULE C (FEC Form 3)
LOANSUse separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 67 OF 211

FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : CEFD202B1531744B2990

Committee to Elect Alan Grayson

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

Election: 2022

☒ Primary☐ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

870 N Miramar Ave
Box 242

City

Indialantic

State

FL

ZIP Code

32903-3054

☒ Personal Funds of the Candidate

Original Amount of Loan

250000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

250000.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
06 / 25 / 2021

M M / D D / Y Y Y Y

D D / Y Y Y Y

None

12.00

% (apr)

☐ Yes☒ No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

250000.00

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

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

SCHEDULE C (FEC Form 3)
LOANSUse separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 68 OF 211

FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : C8F9E3A1011424CFB84A

Committee to Elect Alan Grayson

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

Election: 2024

☒ Primary☐ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

870 N Miramar Ave
Box 242

City

Indialantic

State

FL

ZIP Code

32903-3054

☒ Personal Funds of the Candidate

Original Amount of Loan

510.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

510.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
01 24 / 2023

M M / D D / Y Y Y Y

None

Y Y Y Y

12.00

% (apr)

☐ Yes☒ No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

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.

SCHEDULE C (FEC Form 3)
LOANS

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Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : CD230EDB9C8CB40EB833

Committee to Elect Alan Grayson

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

Election: 2022

☒ Primary☐ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

870 N Miramar Ave
Box 242

City

Indialantic

State

FL

ZIP Code

32903-3054

☒ Personal Funds of the Candidate

Original Amount of Loan

305.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

305.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
11 / 28 / 2022M M / D D / Y Y Y Y
NoneM M / D D / Y Y Y Y
NoneM M / D D / Y Y Y Y
None

12.00

% (apr)

☐ Yes☒ No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

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.

SCHEDULE C (FEC Form 3)
LOANS

PAGE 70 OF 211

Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : CBB75DBFF89AB4A7AA64

Committee to Elect Alan Grayson

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

Election: 2020

☒ Primary☐ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

870 N Miramar Ave
Box 242

City

Indialantic

State

FL

ZIP Code

32903-3054

☒ Personal Funds of the Candidate

Original Amount of Loan

1241.94

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

1241.94

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
10 15 / 2019

M M / D D / Y Y Y Y

None

12.00 % (apr)

☐ Yes ☒ No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

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

PAGE 71 OF 211

FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : C2F8BAC7014F04284B25

Committee to Elect Alan Grayson

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

Election: 2024

☒ Primary☐ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

870 N Miramar Ave
Box 242

City

Indialantic

State

FL

ZIP Code

32903-3054

☒ Personal Funds of the Candidate

Original Amount of Loan

837.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

837.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
02 10 / 2023

M M / D D / Y Y Y Y

None

12.00 % (apr)

☐ Yes ☒ No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

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.

SCHEDULE C (FEC Form 3)
LOANS

PAGE 72 OF 211

Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : C7FDAD4C10BD746B3A08

Committee to Elect Alan Grayson

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

Election: 2024

☒ Primary☐ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

870 N Miramar Ave
Box 242

City

Indialantic

State

FL

ZIP Code

32903-3054

☒ Personal Funds of the Candidate

Original Amount of Loan

2570.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

2570.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
03 27 / 2023

M M / D D / Y Y Y Y

None

12.00 % (apr)

☐ Yes ☒ No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

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.

SCHEDULE C (FEC Form 3)
LOANSUse separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 73 OF 211

FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : C892D4648D36949E5A4F

Committee to Elect Alan Grayson

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

Election: 2024

☒ Primary☐ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

870 N Miramar Ave
Box 242

City

Indialantic

State

FL

ZIP Code

32903-3054

☒ Personal Funds of the Candidate

Original Amount of Loan

829.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

829.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
03 11 / 2023

M M / D D / Y Y Y Y

None

12.00 % (apr)

☐ Yes ☒ No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

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.

SCHEDULE C (FEC Form 3)
LOANS

PAGE 74 OF 211

Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : CFB74B5665DCB4FD1975

Committee to Elect Alan Grayson

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

Election: 2022

☒ Primary☐ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

870 N Miramar Ave
Box 242

City

Indialantic

State

FL

ZIP Code

32903-3054

☒ Personal Funds of the Candidate

Original Amount of Loan

816.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

816.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
12 11 / 2022M M / D D / Y Y Y Y
NoneM M / D D / Y Y Y Y
NoneM M / D D / Y Y Y Y
None

12.00

% (apr)

☐ Yes☒ No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

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.

SCHEDULE C (FEC Form 3)
LOANS

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Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : C851B413DBE174AFFA35

Committee to Elect Alan Grayson

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

Election: 2006

☒ Primary☐ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

870 N Miramar Ave
Box 242

City

Indialantic

State

FL

ZIP Code

32903-3054

☒ Personal Funds of the Candidate

Original Amount of Loan

25000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

25000.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
09 07 2006

M M / D D / Y Y Y Y

None

12.00 % (apr)

☐ Yes ☒ No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

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

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Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : C0C772C00B032471E8D1

Committee to Elect Alan Grayson

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

Election: 2022

☒ Primary☐ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

870 N Miramar Ave
Box 242

City

Indialantic

State

FL

ZIP Code

32903-3054

☒ Personal Funds of the Candidate

Original Amount of Loan

1171.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

1171.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
11 / 23 / 2022M M / D D / Y Y Y Y
NoneM M / D D / Y Y Y Y
NoneY Y Y Y
None

12.00

% (apr)

☐ Yes☒ No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

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.

SCHEDULE C (FEC Form 3)
LOANS

PAGE 77 OF 211

Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : CE4CF7F77B73D4924872

Committee to Elect Alan Grayson

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

Election: 2022

☒ Primary☐ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

870 N Miramar Ave
Box 242

City

Indialantic

State

FL

ZIP Code

32903-3054

☒ Personal Funds of the Candidate

Original Amount of Loan

71.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

71.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
12 10 / 2022M M / D D / Y Y Y Y
NoneM M / D D / Y Y Y Y
NoneM M / D D / Y Y Y Y
None

12.00

% (apr)

☐ Yes☒ No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

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.

SCHEDULE C (FEC Form 3)
LOANSUse separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 78 OF 211

FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : C4C6281CD992741AA941

Committee to Elect Alan Grayson

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

Election: 2024

☒ Primary☐ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

870 N Miramar Ave
Box 242

City

Indialantic

State

FL

ZIP Code

32903-3054

☒ Personal Funds of the Candidate

Original Amount of Loan

170.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

170.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
03 10 / 2023

M M / D D / Y Y Y Y

None

12.00 % (apr)

☐ Yes ☒ No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

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.

SCHEDULE C (FEC Form 3)
LOANS

PAGE 79 OF 211

Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : CA7E49336C6E74F38846

Committee to Elect Alan Grayson

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

Election: 2024

☒ Primary☐ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

870 N Miramar Ave
Box 242

City

Indialantic

State

FL

ZIP Code

32903-3054

☒ Personal Funds of the Candidate

Original Amount of Loan

2111.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

2111.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
01 10 / 2023

M M / D D / Y Y Y Y

None

Y Y Y Y

12.00

% (apr)

☐ Yes☒ No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

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.

SCHEDULE C (FEC Form 3)
LOANS

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Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : C259D42E27E214FA0A51

Committee to Elect Alan Grayson

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

Election: 2024

☒ Primary☐ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

870 N Miramar Ave
Box 242

City

Indialantic

State

FL

ZIP Code

32903-3054

☒ Personal Funds of the Candidate

Original Amount of Loan

943.41

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

943.41

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
01 22 / 2023

M M / D D / Y Y Y Y

None

12.00 % (apr)

☐ Yes ☒ No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

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.

SCHEDULE C (FEC Form 3)
LOANS

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Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : C99F7EF059B274BB99D5

Committee to Elect Alan Grayson

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

Election: 2020

☒ Primary☐ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

870 N Miramar Ave
Box 242

City

Indialantic

State

FL

ZIP Code

32903-3054

☒ Personal Funds of the Candidate

Original Amount of Loan

100.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

100.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
10 02 / 2019

M M / D D / Y Y Y Y

None

12.00

% (apr)

☐ Yes☒ No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

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.

SCHEDULE C (FEC Form 3)
LOANS

PAGE 82 OF 211

Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : C616EE49144B844AFBF1

Committee to Elect Alan Grayson

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

Election: 2008

☒ Primary☐ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

870 N Miramar Ave
Box 242

City

Indialantic

State

FL

ZIP Code

32903-3054

☒ Personal Funds of the Candidate

Original Amount of Loan

50000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

50000.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
05 09 / 2008

M M / D D / Y Y Y Y

None

12.00 % (apr)

☐ Yes ☒ No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

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.

SCHEDULE C (FEC Form 3)
LOANS

PAGE 83 OF 211

Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : C1FDEA6B8DBB346D7A2A

Committee to Elect Alan Grayson

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

Election: 2010

☒ Primary☐ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

870 N Miramar Ave
Box 242

City

Indialantic

State

FL

ZIP Code

32903-3054

☒ Personal Funds of the Candidate

Original Amount of Loan

10000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

10000.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
12 01 / 2008

M M / D D / Y Y Y Y

None

Y Y Y Y

12.00

% (apr)

☐ Yes ☒ No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

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

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Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : C8C063E518A2C4A6F941

Committee to Elect Alan Grayson

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

Election: 2006

☒ Primary☐ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

870 N Miramar Ave
Box 242

City

Indialantic

State

FL

ZIP Code

32903-3054

☒ Personal Funds of the Candidate

Original Amount of Loan

30000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

30000.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
09 20 2006

M M / D D / Y Y Y Y

None

12.00

% (apr)

☐ Yes ☒ No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

30000.00

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

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

PAGE 85 OF 211

FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : C999089F924F44B6CB5C

Committee to Elect Alan Grayson

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

Election: 2022

☒ Primary☐ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

870 N Miramar Ave
Box 242

City

Indialantic

State

FL

ZIP Code

32903-3054

☒ Personal Funds of the Candidate

Original Amount of Loan

1796.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

1796.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
10 08 / 2022

M M / D D / Y Y Y Y

None

Y Y Y Y

12.00

% (apr)

☐ Yes ☒ No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

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.

SCHEDULE C (FEC Form 3)
LOANS

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Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : CE496C1BE01DD4A31A74

Committee to Elect Alan Grayson

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

Election: 2014

☐ Primary☒ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

870 N Miramar Ave
Box 242

City

Indialantic

State

FL

ZIP Code

32903-3054

☒ Personal Funds of the Candidate

Original Amount of Loan

74193.28

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

74193.28

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
10 14 / 2014

M M / D D / Y Y Y Y

None

12.00 % (apr)

☐ Yes ☒ No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

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.

SCHEDULE C (FEC Form 3)
LOANSUse separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 87 OF 211

FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : C435974EE6A6F4E2EB32

Committee to Elect Alan Grayson

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

Election: 2024

☒ Primary☐ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

870 N Miramar Ave
Box 242

City

Indialantic

State

FL

ZIP Code

32903-3054

☒ Personal Funds of the Candidate

Original Amount of Loan

2772.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

2772.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
01 27 / 2023

M M / D D / Y Y Y Y

None

12.00 % (apr)

☐ Yes ☒ No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

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.

SCHEDULE C (FEC Form 3)
LOANSUse separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 88 OF 211

FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : CB4512CB3A7CD4900817

Committee to Elect Alan Grayson

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

Election: 2024

☒ Primary☐ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

870 N Miramar Ave
Box 242

City

Indialantic

State

FL

ZIP Code

32903-3054

☒ Personal Funds of the Candidate

Original Amount of Loan

1196.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

1196.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
02 05 / 2023

M M / D D / Y Y Y Y

None

12.00 % (apr)

☐ Yes ☒ No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

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.

SCHEDULE C (FEC Form 3)
LOANS

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Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : C33C30FC818A94C54960

Committee to Elect Alan Grayson

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

Election: 2024

☒ Primary☐ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

870 N Miramar Ave
Box 242

City

Indialantic

State

FL

ZIP Code

32903-3054

☒ Personal Funds of the Candidate

Original Amount of Loan

608.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

608.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
01 05 / 2023

M M / D D / Y Y Y Y

None

Y Y Y Y

12.00

% (apr)

☐ Yes ☒ No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

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.

SCHEDULE C (FEC Form 3)
LOANS

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Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : C9E7EB957C9D74D80A6D

Committee to Elect Alan Grayson

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

Election: 2016

☒ Primary☐ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

870 N Miramar Ave
Box 242

City

Indialantic

State

FL

ZIP Code

32903-3054

☒ Personal Funds of the Candidate

Original Amount of Loan

100000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

100000.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
07 10 / 2015

M M / D D / Y Y Y Y

None

12.00

% (apr)

☐ Yes☒ No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

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.

SCHEDULE C (FEC Form 3)
LOANS

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Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : CA63A16085F7D4B8AB6D

Committee to Elect Alan Grayson

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

Election: 2006

☒ Primary☐ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

870 N Miramar Ave
Box 242

City

Indialantic

State

FL

ZIP Code

32903-3054

☒ Personal Funds of the Candidate

Original Amount of Loan

40000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

40000.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
08 / 27 / 2006

M M / D D / Y Y Y Y

None

Y Y Y Y

12.00

% (apr)

☐ Yes ☒ No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

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.

SCHEDULE C (FEC Form 3)
LOANSUse separate schedule(s)
for each category of the
Detailed Summary Page

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FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : CE2FDA287EB964088A5F

Committee to Elect Alan Grayson

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

Election: 2024

☒ Primary☐ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

870 N Miramar Ave
Box 242

City

Indialantic

State

FL

ZIP Code

32903-3054

☒ Personal Funds of the Candidate

Original Amount of Loan

977.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

977.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
02 18 / 2023

M M / D D / Y Y Y Y

None

12.00 % (apr)

☐ Yes ☒ No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

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.

SCHEDULE C (FEC Form 3)
LOANS

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Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : CAC38FE6575854FCCA5F

Committee to Elect Alan Grayson

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

Election: 2008

☐ Primary☒ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

870 N Miramar Ave
Box 242

City

Indialantic

State

FL

ZIP Code

32903-3054

☒ Personal Funds of the Candidate

Original Amount of Loan

100000.00

Cumulative Payment To Date

48618.68

Balance Outstanding at Close of This Period

51381.32

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
08 / 27 / 2008

M M / D D / Y Y Y Y

None

Y Y Y Y

12.00

% (apr)

☐ Yes ☒ No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

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.

SCHEDULE C (FEC Form 3)
LOANS

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Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : CDD40F10D240C4B6D91D

Committee to Elect Alan Grayson

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

Election: 2022

☒ Primary☐ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

870 N Miramar Ave
Box 242

City

Indialantic

State

FL

ZIP Code

32903-3054

☒ Personal Funds of the Candidate

Original Amount of Loan

1854.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

1854.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
12 / 08 / 2022M M / D D / Y Y Y Y
NoneM M / D D / Y Y Y Y
NoneM M / D D / Y Y Y Y
None

12.00

% (apr)

☐ Yes ☒ No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

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.

SCHEDULE C (FEC Form 3)
LOANSUse separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 95 OF 211

FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : CCD5A567702224FE2A97

Committee to Elect Alan Grayson

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

Election: 2024

☒ Primary☐ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

870 N Miramar Ave
Box 242

City

Indialantic

State

FL

ZIP Code

32903-3054

☒ Personal Funds of the Candidate

Original Amount of Loan

1842.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

1842.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
02 08 / 2023M M / D D / Y Y Y Y
NoneY Y Y Y
None

12.00 % (apr)

☐ Yes ☒ No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

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.

SCHEDULE C (FEC Form 3)
LOANS

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Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : C917EEE1423DF426582C

Committee to Elect Alan Grayson

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

Election: 2006

☒ Primary☐ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

870 N Miramar Ave
Box 242

City

Indialantic

State

FL

ZIP Code

32903-3054

☒ Personal Funds of the Candidate

Original Amount of Loan

5000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

5000.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
09 28 / 2006M M / D D / Y Y Y Y
NoneY Y Y Y
None

12.00 % (apr)

☐ Yes ☒ No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

5000.00

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

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

SCHEDULE C (FEC Form 3)
LOANSUse separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 97 OF 211

FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : CF55030E886354D1983A

Committee to Elect Alan Grayson

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

Election: 2022

☒ Primary☐ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

870 N Miramar Ave
Box 242

City

Indialantic

State

FL

ZIP Code

32903-3054

☒ Personal Funds of the Candidate

Original Amount of Loan

514.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

514.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
09 23 / 2022

M M / D D / Y Y Y Y

None

12.00 % (apr)

☐ Yes ☒ No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

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.

SCHEDULE C (FEC Form 3)
LOANS

PAGE 98 OF 211

Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : C2F3C8D3D8C49411FACA

Committee to Elect Alan Grayson

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

Election: 2008

☒ Primary☐ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

870 N Miramar Ave
Box 242

City

Indialantic

State

FL

ZIP Code

32903-3054

☒ Personal Funds of the Candidate

Original Amount of Loan

25000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

25000.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
05 16 / 2008

M M / D D / Y Y Y Y

None

Y Y Y Y

12.00

% (apr)

☐ Yes ☒ No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

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

PAGE 99 OF 211

Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : C97DEAF8AB1E547A5860

Committee to Elect Alan Grayson

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

Election: 2014

☒ Primary☐ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

870 N Miramar Ave
Box 242

City

Indialantic

State

FL

ZIP Code

32903-3054

☒ Personal Funds of the Candidate

Original Amount of Loan

150000.00

Cumulative Payment To Date

50000.00

Balance Outstanding at Close of This Period

100000.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
11 / 08 / 2012

M M / D D / Y Y Y Y

None

Y Y Y Y

12.00

% (apr)

☐ Yes ☒ No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

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.

SCHEDULE C (FEC Form 3)
LOANS

PAGE 100 OF 211

Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : CB743224B93E7458299E

Committee to Elect Alan Grayson

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

Election: 2024

☒ Primary☐ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

870 N Miramar Ave
Box 242

City

Indialantic

State

FL

ZIP Code

32903-3054

☒ Personal Funds of the Candidate

Original Amount of Loan

245.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

245.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
03 10 / 2023

M M / D D / Y Y Y Y

None

12.00

% (apr)

☐ Yes ☒ No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

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.

SCHEDULE C (FEC Form 3)
LOANS

PAGE 101 OF 211

Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : C2FF24543ED0947E3AA5

Committee to Elect Alan Grayson

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

Election: 2024

☒ Primary☐ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

870 N Miramar Ave
Box 242

City

Indialantic

State

FL

ZIP Code

32903-3054

☒ Personal Funds of the Candidate

Original Amount of Loan

298.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

298.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
03 28 / 2023

M M / D D / Y Y Y Y

None

12.00 % (apr)

☐ Yes ☒ No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

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.

SCHEDULE C (FEC Form 3)
LOANS

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Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : CBB356A566D6B44E38F3

Committee to Elect Alan Grayson

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

Election: 2008

☐ Primary☒ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

870 N Miramar Ave
Box 242

City

Indialantic

State

FL

ZIP Code

32903-3054

☒ Personal Funds of the Candidate

Original Amount of Loan

50000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

50000.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
09 11 / 2008

M M / D D / Y Y Y Y

None

12.00

% (apr)

☐ Yes ☒ No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

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.

SCHEDULE C (FEC Form 3)
LOANS

PAGE 103 OF 211

Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : CC6C4BA059E9147FB9D8

Committee to Elect Alan Grayson

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

Election: 2016

☒ Primary☐ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

870 N Miramar Ave
Box 242

City

Indialantic

State

FL

ZIP Code

32903-3054

☒ Personal Funds of the Candidate

Original Amount of Loan

150000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

150000.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
09 01 / 2016

M M / D D / Y Y Y Y

None

Y Y Y Y

12.00

% (apr)

☐ Yes☒ No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

150000.00

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

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

SCHEDULE C (FEC Form 3)
LOANS

PAGE 104 OF 211

Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : C7A92243A4C1F4BDCAFB

Committee to Elect Alan Grayson

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

Election: 2024

☒ Primary☐ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

870 N Miramar Ave
Box 242

City

Indialantic

State

FL

ZIP Code

32903-3054

☒ Personal Funds of the Candidate

Original Amount of Loan

371.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

371.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
01 27 / 2023

M M / D D / Y Y Y Y

None

12.00 % (apr)

☐ Yes ☒ No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

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.

SCHEDULE C (FEC Form 3)
LOANS

PAGE 105 OF 211

Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : C44D43933008647099D2

Committee to Elect Alan Grayson

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

Election: 2022

☒ Primary☐ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

870 N Miramar Ave
Box 242

City

Indialantic

State

FL

ZIP Code

32903-3054

☒ Personal Funds of the Candidate

Original Amount of Loan

244.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

244.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
12 / 05 / 2022

M M / D D / Y Y Y Y

D D / Y Y Y Y

None

12.00

% (apr)

☐ Yes☒ No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

244.00

TOTALS This Period (last page in this line 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

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Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : CC986090CEAAA448AB8B

Committee to Elect Alan Grayson

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

Election: 2022

☐ Primary☒ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

870 N Miramar Ave
Box 242

City

Indialantic

State

FL

ZIP Code

32903-3054

☒ Personal Funds of the Candidate

Original Amount of Loan

507.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

507.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
12 13 2022

M M / D D / Y Y Y Y

None

12.00

% (apr)

☐ Yes ☒ No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

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

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Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : C0F3671D46E954C539EC

Committee to Elect Alan Grayson

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

Election: 2024

☒ Primary☐ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

870 N Miramar Ave
Box 242

City

Indialantic

State

FL

ZIP Code

32903-3054

☒ Personal Funds of the Candidate

Original Amount of Loan

665.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

665.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
02 10 / 2023

M M / D D / Y Y Y Y

None

12.00 % (apr)

☐ Yes ☒ No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

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.

SCHEDULE C (FEC Form 3)
LOANS

PAGE 108 OF 211

Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : C62B0587BBD10418AA7B

Committee to Elect Alan Grayson

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

Election: 2022

☒ Primary☐ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

870 N Miramar Ave
Box 242

City

Indialantic

State

FL

ZIP Code

32903-3054

☒ Personal Funds of the Candidate

Original Amount of Loan

356.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

356.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
09 11 / 2022

M M / D D / Y Y Y Y

None

Y Y Y Y

12.00

% (apr)

☐ Yes☒ No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

356.00

TOTALS This Period (last page in this line 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

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Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : C84C66352201F4D0DA1B

Committee to Elect Alan Grayson

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

Election: 2010

☐ Primary☒ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

870 N Miramar Ave
Box 242

City

Indialantic

State

FL

ZIP Code

32903-3054

☒ Personal Funds of the Candidate

Original Amount of Loan

40000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

40000.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
11 / 02 / 2010

M M / D D / Y Y Y Y

None

Y Y Y Y

12.00

% (apr)

☐ Yes☒ No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

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.

SCHEDULE C (FEC Form 3)
LOANS

PAGE 110 OF 211

Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : C7DA74433DD4E4476A50

Committee to Elect Alan Grayson

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

Election: 2016

☒ Primary☐ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

870 N Miramar Ave
Box 242

City

Indialantic

State

FL

ZIP Code

32903-3054

☒ Personal Funds of the Candidate

Original Amount of Loan

60000.00

Cumulative Payment To Date

5120.16

Balance Outstanding at Close of This Period

54879.84

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
11 / 05 / 2014

M M / D D / Y Y Y Y

None

12.00 % (apr)

☐ Yes ☒ No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

54879.84

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

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

SCHEDULE C (FEC Form 3)
LOANS

PAGE 111 OF 211

Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : CD8543DED0004485BBD9

Committee to Elect Alan Grayson

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

Election: 2018

☒ Primary☐ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

870 N Miramar Ave
Box 242

City

Indialantic

State

FL

ZIP Code

32903-3054

☒ Personal Funds of the Candidate

Original Amount of Loan

33000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

33000.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
09 08 / 2018

M M / D D / Y Y Y Y

None

12.00

% (apr)

☐ Yes ☒ No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

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.

SCHEDULE C (FEC Form 3)
LOANS

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Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : CCBDE1938611044D4988

Committee to Elect Alan Grayson

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

Election: 2024

☒ Primary☐ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

870 N Miramar Ave
Box 242

City

Indialantic

State

FL

ZIP Code

32903-3054

☒ Personal Funds of the Candidate

Original Amount of Loan

524.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

524.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
03 09 / 2023

M M / D D / Y Y Y Y

None

12.00

% (apr)

☐ Yes ☒ No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

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.

SCHEDULE C (FEC Form 3)
LOANS

PAGE 113 OF 211

Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : CBB6159DA67824997B71

Committee to Elect Alan Grayson

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

Election: 2022

☒ Primary☐ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

870 N Miramar Ave
Box 242

City

Indialantic

State

FL

ZIP Code

32903-3054

☒ Personal Funds of the Candidate

Original Amount of Loan

332.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

332.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
11 / 28 / 2022M M / D D / Y Y Y Y
NoneM M / D D / Y Y Y Y
NoneM M / D D / Y Y Y Y
None

12.00

% (apr)

☐ Yes☒ No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

332.00

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

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

SCHEDULE C (FEC Form 3)
LOANSUse separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 114 OF 211

FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : CEBF89C994D654850856

Committee to Elect Alan Grayson

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

Election: 2024

☒ Primary☐ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

870 N Miramar Ave
Box 242

City

Indialantic

State

FL

ZIP Code

32903-3054

☒ Personal Funds of the Candidate

Original Amount of Loan

589.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

589.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
02 18 / 2023

M M / D D / Y Y Y Y

None

12.00 % (apr)

☐ Yes ☒ No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

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.

SCHEDULE C (FEC Form 3)
LOANS

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Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : C2EED3C11248B47DD930

Committee to Elect Alan Grayson

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

Election: 2022

☒ Primary☐ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

870 N Miramar Ave
Box 242

City

Indialantic

State

FL

ZIP Code

32903-3054

☒ Personal Funds of the Candidate

Original Amount of Loan

559.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

559.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
10 14 / 2022

M M / D D / Y Y Y Y

None

12.00

% (apr)

☐ Yes☒ No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

559.00

TOTALS This Period (last page in this line 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

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Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : C354C262090D24F75974

Committee to Elect Alan Grayson

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

Election: 2022

☒ Primary☐ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

870 N Miramar Ave
Box 242

City

Indialantic

State

FL

ZIP Code

32903-3054

☒ Personal Funds of the Candidate

Original Amount of Loan

1205.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

1205.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
12 11 / 2022

M M / D D / Y Y Y Y

None

Y Y Y Y

12.00

% (apr)

☐ Yes☒ No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

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.

SCHEDULE C (FEC Form 3)
LOANSUse separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 117 OF 211

FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : C0FB43489C4104413820

Committee to Elect Alan Grayson

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

Election: 2022

☒ Primary☐ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

870 N Miramar Ave
Box 242

City

Indialantic

State

FL

ZIP Code

32903-3054

☒ Personal Funds of the Candidate

Original Amount of Loan

299.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

299.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
10 / 27 / 2022M M / D D / Y Y Y Y
NoneM M / D D / Y Y Y Y
NoneY Y Y Y
None

12.00

% (apr)

☐ Yes ☒ No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

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.

SCHEDULE C (FEC Form 3)
LOANS

PAGE 118 OF 211

Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : C5352F3298ADA4A68894

Committee to Elect Alan Grayson

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

Election: 2010

☒ Primary☐ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

870 N Miramar Ave
Box 242

City

Indialantic

State

FL

ZIP Code

32903-3054

☒ Personal Funds of the Candidate

Original Amount of Loan

15000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

15000.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
11 / 26 / 2008

M M / D D / Y Y Y Y

None

Y Y Y Y

12.00

% (apr)

☐ Yes☒ No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

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

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Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : C3D707683356849F6A83

Committee to Elect Alan Grayson

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

Election: 2022

☒ Primary☐ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

870 N Miramar Ave
Box 242

City

Indialantic

State

FL

ZIP Code

32903-3054

☒ Personal Funds of the Candidate

Original Amount of Loan

1789.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

1789.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
11 / 09 / 2022

M M / D D / Y Y Y Y

None

Y Y Y Y

12.00

% (apr)

☐ Yes☒ No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

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

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Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : CE43C93265C5747F6AF1

Committee to Elect Alan Grayson

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

Election: 2016

☒ Primary☐ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

870 N Miramar Ave
Box 242

City

Indialantic

State

FL

ZIP Code

32903-3054

☒ Personal Funds of the Candidate

Original Amount of Loan

50000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

50000.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
06 / 26 / 2015

M M / D D / Y Y Y Y

None

12.00 % (apr)

☐ Yes ☒ No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

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.

SCHEDULE C (FEC Form 3)
LOANSUse separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 121 OF 211

FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : C4AF4CAA35CE74AEDB09

Committee to Elect Alan Grayson

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

Election: 2022

☒ Primary☐ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

870 N Miramar Ave
Box 242

City

Indialantic

State

FL

ZIP Code

32903-3054

☒ Personal Funds of the Candidate

Original Amount of Loan

517.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

517.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
11 / 09 / 2022

M M / D D / Y Y Y Y

None

Y Y Y Y

12.00

% (apr)

☐ Yes☒ No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

517.00

TOTALS This Period (last page in this line 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

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Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : CBCBAE172661F41739D3

Committee to Elect Alan Grayson

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

Election: 2024

☒ Primary☐ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

870 N Miramar Ave
Box 242

City

Indialantic

State

FL

ZIP Code

32903-3054

☒ Personal Funds of the Candidate

Original Amount of Loan

750.40

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

750.40

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
02 22 / 2023

M M / D D / Y Y Y Y

None

12.00 % (apr)

☐ Yes ☒ No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

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.

SCHEDULE C (FEC Form 3)
LOANS

PAGE 123 OF 211

Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : CC2BBC202874341C8988

Committee to Elect Alan Grayson

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

Election: 2022

☒ Primary☐ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

870 N Miramar Ave
Box 242

City

Indialantic

State

FL

ZIP Code

32903-3054

☒ Personal Funds of the Candidate

Original Amount of Loan

114.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

114.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
11 / 03 / 2022

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

None

12.00 % (apr)

☐ Yes ☒ No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

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.

SCHEDULE C (FEC Form 3)
LOANS

PAGE 124 OF 211

Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : C34295D98163546FEAFF

Committee to Elect Alan Grayson

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

Election: 2024

☒ Primary☐ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

870 N Miramar Ave
Box 242

City

Indialantic

State

FL

ZIP Code

32903-3054

☒ Personal Funds of the Candidate

Original Amount of Loan

1013.15

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

1013.15

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
02 09 / 2023

M M / D D / Y Y Y Y

None

12.00 % (apr)

☐ Yes ☒ No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

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.

SCHEDULE C (FEC Form 3)
LOANS

PAGE 125 OF 211

Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : CFDA920512C944098815

Committee to Elect Alan Grayson

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

Election: 2022

☒ Primary☐ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

870 N Miramar Ave
Box 242

City

Indialantic

State

FL

ZIP Code

32903-3054

☒ Personal Funds of the Candidate

Original Amount of Loan

661.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

661.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
11 / 05 / 2022

M M / D D / Y Y Y Y

D D / Y Y Y Y

None

12.00 % (apr)

☐ Yes ☒ No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

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.

SCHEDULE C (FEC Form 3)
LOANS

PAGE 126 OF 211

Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : C19DAA36C62DE4283AA3

Committee to Elect Alan Grayson

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

Election: 2024

☒ Primary☐ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

870 N Miramar Ave
Box 242

City

Indialantic

State

FL

ZIP Code

32903-3054

☒ Personal Funds of the Candidate

Original Amount of Loan

504.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

504.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
03 23 / 2023M M / D D / Y Y Y Y
NoneM M / D D / Y Y Y Y
NoneY Y Y Y
None

12.00 % (apr)

☐ Yes ☒ No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

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.

SCHEDULE C (FEC Form 3)
LOANS

PAGE 127 OF 211

Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : CC28FDF7AA5594CB3968

Committee to Elect Alan Grayson

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

Election: 2022

☒ Primary☐ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

870 N Miramar Ave
Box 242

City

Indialantic

State

FL

ZIP Code

32903-3054

☒ Personal Funds of the Candidate

Original Amount of Loan

58702.18

Cumulative Payment To Date

5813.25

Balance Outstanding at Close of This Period

52888.93

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
09 08 / 2022

M M / D D / Y Y Y Y

None

12.00

% (apr)

☐ Yes ☒ No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

52888.93

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.

SCHEDULE C (FEC Form 3)
LOANS

PAGE 128 OF 211

Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : C7DF6427BE9DD411793F

Committee to Elect Alan Grayson

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

Election: 2024

☒ Primary☐ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

870 N Miramar Ave
Box 242

City

Indialantic

State

FL

ZIP Code

32903-3054

☒ Personal Funds of the Candidate

Original Amount of Loan

341.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

341.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
03 01 / 2023

M M / D D / Y Y Y Y

None

Y Y Y Y

12.00

% (apr)

☐ Yes ☒ No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

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.

SCHEDULE C (FEC Form 3)
LOANS

PAGE 129 OF 211

Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : C9F0492F51B1E44E7B07

Committee to Elect Alan Grayson

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

Election: 2024

☒ Primary☐ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

870 N Miramar Ave
Box 242

City

Indialantic

State

FL

ZIP Code

32903-3054

☒ Personal Funds of the Candidate

Original Amount of Loan

574.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

574.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
01 15 / 2023

M M / D D / Y Y Y Y

None

Y Y Y Y

12.00

% (apr)

☐ Yes ☒ No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

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.

SCHEDULE C (FEC Form 3)
LOANS

PAGE 130 OF 211

Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : CCD909BCEE0684A8BA43

Committee to Elect Alan Grayson

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

Election: 2024

☒ Primary☐ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

870 N Miramar Ave
Box 242

City

Indialantic

State

FL

ZIP Code

32903-3054

☒ Personal Funds of the Candidate

Original Amount of Loan

815.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

815.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
01 11 / 2023

M M / D D / Y Y Y Y

None

Y Y Y Y

12.00

% (apr)

☐ Yes☒ No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

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.

SCHEDULE C (FEC Form 3)
LOANS

PAGE 131 OF 211

Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : C73459602E3E74AA19B9

Committee to Elect Alan Grayson

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

Election: 2024

☒ Primary☐ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

870 N Miramar Ave
Box 242

City

Indialantic

State

FL

ZIP Code

32903-3054

☒ Personal Funds of the Candidate

Original Amount of Loan

781.34

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

781.34

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
03 22 / 2023

M M / D D / Y Y Y Y

None

12.00 % (apr)

☐ Yes ☒ No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

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.

SCHEDULE C (FEC Form 3)
LOANS

PAGE 132 OF 211

Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : CC36A8B046F064F72818

Committee to Elect Alan Grayson

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

Election: 2022

☒ Primary☐ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

870 N Miramar Ave
Box 242

City

Indialantic

State

FL

ZIP Code

32903-3054

☒ Personal Funds of the Candidate

Original Amount of Loan

1725.15

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

1725.15

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
11 / 08 / 2022

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

None

12.00

% (apr)

☐ Yes☒ No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

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.

SCHEDULE C (FEC Form 3)
LOANS

PAGE 133 OF 211

Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : CEFE1661220804B9E96E

Committee to Elect Alan Grayson

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

Election: 2008

☒ Primary☐ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

870 N Miramar Ave
Box 242

City

Indialantic

State

FL

ZIP Code

32903-3054

☒ Personal Funds of the Candidate

Original Amount of Loan

25000.00

Cumulative Payment To Date

1358.33

Balance Outstanding at Close of This Period

23641.67

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
12 12 / 2007

M M / D D / Y Y Y Y

None

12.00 % (apr)

☐ Yes ☒ No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

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.

SCHEDULE C (FEC Form 3)
LOANS

PAGE 134 OF 211

Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : C2B9171494D8B4148837

Committee to Elect Alan Grayson

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

Election: 2012

☒ Primary☐ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

870 N Miramar Ave
Box 242

City

Indialantic

State

FL

ZIP Code

32903-3054

☒ Personal Funds of the Candidate

Original Amount of Loan

200000.00

Cumulative Payment To Date

15000.00

Balance Outstanding at Close of This Period

185000.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
11 / 03 / 2010

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

None

12.00 % (apr)

☐ Yes ☒ No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

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.

SCHEDULE C (FEC Form 3)
LOANS

PAGE 135 OF 211

Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : C0B85A1366F3B4C63B23

Committee to Elect Alan Grayson

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

Election: 2016

☒ Primary☐ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

870 N Miramar Ave
Box 242

City

Indialantic

State

FL

ZIP Code

32903-3054

☒ Personal Funds of the Candidate

Original Amount of Loan

100000.00

Cumulative Payment To Date

12400.00

Balance Outstanding at Close of This Period

87600.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
11 17 / 2015

M M / D D / Y Y Y Y

None

12.00 % (apr)

☐ Yes ☒ No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

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.

SCHEDULE C (FEC Form 3)
LOANS

PAGE 136 OF 211

Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : C5286A9823C7F4C3DADE

Committee to Elect Alan Grayson

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

Election: 2024

☒ Primary☐ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

870 N Miramar Ave
Box 242

City

Indialantic

State

FL

ZIP Code

32903-3054

☒ Personal Funds of the Candidate

Original Amount of Loan

302.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

302.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
01 27 / 2023

M M / D D / Y Y Y Y

None

12.00 % (apr)

☐ Yes ☒ No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

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.

SCHEDULE C (FEC Form 3)
LOANS

PAGE 137 OF 211

Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : C37589BB322F74C8689A

Committee to Elect Alan Grayson

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

Election: 2022

☐ Primary☒ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

870 N Miramar Ave
Box 242

City

Indialantic

State

FL

ZIP Code

32903-3054

☒ Personal Funds of the Candidate

Original Amount of Loan

330.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

330.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
12 / 28 / 2022M M / D D / Y Y Y Y
NoneY Y Y Y
None

12.00

% (apr)

☐ Yes ☒ No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

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

PAGE 138 OF 211

Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : CBD91D7C19B8E4F74823

Committee to Elect Alan Grayson

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

Election: 2022

☒ Primary☐ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

870 N Miramar Ave
Box 242

City

Indialantic

State

FL

ZIP Code

32903-3054

☒ Personal Funds of the Candidate

Original Amount of Loan

804.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

804.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
10 11 / 2022

M M / D D / Y Y Y Y

None

Y Y Y Y

12.00

% (apr)

☐ Yes☒ No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

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.

SCHEDULE C (FEC Form 3)
LOANS

PAGE 139 OF 211

Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : C94DF857BC0C14A4DA3C

Committee to Elect Alan Grayson

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

Election: 2022

☒ Primary☐ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

870 N Miramar Ave
Box 242

City

Indialantic

State

FL

ZIP Code

32903-3054

☒ Personal Funds of the Candidate

Original Amount of Loan

955.03

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

955.03

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
09 23 / 2022M M / D D / Y Y Y Y
NoneM M / D D / Y Y Y Y
NoneM M / D D / Y Y Y Y
None

12.00

% (apr)

☐ Yes☒ No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

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.

SCHEDULE C (FEC Form 3)
LOANS

PAGE 140 OF 211

Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : CC33876662A094A59860

Committee to Elect Alan Grayson

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

Election: 2006

☒ Primary☐ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

870 N Miramar Ave
Box 242

City

Indialantic

State

FL

ZIP Code

32903-3054

☒ Personal Funds of the Candidate

Original Amount of Loan

100000.00

Cumulative Payment To Date

39600.00

Balance Outstanding at Close of This Period

60400.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
08 09 / 2006

M M / D D / Y Y Y Y

None

12.00

% (apr)

☐ Yes ☒ No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

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

PAGE 141 OF 211

Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : CBE7046D8ADB64D0AAC8

Committee to Elect Alan Grayson

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

Election: 2022

☒ Primary☐ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

870 N Miramar Ave
Box 242

City

Indialantic

State

FL

ZIP Code

32903-3054

☒ Personal Funds of the Candidate

Original Amount of Loan

8264.72

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

8264.72

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
09 15 2022

M M / D D / Y Y Y Y

None

Y Y Y Y

12.00

% (apr)

☐ Yes☒ No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

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.

SCHEDULE C (FEC Form 3)
LOANS

PAGE 142 OF 211

Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : CF92EE1474D6449A5982

Committee to Elect Alan Grayson

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

Election: 2024

☒ Primary☐ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

870 N Miramar Ave
Box 242

City

Indialantic

State

FL

ZIP Code

32903-3054

☒ Personal Funds of the Candidate

Original Amount of Loan

969.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

969.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
03 18 / 2023

M M / D D / Y Y Y Y

None

12.00 % (apr)

☐ Yes ☒ No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

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.

SCHEDULE C (FEC Form 3)
LOANS

PAGE 143 OF 211

Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : CF2CAC005C4524EDCBAE

Committee to Elect Alan Grayson

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

Election: 2010

☒ Primary☐ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

870 N Miramar Ave
Box 242

City

Indialantic

State

FL

ZIP Code

32903-3054

☒ Personal Funds of the Candidate

Original Amount of Loan

10000.00

Cumulative Payment To Date

4000.00

Balance Outstanding at Close of This Period

6000.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
12 10 / 2008

M M / D D / Y Y Y Y

None

12.00 % (apr)

☐ Yes ☒ No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

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.

SCHEDULE C (FEC Form 3)
LOANS

PAGE 144 OF 211

Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : C6D256DB27D89434DA11

Committee to Elect Alan Grayson

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

Election: 2008

☒ Primary☐ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

870 N Miramar Ave
Box 242

City

Indialantic

State

FL

ZIP Code

32903-3054

☒ Personal Funds of the Candidate

Original Amount of Loan

25000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

25000.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
02 28 / 2008

M M / D D / Y Y Y Y

None

Y Y Y Y

12.00

% (apr)

☐ Yes ☒ No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

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

PAGE 145 OF 211

Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : CD4B8A07637B346F280E

Committee to Elect Alan Grayson

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

Election: 2024

☒ Primary☐ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

870 N Miramar Ave
Box 242

City

Indialantic

State

FL

ZIP Code

32903-3054

☒ Personal Funds of the Candidate

Original Amount of Loan

1840.00

Cumulative Payment To Date

704.70

Balance Outstanding at Close of This Period

1135.30

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
03 08 / 2023

M M / D D / Y Y Y Y

None

12.00 % (apr)

☐ Yes ☒ No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

1135.30

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.

SCHEDULE C (FEC Form 3)
LOANS

PAGE 146 OF 211

Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : C1D062E09457443F8A63

Committee to Elect Alan Grayson

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

Election: 2024

☒ Primary☐ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

870 N Miramar Ave
Box 242

City

Indialantic

State

FL

ZIP Code

32903-3054

☒ Personal Funds of the Candidate

Original Amount of Loan

234.62

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

234.62

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
03 02 / 2023

M M / D D / Y Y Y Y

None

12.00 % (apr)

☐ Yes ☒ No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

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

PAGE 147 OF 211

Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : CD003FB2208B3479BB5B

Committee to Elect Alan Grayson

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

Election: 2006

☒ Primary☐ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

870 N Miramar Ave
Box 242

City

Indialantic

State

FL

ZIP Code

32903-3054

☒ Personal Funds of the Candidate

Original Amount of Loan

40000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

40000.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
08 16 / 2006

M M / D D / Y Y Y Y

None

12.00

% (apr)

☐ Yes☒ No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

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.

SCHEDULE C (FEC Form 3)
LOANS

PAGE 148 OF 211

Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : C541BBEA839854BC488B

Committee to Elect Alan Grayson

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

Election: 2022

☒ Primary☐ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

870 N Miramar Ave
Box 242

City

Indialantic

State

FL

ZIP Code

32903-3054

☒ Personal Funds of the Candidate

Original Amount of Loan

171.07

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

171.07

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
11 / 02 / 2022

M M / D D / Y Y Y Y

D D / Y Y Y Y

None

12.00

% (apr)

☐ Yes☒ No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

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.

SCHEDULE C (FEC Form 3)
LOANS

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Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : C06D13156CA1F4EB9BFF

Committee to Elect Alan Grayson

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

Election: 2020

☒ Primary☐ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

870 N Miramar Ave
Box 242

City

Indialantic

State

FL

ZIP Code

32903-3054

☒ Personal Funds of the Candidate

Original Amount of Loan

119.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

119.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
12 02 / 2019

M M / D D / Y Y Y Y

None

12.00 % (apr)

☐ Yes ☒ No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

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.

SCHEDULE C (FEC Form 3)
LOANS

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Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : CA3589374F35B4477845

Committee to Elect Alan Grayson

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

Election: 2024

☒ Primary☐ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

870 N Miramar Ave
Box 242

City

Indialantic

State

FL

ZIP Code

32903-3054

☒ Personal Funds of the Candidate

Original Amount of Loan

361.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

361.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
03 28 / 2023

M M / D D / Y Y Y Y

None

12.00 % (apr)

☐ Yes ☒ No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

361.00

TOTALS This Period (last page in this line 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

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Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : C9B144C421EA742299DB

Committee to Elect Alan Grayson

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

Election: 2018

☒ Primary☐ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

870 N Miramar Ave
Box 242

City

Indialantic

State

FL

ZIP Code

32903-3054

☒ Personal Funds of the Candidate

Original Amount of Loan

35000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

35000.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
07 17 / 2018

M M / D D / Y Y Y Y

None

12.00

% (apr)

☐ Yes ☒ No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

35000.00

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

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

SCHEDULE C (FEC Form 3)
LOANS

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Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : C2C53CE65578747AB809

Committee to Elect Alan Grayson

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

Election: 2024

☒ Primary☐ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

870 N Miramar Ave
Box 242

City

Indialantic

State

FL

ZIP Code

32903-3054

☒ Personal Funds of the Candidate

Original Amount of Loan

222.06

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

222.06

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
02 02 / 2023

M M / D D / Y Y Y Y

None

12.00 % (apr)

☐ Yes ☒ No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

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.

SCHEDULE C (FEC Form 3)
LOANS

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Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : C8B70A85473D34004A8E

Committee to Elect Alan Grayson

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

Election: 2008

☒ Primary☐ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

870 N Miramar Ave
Box 242

City

Indialantic

State

FL

ZIP Code

32903-3054

☒ Personal Funds of the Candidate

Original Amount of Loan

25000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

25000.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
04 17 / 2008

M M / D D / Y Y Y Y

None

0.12 % (apr)

☐ Yes ☒ No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

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

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Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : CB813C76252194745AA2

Committee to Elect Alan Grayson

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

Election: 2016

☒ Primary☐ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

870 N Miramar Ave
Box 242

City

Indialantic

State

FL

ZIP Code

32903-3054

☒ Personal Funds of the Candidate

Original Amount of Loan

50000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

50000.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
11 12 / 2014

M M / D D / Y Y Y Y

None

12.00

% (apr)

☐ Yes ☒ No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

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.

SCHEDULE C (FEC Form 3)
LOANS

PAGE 155 OF 211

Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : CEA5991F231C74039B6A

Committee to Elect Alan Grayson

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

Election: 2008

☐ Primary☒ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

870 N Miramar Ave
Box 242

City

Indialantic

State

FL

ZIP Code

32903-3054

☒ Personal Funds of the Candidate

Original Amount of Loan

50000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

50000.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
09 12 / 2008

M M / D D / Y Y Y Y

None

Y Y Y Y

12.00

% (apr)

☐ Yes☒ No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

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.

SCHEDULE C (FEC Form 3)
LOANS

PAGE 156 OF 211

Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : C317A4D9EEA264DE4AAC

Committee to Elect Alan Grayson

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

Election: 2014

☒ Primary☐ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

870 N Miramar Ave
Box 242

City

Indialantic

State

FL

ZIP Code

32903-3054

☒ Personal Funds of the Candidate

Original Amount of Loan

75000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

75000.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
12 / 07 / 2012

M M / D D / Y Y Y Y

None

12.00 % (apr)

☐ Yes ☒ No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

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.

SCHEDULE C (FEC Form 3)
LOANS

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Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : CB81C3BF73E1D46AD95F

Committee to Elect Alan Grayson

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

Election: 2020

☒ Primary☐ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

870 N Miramar Ave
Box 242

City

Indialantic

State

FL

ZIP Code

32903-3054

☒ Personal Funds of the Candidate

Original Amount of Loan

200.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

200.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
11 / 04 / 2019

M M / D D / Y Y Y Y

None

Y Y Y Y

12.00

% (apr)

☐ Yes☒ No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

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.

SCHEDULE C (FEC Form 3)
LOANS

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Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : C3AC4D85E5AC64BB88A0

Committee to Elect Alan Grayson

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

Election: 2018

☒ Primary☐ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

870 N Miramar Ave
Box 242

City

Indialantic

State

FL

ZIP Code

32903-3054

☒ Personal Funds of the Candidate

Original Amount of Loan

40000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

40000.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
08 14 / 2018

M M / D D / Y Y Y Y

None

Y Y Y Y

12.00

% (apr)

☐ Yes ☒ No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

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.

SCHEDULE C (FEC Form 3)
LOANS

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Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : C23F888F25D66402F82A

Committee to Elect Alan Grayson

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

Election: 2022

☒ Primary☐ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

870 N Miramar Ave
Box 242

City

Indialantic

State

FL

ZIP Code

32903-3054

☒ Personal Funds of the Candidate

Original Amount of Loan

10000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

10000.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
08 / 26 / 2022M M / D D / Y Y Y Y
NoneY Y Y Y
None

12.00

% (apr)

☐ Yes☒ No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

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

PAGE 160 OF 211

Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : C76B293BE998943498FF

Committee to Elect Alan Grayson

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

Election: 2008

☒ Primary☐ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

870 N Miramar Ave
Box 242

City

Indialantic

State

FL

ZIP Code

32903-3054

☒ Personal Funds of the Candidate

Original Amount of Loan

25000.00

Cumulative Payment To Date

15760.00

Balance Outstanding at Close of This Period

9240.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
02 12 / 2008

M M / D D / Y Y Y Y

None

12.00 % (apr)

☐ Yes ☒ No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

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.

SCHEDULE C (FEC Form 3)
LOANS

PAGE 161 OF 211

Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : CFBDC7DBE24D4FA58B5

Committee to Elect Alan Grayson

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

Election: 2010

☐ Primary☒ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

870 N Miramar Ave
Box 242

City

Indialantic

State

FL

ZIP Code

32903-3054

☒ Personal Funds of the Candidate

Original Amount of Loan

95000.00

Cumulative Payment To Date

28059.00

Balance Outstanding at Close of This Period

66941.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
10 13 / 2010M M / D D / Y Y Y Y
NoneM M / D D / Y Y Y Y
NoneM M / D D / Y Y Y Y
None

12.00 % (apr)

☐ Yes ☒ No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

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.

SCHEDULE C (FEC Form 3)
LOANS

PAGE 162 OF 211

Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : CA19D7733BB3E44B9AE3

Committee to Elect Alan Grayson

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

Election: 2012

☒ Primary☐ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

870 N Miramar Ave
Box 242

City

Indialantic

State

FL

ZIP Code

32903-3054

☒ Personal Funds of the Candidate

Original Amount of Loan

20000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

20000.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
12 12 / 2010M M / D D / Y Y Y Y
NoneY Y Y Y
None

12.00 % (apr)

☐ Yes ☒ No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

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.

SCHEDULE C (FEC Form 3)
LOANS

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Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : C80BA492ABAB64D239B1

Committee to Elect Alan Grayson

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

Election: 2022

☒ Primary☐ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

870 N Miramar Ave
Box 242

City

Indialantic

State

FL

ZIP Code

32903-3054

☒ Personal Funds of the Candidate

Original Amount of Loan

25246.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

25246.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
09 02 / 2022M M / D D / Y Y Y Y
NoneM M / D D / Y Y Y Y
NoneM M / D D / Y Y Y Y
None

12.00

% (apr)

☐ Yes☒ No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

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.

SCHEDULE C (FEC Form 3)
LOANS

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Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : C8AC7CC05DC014347B8C

Committee to Elect Alan Grayson

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

Election: 2024

☒ Primary☐ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

870 N Miramar Ave
Box 242

City

Indialantic

State

FL

ZIP Code

32903-3054

☒ Personal Funds of the Candidate

Original Amount of Loan

1139.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

1139.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
02 14 / 2023

M M / D D / Y Y Y Y

None

12.00 % (apr)

☐ Yes ☒ No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

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.

SCHEDULE C (FEC Form 3)
LOANS

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Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : C196D124019C641F5AD3

Committee to Elect Alan Grayson

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

Election: 2024

☒ Primary☐ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

870 N Miramar Ave
Box 242

City

Indialantic

State

FL

ZIP Code

32903-3054

☒ Personal Funds of the Candidate

Original Amount of Loan

529.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

529.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
02 09 / 2023

M M / D D / Y Y Y Y

None

12.00 % (apr)

☐ Yes ☒ No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

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.

SCHEDULE C (FEC Form 3)
LOANS

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Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : C28078C0014DA459093E

Committee to Elect Alan Grayson

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

Election: 2024

☒ Primary☐ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

870 N Miramar Ave
Box 242

City

Indialantic

State

FL

ZIP Code

32903-3054

☒ Personal Funds of the Candidate

Original Amount of Loan

584.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

584.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
03 20 2023

M M / D D / Y Y Y Y

None

12.00 % (apr)

☐ Yes ☒ No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

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.

SCHEDULE C (FEC Form 3)
LOANS

PAGE 167 OF 211

Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : C2DD86356C99C446A971

Committee to Elect Alan Grayson

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

Election: 2008

☒ Primary☐ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

870 N Miramar Ave
Box 242

City

Indialantic

State

FL

ZIP Code

32903-3054

☒ Personal Funds of the Candidate

Original Amount of Loan

25000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

25000.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
05 21 / 2008

M M / D D / Y Y Y Y

None

Y Y Y Y

12.00

% (apr)

☐ Yes ☒ No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

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

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Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : C07DDFC3AC0FC423780C

Committee to Elect Alan Grayson

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

Election: 2010

☒ Primary☐ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

870 N Miramar Ave
Box 242

City

Indialantic

State

FL

ZIP Code

32903-3054

☒ Personal Funds of the Candidate

Original Amount of Loan

30000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

30000.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
11 / 05 / 2008

M M / D D / Y Y Y Y

D D / Y Y Y Y

None

12.00 % (apr)

☐ Yes ☒ No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

30000.00

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

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

PAGE 169 OF 211

Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : C7D0F3053D73749CB815

Committee to Elect Alan Grayson

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

Election: 2012

☐ Primary☒ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

870 N Miramar Ave
Box 242

City

Indialantic

State

FL

ZIP Code

32903-3054

☒ Personal Funds of the Candidate

Original Amount of Loan

667875.00

Cumulative Payment To Date

528545.77

Balance Outstanding at Close of This Period

139329.23

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
09 27 / 2012

M M / D D / Y Y Y Y

None

12.00 % (apr)

☐ Yes ☒ No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

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.

SCHEDULE C (FEC Form 3)
LOANS

PAGE 170 OF 211

Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : CE98639277A8C47049F5

Committee to Elect Alan Grayson

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

Election: 2016

☒ Primary☐ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

870 N Miramar Ave
Box 242

City

Indialantic

State

FL

ZIP Code

32903-3054

☒ Personal Funds of the Candidate

Original Amount of Loan

15000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

15000.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
11 / 07 / 2014

M M / D D / Y Y Y Y

None

Y Y Y Y

12.00 % (apr)

☐ Yes ☒ No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

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

PAGE 171 OF 211

FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : CDE898B4807AF4BD2877

Committee to Elect Alan Grayson

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

Election: 2022

☒ Primary☐ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

870 N Miramar Ave
Box 242

City

Indialantic

State

FL

ZIP Code

32903-3054

☒ Personal Funds of the Candidate

Original Amount of Loan

515.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

515.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
12 / 08 / 2022

M M / D D / Y Y Y Y

D D / Y Y Y Y

None

12.00 % (apr)

☐ Yes ☒ No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

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

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Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : CA350A3582D0A48BB9A3

Committee to Elect Alan Grayson

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

Election: 2024

☒ Primary☐ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

870 N Miramar Ave
Box 242

City

Indialantic

State

FL

ZIP Code

32903-3054

☒ Personal Funds of the Candidate

Original Amount of Loan

184.39

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

184.39

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
01 02 / 2023

M M / D D / Y Y Y Y

None

Y Y Y Y

12.00 % (apr)

☐ Yes ☒ No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

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.

SCHEDULE C (FEC Form 3)
LOANS

PAGE 173 OF 211

Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : C9E440899B1AF4FAEA8D

Committee to Elect Alan Grayson

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

Election: 2024

☒ Primary☐ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

870 N Miramar Ave
Box 242

City

Indialantic

State

FL

ZIP Code

32903-3054

☒ Personal Funds of the Candidate

Original Amount of Loan

1792.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

1792.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
01 08 / 2023

M M / D D / Y Y Y Y

None

12.00 % (apr)

☐ Yes ☒ No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

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.

SCHEDULE C (FEC Form 3)
LOANS

PAGE 174 OF 211

Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : CD58DE85CC31B4334875

Committee to Elect Alan Grayson

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

Election: 2008

☒ Primary☐ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

870 N Miramar Ave
Box 242

City

Indialantic

State

FL

ZIP Code

32903-3054

☒ Personal Funds of the Candidate

Original Amount of Loan

10000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

10000.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
05 05 / 2008

M M / D D / Y Y Y Y

None

12.00

% (apr)

☐ Yes ☒ No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

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

PAGE 175 OF 211

Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : C35F50C929E8E471E96F

Committee to Elect Alan Grayson

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

Election: 2024

☒ Primary☐ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

870 N Miramar Ave
Box 242

City

Indialantic

State

FL

ZIP Code

32903-3054

☒ Personal Funds of the Candidate

Original Amount of Loan

2745.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

2745.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
02 27 / 2023

M M / D D / Y Y Y Y

None

12.00 % (apr)

☐ Yes ☒ No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

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.

SCHEDULE C (FEC Form 3)
LOANS

PAGE 176 OF 211

Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : C296CBC9EAAAD43E5853

Committee to Elect Alan Grayson

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

Election: 2022

☒ Primary☐ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

870 N Miramar Ave
Box 242

City

Indialantic

State

FL

ZIP Code

32903-3054

☒ Personal Funds of the Candidate

Original Amount of Loan

510.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

510.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
10 14 / 2022M M / D D / Y Y Y Y
NoneY Y Y Y
None

12.00

% (apr)

☐ Yes☒ No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

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.

SCHEDULE C (FEC Form 3)
LOANS

PAGE 177 OF 211

Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : C22D9E11609234B4AA35

Committee to Elect Alan Grayson

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

Election: 2024

☒ Primary☐ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

870 N Miramar Ave
Box 242

City

Indialantic

State

FL

ZIP Code

32903-3054

☒ Personal Funds of the Candidate

Original Amount of Loan

70.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

70.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
01 10 / 2023

M M / D D / Y Y Y Y

None

Y Y Y Y

12.00

% (apr)

☐ Yes☒ No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

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.

SCHEDULE C (FEC Form 3)
LOANS

PAGE 178 OF 211

Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : CFADD764AE9974EBD9A2

Committee to Elect Alan Grayson

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

Election: 2022

☐ Primary☒ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

870 N Miramar Ave
Box 242

City

Indialantic

State

FL

ZIP Code

32903-3054

☒ Personal Funds of the Candidate

Original Amount of Loan

996.21

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

996.21

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
10 / 22 / 2022M M / D D / Y Y Y Y
NoneM M / D D / Y Y Y Y
NoneM M / D D / Y Y Y Y
None

12.00

% (apr)

☐ Yes ☒ No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

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.

SCHEDULE C (FEC Form 3)
LOANS

PAGE 179 OF 211

Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : C28016265BDE74A4A8FB

Committee to Elect Alan Grayson

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

Election: 2022

☐ Primary☒ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

870 N Miramar Ave
Box 242

City

Indialantic

State

FL

ZIP Code

32903-3054

☒ Personal Funds of the Candidate

Original Amount of Loan

303.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

303.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
12 28 / 2022M M / D D / Y Y Y Y
NoneM M / D D / Y Y Y Y
NoneY Y Y Y
None

12.00 % (apr)

☐ Yes ☒ No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

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.

SCHEDULE C (FEC Form 3)
LOANS

PAGE 180 OF 211

Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : CFC92DD91AE314787826

Committee to Elect Alan Grayson

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

Election: 2008

☒ Primary☐ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

870 N Miramar Ave
Box 242

City

Indialantic

State

FL

ZIP Code

32903-3054

☒ Personal Funds of the Candidate

Original Amount of Loan

15000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

15000.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
05 05 / 2008

M M / D D / Y Y Y Y

None

12.00

% (apr)

☐ Yes ☒ No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

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

PAGE 181 OF 211

Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : CE7C0F49D745848E5B27

Committee to Elect Alan Grayson

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

Election: 2020

☒ Primary☐ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

870 N Miramar Ave
Box 242

City

Indialantic

State

FL

ZIP Code

32903-3054

☒ Personal Funds of the Candidate

Original Amount of Loan

2000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

2000.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
10 08 / 2019

M M / D D / Y Y Y Y

None

12.00

% (apr)

☐ Yes☒ No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

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.

SCHEDULE C (FEC Form 3)
LOANS

PAGE 182 OF 211

Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : C731210C039584AD5AA9

Committee to Elect Alan Grayson

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

Election: 2018

☒ Primary☐ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

870 N Miramar Ave
Box 242

City

Indialantic

State

FL

ZIP Code

32903-3054

☒ Personal Funds of the Candidate

Original Amount of Loan

19000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

19000.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
08 09 / 2018

M M / D D / Y Y Y Y

None

12.00 % (apr)

☐ Yes ☒ No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

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.

SCHEDULE C (FEC Form 3)
LOANS

PAGE 183 OF 211

Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : CE07D4F96F3D34173914

Committee to Elect Alan Grayson

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

Election: 2010

☒ Primary☐ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

870 N Miramar Ave
Box 242

City

Indialantic

State

FL

ZIP Code

32903-3054

☒ Personal Funds of the Candidate

Original Amount of Loan

135000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

135000.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
08 / 23 / 2010

M M / D D / Y Y Y Y

D D / Y Y Y Y

None

12.00

% (apr)

☐ Yes☒ No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

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.

SCHEDULE C (FEC Form 3)
LOANS

PAGE 184 OF 211

Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : C26C22EDA2BAA45EF82F

Committee to Elect Alan Grayson

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

Election: 2024

☒ Primary☐ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

870 N Miramar Ave
Box 242

City

Indialantic

State

FL

ZIP Code

32903-3054

☒ Personal Funds of the Candidate

Original Amount of Loan

508.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

508.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
02 22 / 2023M M / D D / Y Y Y Y
NoneM M / D D / Y Y Y Y
NoneM M / D D / Y Y Y Y
None

12.00

% (apr)

☐ Yes ☒ No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

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

PAGE 185 OF 211

Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : C5FEA2E5FA90541648E7

Committee to Elect Alan Grayson

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

Election: 2022

☒ Primary☐ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

870 N Miramar Ave
Box 242

City

Indialantic

State

FL

ZIP Code

32903-3054

☒ Personal Funds of the Candidate

Original Amount of Loan

150000.00

Cumulative Payment To Date

46000.00

Balance Outstanding at Close of This Period

104000.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
06 / 30 / 2022

M M / D D / Y Y Y Y

None

12.00 % (apr)

☐ Yes ☒ No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

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.

SCHEDULE C (FEC Form 3)
LOANS

PAGE 186 OF 211

Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : C0F697F98CC014720A24

Committee to Elect Alan Grayson

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

Election: 2024

☒ Primary☐ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

870 N Miramar Ave
Box 242

City

Indialantic

State

FL

ZIP Code

32903-3054

☒ Personal Funds of the Candidate

Original Amount of Loan

158.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

158.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
02 10 / 2023

M M / D D / Y Y Y Y

None

12.00

% (apr)

☐ Yes ☒ No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

158.00

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

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

SCHEDULE C (FEC Form 3)
LOANS

PAGE 187 OF 211

Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : CD1402AA1B2734CFAB07

Committee to Elect Alan Grayson

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

Election: 2024

☒ Primary☐ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

870 N Miramar Ave
Box 242

City

Indialantic

State

FL

ZIP Code

32903-3054

☒ Personal Funds of the Candidate

Original Amount of Loan

952.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

952.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
01 15 / 2023

M M / D D / Y Y Y Y

None

Y Y Y Y

12.00 % (apr)

☐ Yes ☒ No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

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.

SCHEDULE C (FEC Form 3)
LOANS

PAGE 188 OF 211

Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : CE6DFD7EC0E4E4F5B80C

Committee to Elect Alan Grayson

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

Election: 2022

☒ Primary☐ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

870 N Miramar Ave
Box 242

City

Indialantic

State

FL

ZIP Code

32903-3054

☒ Personal Funds of the Candidate

Original Amount of Loan

558.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

558.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
09 18 / 2022

M M / D D / Y Y Y Y

None

Y Y Y Y

12.00

% (apr)

☐ Yes☒ No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

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.

SCHEDULE C (FEC Form 3)
LOANS

PAGE 189 OF 211

Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : C97006B38AA014747935

Committee to Elect Alan Grayson

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

Election: 2014

☒ Primary☐ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

870 N Miramar Ave
Box 242

City

Indialantic

State

FL

ZIP Code

32903-3054

☒ Personal Funds of the Candidate

Original Amount of Loan

75000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

75000.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
11 21 / 2012

M M / D D / Y Y Y Y

None

12.00 % (apr)

☐ Yes ☒ No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

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.

SCHEDULE C (FEC Form 3)
LOANS

PAGE 190 OF 211

Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : CD3D9A5FBF79C4172B55

Committee to Elect Alan Grayson

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

Election: 2022

☒ Primary☐ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

870 N Miramar Ave
Box 242

City

Indialantic

State

FL

ZIP Code

32903-3054

☒ Personal Funds of the Candidate

Original Amount of Loan

1535.98

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

1535.98

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
12 / 08 / 2022M M / D D / Y Y Y Y
NoneY Y Y Y
None

12.00

% (apr)

☐ Yes☒ No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

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.

SCHEDULE C (FEC Form 3)
LOANS

PAGE 191 OF 211

Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : CA923FB1141764C8C881

Committee to Elect Alan Grayson

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

Election: 2022

☒ Primary☐ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

870 N Miramar Ave
Box 242

City

Indialantic

State

FL

ZIP Code

32903-3054

☒ Personal Funds of the Candidate

Original Amount of Loan

26.75

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

26.75

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
10 02 / 2022

M M / D D / Y Y Y Y

None

Y Y Y Y

12.00

% (apr)

☐ Yes☒ No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

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.

SCHEDULE C (FEC Form 3)
LOANS

PAGE 192 OF 211

Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : C9C733066071E4A8BA7A

Committee to Elect Alan Grayson

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

Election: 2022

☒ Primary☐ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

870 N Miramar Ave
Box 242

City

Indialantic

State

FL

ZIP Code

32903-3054

☒ Personal Funds of the Candidate

Original Amount of Loan

788.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

788.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
11 11 / 2022

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

None

12.00 % (apr)

☐ Yes ☒ No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

788.00

TOTALS This Period (last page in this line 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

PAGE 193 OF 211

Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : CB0AADFB08BC04DE79FC

Committee to Elect Alan Grayson

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

Election: 2006

☒ Primary☐ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

870 N Miramar Ave
Box 242

City

Indialantic

State

FL

ZIP Code

32903-3054

☒ Personal Funds of the Candidate

Original Amount of Loan

10000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

10000.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
09 30 2006

M M / D D / Y Y Y Y

None

12.00

% (apr)

☐ Yes☒ No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

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

PAGE 194 OF 211

Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : C9A85E7D9355645C790F

Committee to Elect Alan Grayson

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

Election: 2024

☒ Primary☐ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

870 N Miramar Ave
Box 242

City

Indialantic

State

FL

ZIP Code

32903-3054

☒ Personal Funds of the Candidate

Original Amount of Loan

1047.31

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

1047.31

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
01 09 / 2023

M M / D D / Y Y Y Y

None

12.00 % (apr)

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

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.

SCHEDULE C (FEC Form 3)
LOANS

PAGE 195 OF 211

Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : C01E013AB4AC54AE19AD

Committee to Elect Alan Grayson

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

Election: 2010

☒ Primary☐ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

870 N Miramar Ave
Box 242

City

Indialantic

State

FL

ZIP Code

32903-3054

☒ Personal Funds of the Candidate

Original Amount of Loan

25000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

25000.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
11 10 / 2008

M M / D D / Y Y Y Y

None

12.00

% (apr)

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

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

PAGE 196 OF 211

Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : C338FB5F0A3174BBCAC7

Committee to Elect Alan Grayson

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

Election: 2010

☐ Primary☒ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

870 N Miramar Ave
Box 242

City

Indialantic

State

FL

ZIP Code

32903-3054

☒ Personal Funds of the Candidate

Original Amount of Loan

50000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

50000.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
10 30 / 2010M M / D D / Y Y Y Y
NoneY Y Y Y
None

12.00 % (apr)

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

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.

SCHEDULE C (FEC Form 3)
LOANS

PAGE 197 OF 211

Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : C9C0B8270307E4CBB851

Committee to Elect Alan Grayson

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

Election: 2022

☒ Primary☐ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

870 N Miramar Ave
Box 242

City

Indialantic

State

FL

ZIP Code

32903-3054

☒ Personal Funds of the Candidate

Original Amount of Loan

28517.38

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

28517.38

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
10 03 / 2022

M M / D D / Y Y Y Y

None

12.00 % (apr)

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

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.

SCHEDULE C (FEC Form 3)
LOANS

PAGE 198 OF 211

Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : CBD5C19AA2E324384A6B

Committee to Elect Alan Grayson

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

Election: 2024

☒ Primary☐ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

870 N Miramar Ave
Box 242

City

Indialantic

State

FL

ZIP Code

32903-3054

☒ Personal Funds of the Candidate

Original Amount of Loan

300.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

300.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
02 28 / 2023M M / D D / Y Y Y Y
NoneM M / D D / Y Y Y Y
NoneM M / D D / Y Y Y Y
None

12.00

% (apr)

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

300.00

TOTALS This Period (last page in this line only).....▶

2994049.59

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)

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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

AAdvantage MC Barclay

Nature of Debt (Purpose):

Digital Advertising

Mailing Address Barclays
PO Box 13337City
PhiladelphiaState
PAZip Code
19101-3337

Outstanding Balance Beginning This Period

5071.77

Transaction ID : D75091DED62D7446895A

Amount Incurred This Period

0.00

Payment This Period

189.42

Outstanding Balance at Close of This Period

4882.35

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Alliant Visa

Nature of Debt (Purpose):

Credit Card: See Below

Mailing Address PO Box 1666

City
Des PlainesState
ILZip Code
60017-1666

Outstanding Balance Beginning This Period

11688.50

Transaction ID : DE681A5C2256749DF86D

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

11688.50

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Alliant Visa

Nature of Debt (Purpose):

Credit Card: See Below

Mailing Address PO Box 1666

City
Des PlainesState
ILZip Code
60017-1666

Outstanding Balance Beginning This Period

6329.00

Transaction ID : D6F28AF0ED76148F2B6D

Amount Incurred This Period

245.43

Payment This Period

690.86

Outstanding Balance at Close of This Period

5883.57

1) **SUBTOTALS** This Period This Page (optional)

22454.42

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)

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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

Nature of Debt (Purpose):

Interest expense accrued

Mailing Address PO Box 1666

City

Des Plaines

State

IL

Zip Code

60017-1666

Outstanding Balance Beginning This Period

0.00

Transaction ID : D8F05603D1D354793987

Amount Incurred This Period

222.29

Payment This Period

0.00

Outstanding Balance at Close of This Period

222.29

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

American Express Blue Bus+

Nature of Debt (Purpose):

CREDIT CARD CHARGES

Mailing Address PO Box 650448

City

Dallas

State

TX

Zip Code

75265

Outstanding Balance Beginning This Period

- 5051.03

Transaction ID : D1566029082A147999B0

Amount Incurred This Period

0.00

Payment This Period

2010.28

Outstanding Balance at Close of This Period

- 7061.31

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

American Express Business Gold

Nature of Debt (Purpose):

Unpaid Debt

Mailing Address PO Box 650448

City

Dallas

State

TX

Zip Code

75265-0448

Outstanding Balance Beginning This Period

4592.73

Transaction ID : D9FE7F5274EA14C4ABC3

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

4592.73

1) **SUBTOTALS** This Period This Page (optional)

- 2246.29

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)

PAGE 201 OF 211

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 Gold 2

Nature of Debt (Purpose):

Internet Ads

Mailing Address PO Box 650448

City

Dallas

State

TX

Zip Code

75265-0448

Outstanding Balance Beginning This Period

31523.98

Transaction ID : D68BB431804974809A96

Amount Incurred This Period

0.00

Payment This Period

1708.49

Outstanding Balance at Close of This Period

29815.49

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

American Express Schwab Business Platinum

Nature of Debt (Purpose):

Print media

Mailing Address PO Box 650448

City

Dallas

State

TX

Zip Code

75265-0448

Outstanding Balance Beginning This Period

- 5813.25

Transaction ID : DBA3C7B0ED1164F1F938

Amount Incurred This Period

0.00

Payment This Period

209.21

Outstanding Balance at Close of This Period

- 6022.46

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

American Express

Nature of Debt (Purpose):

CREDIT CARD: SEE BELOW

Mailing Address PO Box 360002

City

Ft Lauderdale

State

FL

Zip Code

33336-0002

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

1) **SUBTOTALS** This Period This Page (optional)

23795.03

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)

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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

Nature of Debt (Purpose):

CREDIT CARD: SEE BELOW

Mailing Address PO Box 360002

City

Ft Lauderdale

State

FL

Zip Code

33336-0002

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

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

American Express

Nature of Debt (Purpose):

CREDIT CARD: SEE BELOW

Mailing Address PO Box 360002

City

Ft Lauderdale

State

FL

Zip Code

33336-0002

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

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

American Express

Nature of Debt (Purpose):

Old fees expense

Mailing Address PO Box 360002

City

Ft Lauderdale

State

FL

Zip Code

33336-0002

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

1) **SUBTOTALS** This Period This Page (optional)

25779.88

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)

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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

Anderson Party Rentals

Nature of Debt (Purpose):

CA Event Rentals

Mailing Address 115 W Ash Avenue

City

Burbank

State

CA

Zip Code

91502-2008

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

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Astoria Taxi Leasing

Nature of Debt (Purpose):

Car service

Mailing Address 2102 23rd Street

City

Astoria

State

NY

Zip Code

11105-3625

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

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Bank of America Flying Blue

Nature of Debt (Purpose):

Outdoor Advertising

Mailing Address PO Box 660710

City

Dallas

State

TX

Zip Code

75266-0710

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

1) **SUBTOTALS** This Period This Page (optional)

64723.38

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)

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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

Nature of Debt (Purpose):

Credit Card Transactions

Mailing Address PO Box 660710

City

Dallas

State

TX

Zip Code

75266-0710

Outstanding Balance Beginning This Period

36965.29

Transaction ID : D49DF434BFBC54B14927

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

36965.29

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Bank Of America Free Spirit

Nature of Debt (Purpose):

Credit Card Charges

Mailing Address PO Box 851001

City

Dallas

State

TX

Zip Code

75285-1001

Outstanding Balance Beginning This Period

21468.53

Transaction ID : D32FF2238DDE84A2FB98

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

21468.53

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Blue State Digital

Nature of Debt (Purpose):

Fundraising

Mailing Address 101 Avenue of The Americas
12th Floor

City

New York

State

NY

Zip Code

10013-1941

Outstanding Balance Beginning This Period

2500.00

Transaction ID : DE81960FB4DC94D39A1E

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2500.00

1) **SUBTOTALS** This Period This Page (optional) ▶

60933.82

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)

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FOR LINE NUMBER:
(check only one)☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

Committee to Elect Alan Grayson

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

BofA Virgin Atlantic

Nature of Debt (Purpose):

Billboards

Mailing Address PO Box 660710

City

Dallas

State

TX

Zip Code

75266-3240

Outstanding Balance Beginning This Period

18565.53

Transaction ID : D4F265D41C0B9428799C

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

18565.53

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

British Airways Chase

Nature of Debt (Purpose):

Campaign printing and Outdoor advertising

Mailing Address PO Box 6294

City

Carol Stream

State

IL

Zip Code

60197-6294

Outstanding Balance Beginning This Period

64315.93

Transaction ID : D281C1614F1A8448DAA1

Amount Incurred This Period

0.00

Payment This Period

1840.00

Outstanding Balance at Close of This Period

62475.93

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Chase Amazon Visa

Nature of Debt (Purpose):

Credit Card Transactions

Mailing Address PO Box 6294

City

Carol Stream

State

IL

Zip Code

60197-6294

Outstanding Balance Beginning This Period

34222.86

Transaction ID : DC2BC14AFAFD54E69B40

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

34222.86

1) **SUBTOTALS** This Period This Page (optional)

115264.32

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)

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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

Nature of Debt (Purpose):

Polling

Mailing Address PO Box 1423

City

Charlotte

State

NC

Zip Code

28201-1423

Outstanding Balance Beginning This Period

11576.12

Transaction ID : D03614FA0D1C14E5A99E

Amount Incurred This Period

0.00

Payment This Period

361.00

Outstanding Balance at Close of This Period

11215.12

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Chase Card Services

Nature of Debt (Purpose):

CREDIT CARD PAYMENT: SEE BELOW

Mailing Address PO Box 94014

City

Palatine

State

IL

Zip Code

60094-4014

Outstanding Balance Beginning This Period

8745.83

Transaction ID : D61088B5EB0B14318900

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

8745.83

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Chase United

Nature of Debt (Purpose):

Printing and Direct Mail

Mailing Address PO Box 6294

City

Carol Stream

State

IL

Zip Code

60197-6294

Outstanding Balance Beginning This Period

103572.75

Transaction ID : DDD487735FDB044DFAEE

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

103572.75

1) **SUBTOTALS** This Period This Page (optional)

123533.70

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)

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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

Nature of Debt (Purpose):

Outdoor Advertising

Mailing Address PO Box 6062

City

Sioux Falls

State

SD

Zip Code

57117-6062

Outstanding Balance Beginning This Period

1208.00

Transaction ID : D3BE8D6166E734630A12

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1208.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Citi Bank Double Cash

Nature of Debt (Purpose):

Billboards/Digital Marketing/Printing

Mailing Address PO Box 6062

City

Sioux Falls

State

SD

Zip Code

57117-6062

Outstanding Balance Beginning This Period

4610.24

Transaction ID : DF1A7CECD375B4FD18D5

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

4610.24

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Citi Prestige

Nature of Debt (Purpose):

Printing/Advertising/Signs

Mailing Address PO Box 6004

City

Sioux Falls

State

SD

Zip Code

57117-6004

Outstanding Balance Beginning This Period

16234.21

Transaction ID : D6C56529812AC4CB0932

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

16234.21

1) **SUBTOTALS** This Period This Page (optional)

22052.45

2) **TOTALS** This Period (last page this line number only)3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only)4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

SCHEDULE D (FEC Form 3)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

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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

Nature of Debt (Purpose):

Outdoor Advertising

Mailing Address Credit Card Division
PO Box 12220City
EverettState
WAZip Code
98206-2220

Outstanding Balance Beginning This Period

34045.34

Transaction ID : D301D2E1EA7A84BC09B4

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

34045.34

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Delta Airlines

Nature of Debt (Purpose):

Airfare

Mailing Address PO Box 20706

City
AtlantaState
GAZip Code
30320-6001

Outstanding Balance Beginning This Period

365.20

Transaction ID : DEF65104597DA4A1DA47

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

365.20

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Dimelo USA LLC

Nature of Debt (Purpose):

Radio Spots

Mailing Address 3218 E Colonial Drive
Suite GCity
OrlandoState
FLZip Code
32803-5125

Outstanding Balance Beginning This Period

1000.00

Transaction ID : D4F075FB772C8451B8C5

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1000.00

1) **SUBTOTALS** This Period This Page (optional)

35410.54

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)

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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

NGPVAN, Inc. - EveryactionNature of Debt (Purpose):
Email distribution ServicesMailing Address 1445 New York Ave NW
Suite 200City
WashingtonState
DCZip Code
20005-2158

Outstanding Balance Beginning This Period

1250.00

Transaction ID : D230D86B6C70D4BE884B

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1250.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Rape Abuse & Incest National NetworkNature of Debt (Purpose):
Charitable Donation

Mailing Address 1220 L Street, NW, S505

City
WashingtonState
DCZip Code
20005-4018

Outstanding Balance Beginning This Period

2000.00

Transaction ID : D1C37E4BA65914FCDA9E

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2000.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Spirit AirlinesNature of Debt (Purpose):
Airfare

Mailing Address 2800 Executive Way

City
MiramarState
FLZip Code
33025-6542

Outstanding Balance Beginning This Period

155.60

Transaction ID : D50CB2FBDED464F9DAF2

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

155.60

1) **SUBTOTALS** This Period This Page (optional)

3405.60

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)

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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

The UPS Store

Nature of Debt (Purpose):

Postage and Mailing

Mailing Address 424 E Central Boulevard

City

Orlando

State

FL

Zip Code

32801-1923

Outstanding Balance Beginning This Period

19.25

Transaction ID : D7E8CD0A159074F3AB53

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

19.25

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Tribune Publishing Company

Nature of Debt (Purpose):

Subscription

Mailing Address 633 North Orange Ave

City

Orlando

State

FL

Zip Code

32801-1325

Outstanding Balance Beginning This Period

9.58

Transaction ID : D62A54C4B9B694856B86

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

9.58

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Uber Technologies

Nature of Debt (Purpose):

Car service

Mailing Address 182 Howard Street
8

City

San Francisco

State

CA

Zip Code

94105-1611

Outstanding Balance Beginning This Period

20.05

Transaction ID : D9B8FEF8E34894E849EA

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

20.05

1) **SUBTOTALS** This Period This Page (optional) ▶

48.88

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)

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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

USAlliance Visa

Nature of Debt (Purpose):

Outdoor Advertising - Billboards/Signs

Mailing Address PO Box 4517

City

Carol Stream

State

IL

Zip Code

60197-4517

Outstanding Balance Beginning This Period

25172.41

Transaction ID : D4A133307CC82485095E

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

25172.41

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Weaver, Benjamin, , ,

Nature of Debt (Purpose):

Field Work

Mailing Address 2532 Park Street
BACKHOUSE

City

Jacksonville

State

FL

Zip Code

32204-4518

Outstanding Balance Beginning This Period

3601.80

Transaction ID : D4D18A8B99C1E4637981

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

3601.80

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)

28774.21

2) **TOTALS** This Period (last page this line number only)

523929.94

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)

523929.94