

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

RICK SCOTT FOR FLORIDA

ADDRESS (number and street) PO BOX 130708
TAMPA FL 33681

Check if different than previously reported. (ACC)

CITY ▲ STATE ▲ ZIP CODE ▲

2. FEC IDENTIFICATION NUMBER ▼

C C00676965

3. IS THIS REPORT NEW (N) OR AMENDED (A)

STATE ▼ DISTRICT
FL

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report (Q1)
- July 15 Quarterly Report (Q2)
- October 15 Quarterly Report (Q3)
- January 31 Year-End Report (YE)

Termination Report (TER)

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

- Primary (12P) General (12G) Runoff (12R)
- Convention (12C) Special (12S)

Election on MM / DD / YYYY in the State of

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

- General (30G) Runoff (30R) Special (30S)

Election on MM / DD / YYYY in the State of

5. Covering Period MM / DD / YYYY through MM / DD / YYYY
11 / 26 / 2024 through 12 / 31 / 2024

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer PURPURA, SALVATORE, A, MR,

Signature of Treasurer PURPURA, SALVATORE, A, MR,

Date MM / DD / YYYY
01 / 31 / 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								
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SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 03/2016)

Write or Type Committee Name

RICK SCOTT FOR FLORIDA

Report Covering the Period: From: M M / D D / Y Y Y Y 11 / 26 / 2024 To: M M / D D / Y Y Y Y 12 / 31 / 2024

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))	138743.44	11660670.73
(b) Total Contribution Refunds (from Line 20(d))	440.00	124424.38
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	138303.44	11536246.35
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	369502.36	46633111.76
(b) Total Offsets to Operating Expenditures (from Line 14)	2056.24	120467.07
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))	367446.12	46512644.69
8. Cash on Hand at Close of Reporting Period (from Line 27)	798363.57	
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)	24138834.00	

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

RICK SCOTT FOR FLORIDA

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

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	61445.63	4845916.11
(ii) Unitemized.....	20155.64	4073540.37
(iii) TOTAL of contributions from individuals ▶	81601.27	8919456.48
(b) Political Party Committees.....	0.00	57800.00
(c) Other Political Committees (such as PACs).....	14597.00	1219326.07
(d) The Candidate.....	42545.17	1464088.18
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	138743.44	11660670.73
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	59721.74	9814150.43
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	0.00	24138834.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	24138834.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	2056.24	120467.07
15. OTHER RECEIPTS (Dividends, Interest, etc.)	585.62	1393700.91
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	201107.04	47127823.14

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.....	369502.36	46633111.76
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	1796.12
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	440.00	114424.38
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	10000.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	440.00	124424.38
21. OTHER DISBURSEMENTS	2960.00	1295821.76
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	372902.36	48055154.02

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	970158.89
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	201107.04
25. SUBTOTAL (add Line 23 and Line 24).....	1171265.93
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	372902.36
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	798363.57

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 5 OF 164
(check only one)
 11a 11b 11c 11d
12 13a 13b 14 15

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

NAME OF COMMITTEE (In Full)
RICK SCOTT FOR FLORIDA

A. Full Name (Last, First, Middle Initial)
BERKOWITZ, DAVID, , ,

Mailing Address 16551 HERON COACH WAY 305

City: FORT MYERS State: FL Zip Code: 33908-5518

FEC ID number of contributing federal political committee: C

Name of Employer: RETIRED Occupation: RETIRED

Receipt For: 2024
 Primary General
 Other (specify) ▼

Election Cycle-to-Date: 66.05

Date of Receipt: 12 / 04 / 2024

Transaction ID : SA11A.556955

Amount of Each Receipt this Period: - 833.00

Memo Item
CONTRIBUTION

EARMARKED BY WINRED - CHARGED BACK

B. Full Name (Last, First, Middle Initial)
BOWE, PETER, A., MR.,

Mailing Address 540 WEST WEBSTER AVENUE
APT 1206

City: CHICAGO State: IL Zip Code: 60614-6588

FEC ID number of contributing federal political committee: C

Name of Employer: RETIRED Occupation: RETIRED

Receipt For: 2030
 Primary General
 Other (specify) ▼

Election Cycle-to-Date: 5000.00

Date of Receipt: 12 / 11 / 2024

Transaction ID : SA11A.557480

Amount of Each Receipt this Period: 5000.00

Memo Item
CONTRIBUTION

SEE REDESIGNATION

C. Full Name (Last, First, Middle Initial)
BOWE, PETER, A., MR.,

Mailing Address 540 WEST WEBSTER AVENUE
APT 1206

City: CHICAGO State: IL Zip Code: 60614-6588

FEC ID number of contributing federal political committee: C

Name of Employer: RETIRED Occupation: RETIRED

Receipt For: 2030
 Primary General
 Other (specify) ▼

Election Cycle-to-Date: 5000.00

Date of Receipt: 12 / 11 / 2024

Transaction ID : SA11A.557484

Amount of Each Receipt this Period: - 1700.00

Memo Item
CONTRIBUTION

REDESIGNATION TO GENERAL

SUBTOTAL of Receipts This Page (optional)..... ▶ 4167.00

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 OF 164
(check only one)
 11a 11b 11c 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
RICK SCOTT FOR FLORIDA

A. Full Name (Last, First, Middle Initial)
BOWE, PETER, A., MR.,

Mailing Address 540 WEST WEBSTER AVENUE
APT 1206

City CHICAGO State IL Zip Code 60614-6588

FEC ID number of contributing federal political committee. C

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2030
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5000.00

Date of Receipt
M M / D D / Y Y Y Y Y
12 / 11 / 2024

Transaction ID : SA11A.557485

Amount of Each Receipt this Period
1700.00

Memo Item
CONTRIBUTION
REDESIGNATION FROM PRIMARY

B. Full Name (Last, First, Middle Initial)
DELANY, LOGAN, D., ,

Mailing Address 6972 SE HARBOR CIRCLE

City STUART State FL Zip Code 34996-1915

FEC ID number of contributing federal political committee. C

Name of Employer DCM CORP Occupation EXECUTIVE

Receipt For: 2030
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y Y
12 / 05 / 2024

Transaction ID : SA11A.557006

Amount of Each Receipt this Period
250.00

Memo Item
CONTRIBUTION

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

Mailing Address 776 BATEMAN BRANCH ROAD

City ERIN State TN Zip Code 37061-4507

FEC ID number of contributing federal political committee. C

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2024
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
298.42

Date of Receipt
M M / D D / Y Y Y Y Y
12 / 30 / 2024

Transaction ID : SA11A.559307

Amount of Each Receipt this Period
- 4.75

Memo Item
CONTRIBUTION
EARMARKED BY WINRED - CHARGED BACK

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

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

245.25

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 OF 164
(check only one)
 11a 11b 11c 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
RICK SCOTT FOR FLORIDA

A. Full Name (Last, First, Middle Initial)
GHAFFARIAN, KAM, , MR.,
Mailing Address 801 THOMPSON AVENUE

City: ROCKVILLE State: MD Zip Code: 20852-1627

FEC ID number of contributing federal political committee: C

Name of Employer: QUANTUM SPACE Occupation: CEO

Receipt For: 2030
 Primary General
 Other (specify) ▼

Election Cycle-to-Date: 5000.00

Date of Receipt: 12 / 03 / 2024
Transaction ID : SA11A.556508

Amount of Each Receipt this Period: 10000.00

Memo Item
CONTRIBUTION
SEE REATTRIBUTION; SEE REDESIGNATION

B. Full Name (Last, First, Middle Initial)
GHAFFARIAN, KAE, , MRS.,
Mailing Address 801 THOMPSON AVENUE

City: ROCKVILLE State: MD Zip Code: 20852-1627

FEC ID number of contributing federal political committee: C

Name of Employer: HOMEMAKER Occupation: HOMEMAKER

Receipt For: 2030
 Primary General
 Other (specify) ▼

Election Cycle-to-Date: 5000.00

Date of Receipt: 12 / 04 / 2024
Transaction ID : SA11A.556990

Amount of Each Receipt this Period: 5000.00

Memo Item
CONTRIBUTION
REATTRIBUTION FROM SPOUSE; SEE REDESIGNATION

C. Full Name (Last, First, Middle Initial)
GHAFFARIAN, KAE, , MRS.,
Mailing Address 801 THOMPSON AVENUE

City: ROCKVILLE State: MD Zip Code: 20852-1627

FEC ID number of contributing federal political committee: C

Name of Employer: HOMEMAKER Occupation: HOMEMAKER

Receipt For: 2030
 Primary General
 Other (specify) ▼

Election Cycle-to-Date: 5000.00

Date of Receipt: 12 / 04 / 2024
Transaction ID : SA11A.556994

Amount of Each Receipt this Period: -1700.00

Memo Item
CONTRIBUTION
REDESIGNATION TO GENERAL

SUBTOTAL of Receipts This Page (optional) ▶ 10000.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 8 OF 164	
	<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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NAME OF COMMITTEE (In Full)
RICK SCOTT FOR FLORIDA

A. Full Name (Last, First, Middle Initial)
GHAFFARIAN, KAE, , MRS.,
Mailing Address 801 THOMPSON AVENUE

City ROCKVILLE	State MD	Zip Code 20852-1627
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FEC ID number of contributing federal political committee. **C**

Name of Employer HOMEMAKER	Occupation HOMEMAKER
-------------------------------	-------------------------

Receipt For: 2030
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 / 04 / 2024

Transaction ID : SA11A.556995

Amount of Each Receipt this Period
1700.00

Memo Item
CONTRIBUTION
REDESIGNATION FROM PRIMARY

B. Full Name (Last, First, Middle Initial)
GHAFFARIAN, KAM, , MR.,
Mailing Address 801 THOMPSON AVENUE

City ROCKVILLE	State MD	Zip Code 20852-1627
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FEC ID number of contributing federal political committee. **C**

Name of Employer QUANTUM SPACE	Occupation CEO
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Receipt For: 2030
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 / 04 / 2024

Transaction ID : SA11A.556991

Amount of Each Receipt this Period
- 5000.00

Memo Item
CONTRIBUTION
REATTRIBUTION TO SPOUSE

C. Full Name (Last, First, Middle Initial)
GHAFFARIAN, KAM, , MR.,
Mailing Address 801 THOMPSON AVENUE

City ROCKVILLE	State MD	Zip Code 20852-1627
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FEC ID number of contributing federal political committee. **C**

Name of Employer QUANTUM SPACE	Occupation CEO
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Receipt For: 2030
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 / 04 / 2024

Transaction ID : SA11A.556992

Amount of Each Receipt this Period
- 1700.00

Memo Item
CONTRIBUTION
REDESIGNATION TO GENERAL

SUBTOTAL of Receipts This Page (optional).....▶	0.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)		PAGE 9 OF 164	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
RICK SCOTT FOR FLORIDA

A. Full Name (Last, First, Middle Initial)
GHAFFARIAN, KAM, , MR.,

Mailing Address 801 THOMPSON AVENUE

City ROCKVILLE	State MD	Zip Code 20852-1627
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FEC ID number of contributing federal political committee.

Name of Employer QUANTUM SPACE	Occupation CEO
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Receipt For: 2030
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
 / /

Transaction ID : SA11A.556993

Amount of Each Receipt this Period

Memo Item
 CONTRIBUTION
 REDESIGNATION FROM PRIMARY

B. Full Name (Last, First, Middle Initial)
GIBBS, JAMES, M., MR.,

Mailing Address 445 GALLEON DR

City NAPLES	State FL	Zip Code 34102-7635
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FEC ID number of contributing federal political committee.

Name of Employer DORASERV CORP.	Occupation EXECUTIVE
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Receipt For: 2030
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
 / /

Transaction ID : SA11A.558268

Amount of Each Receipt this Period

Memo Item
 CONTRIBUTION
 SEE REDESIGNATION

C. Full Name (Last, First, Middle Initial)
GIBBS, JAMES, M., MR.,

Mailing Address 445 GALLEON DR

City NAPLES	State FL	Zip Code 34102-7635
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FEC ID number of contributing federal political committee.

Name of Employer DORASERV CORP.	Occupation EXECUTIVE
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Receipt For: 2030
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
 / /

Transaction ID : SA11A.558827

Amount of Each Receipt this Period

Memo Item
 CONTRIBUTION
 REDESIGNATION TO GENERAL; REFUNDED
 \$3,400.00 ON 12/23/2024

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

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 10 OF 164
(check only one)
 11a 11b 11c 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
RICK SCOTT FOR FLORIDA

A. Full Name (Last, First, Middle Initial)
GIBBS, JAMES, M., MR.,

Mailing Address 445 GALLEON DR

City: NAPLES State: FL Zip Code: 34102-7635

FEC ID number of contributing federal political committee: C

Name of Employer: DORASERV CORP. Occupation: EXECUTIVE

Receipt For: 2030
 Primary General
 Other (specify) ▼

Election Cycle-to-Date: 6600.00

Date of Receipt: 12 / 23 / 2024

Transaction ID : SA11A.558828

Amount of Each Receipt this Period: 3300.00

Memo Item
CONTRIBUTION
REDESIGNATION FROM PRIMARY

B. Full Name (Last, First, Middle Initial)
JACOBSON, HAL, M., DR.,

Mailing Address 1213 E. LAKE COLONY DRIVE

City: MAITLAND State: FL Zip Code: 32751-6125

FEC ID number of contributing federal political committee: C

Name of Employer: RETIRED Occupation: RETIRED

Receipt For: 2024
 Primary General
 Other (specify) ▼

Election Cycle-to-Date: 3730.99

Date of Receipt: 12 / 23 / 2024

Transaction ID : SA11A.558797

Amount of Each Receipt this Period: - 394.01

Memo Item
CONTRIBUTION
EARMARKED BY WINRED - CHARGED BACK

C. Full Name (Last, First, Middle Initial)
JACOBSON, HAL, M., DR.,

Mailing Address 1213 E. LAKE COLONY DRIVE

City: MAITLAND State: FL Zip Code: 32751-6125

FEC ID number of contributing federal political committee: C

Name of Employer: RETIRED Occupation: RETIRED

Receipt For: 2024
 Primary General
 Other (specify) ▼

Election Cycle-to-Date: 3730.99

Date of Receipt: 12 / 23 / 2024

Transaction ID : SA11A.558798

Amount of Each Receipt this Period: - 2087.50

Memo Item
CONTRIBUTION
EARMARKED BY WINRED - CHARGED BACK

SUBTOTAL of Receipts This Page (optional) ▶ - 2481.51

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 11 OF 164
(check only one)
 11a 11b 11c 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
RICK SCOTT FOR FLORIDA

A. Full Name (Last, First, Middle Initial)
MILLS, BRENT, L., ,

Mailing Address 1105 N ATLANTIC DR

City LANTANA State FL Zip Code 33462-1933

FEC ID number of contributing federal political committee. C

Name of Employer JONES, GIVENS, GOTCHER & BOGAN Occupation LAWYER

Receipt For: 2030
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 30 2024

Transaction ID : SA11A.559312

Amount of Each Receipt this Period
5000.00

Memo Item
CONTRIBUTION
SEE REDESIGNATION

B. Full Name (Last, First, Middle Initial)
MILLS, BRENT, L., ,

Mailing Address 1105 N ATLANTIC DR

City LANTANA State FL Zip Code 33462-1933

FEC ID number of contributing federal political committee. C

Name of Employer JONES, GIVENS, GOTCHER & BOGAN Occupation LAWYER

Receipt For: 2030
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 30 2024

Transaction ID : SA11A.559313

Amount of Each Receipt this Period
- 1700.00

Memo Item
CONTRIBUTION
REDESIGNATION TO GENERAL

C. Full Name (Last, First, Middle Initial)
MILLS, BRENT, L., ,

Mailing Address 1105 N ATLANTIC DR

City LANTANA State FL Zip Code 33462-1933

FEC ID number of contributing federal political committee. C

Name of Employer JONES, GIVENS, GOTCHER & BOGAN Occupation LAWYER

Receipt For: 2030
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 30 2024

Transaction ID : SA11A.559314

Amount of Each Receipt this Period
1700.00

Memo Item
CONTRIBUTION
REDESIGNATION FROM PRIMARY

SUBTOTAL of Receipts This Page (optional)..... ▶ 5000.00

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 12 OF 164
(check only one)
 11a 11b 11c 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
RICK SCOTT FOR FLORIDA

A. Full Name (Last, First, Middle Initial)
MILLS, LEAH, , ,

Mailing Address 1105 N ATLANTIC DR

City LANTANA	State FL	Zip Code 33462-1933
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FEC ID number of contributing federal political committee.

Name of Employer SELF-EMPLOYED	Occupation ATTORNEY
-----------------------------------	------------------------

Receipt For: 2030
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
 / /

Transaction ID : SA11A.559311

Amount of Each Receipt this Period

Memo Item
 CONTRIBUTION
 SEE REDESIGNATION

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

Mailing Address 1105 N ATLANTIC DR

City LANTANA	State FL	Zip Code 33462-1933
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FEC ID number of contributing federal political committee.

Name of Employer SELF-EMPLOYED	Occupation ATTORNEY
-----------------------------------	------------------------

Receipt For: 2030
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
 / /

Transaction ID : SA11A.559315

Amount of Each Receipt this Period

Memo Item
 CONTRIBUTION
 REDESIGNATION TO GENERAL

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

Mailing Address 1105 N ATLANTIC DR

City LANTANA	State FL	Zip Code 33462-1933
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FEC ID number of contributing federal political committee.

Name of Employer SELF-EMPLOYED	Occupation ATTORNEY
-----------------------------------	------------------------

Receipt For: 2030
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
 / /

Transaction ID : SA11A.559316

Amount of Each Receipt this Period

Memo Item
 CONTRIBUTION
 REDESIGNATION FROM PRIMARY

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

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 13 OF 164
(check only one)
 11a 11b 11c 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
RICK SCOTT FOR FLORIDA

A. Full Name (Last, First, Middle Initial)
REINIG, DENNIS, , MR.,

Mailing Address 3237 LAM PAZ LN

City SANTA FE State NM Zip Code 87507-3370

FEC ID number of contributing federal political committee. C

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2030
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
11 27 2024

Transaction ID : SA11A.559435

Amount of Each Receipt this Period
250.00

Memo Item
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
ROBUCK, ELIZABETH, , MS.,

Mailing Address 610 E MAIN ST

City LEESBURG State FL Zip Code 34748-5316

FEC ID number of contributing federal political committee. C

Name of Employer CRYPTOFI Occupation PRODUCT MANAGER

Receipt For: 2030
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 5000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 16 2024

Transaction ID : SA11A.558253

Amount of Each Receipt this Period
5000.00

Memo Item
CONTRIBUTION
SEE REDESIGNATION

C. Full Name (Last, First, Middle Initial)
ROBUCK, ELIZABETH, , MS.,

Mailing Address 610 E MAIN ST

City LEESBURG State FL Zip Code 34748-5316

FEC ID number of contributing federal political committee. C

Name of Employer CRYPTOFI Occupation PRODUCT MANAGER

Receipt For: 2030
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 5000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 16 2024

Transaction ID : SA11A.558257

Amount of Each Receipt this Period
- 1700.00

Memo Item
CONTRIBUTION
REDESIGNATION TO GENERAL

SUBTOTAL of Receipts This Page (optional)..... ▶ 5250.00

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)		PAGE 14 OF 164	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
RICK SCOTT FOR FLORIDA

A. Full Name (Last, First, Middle Initial)
ROBUCK, ELIZABETH, , MS.,

Mailing Address 610 E MAIN ST

City LEESBURG	State FL	Zip Code 34748-5316
------------------	-------------	------------------------

FEC ID number of contributing federal political committee.

Name of Employer CRYPTOFI	Occupation PRODUCT MANAGER
------------------------------	-------------------------------

Receipt For: 2030
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
 / /

Transaction ID : SA11A.558258

Amount of Each Receipt this Period

Memo Item
 CONTRIBUTION
 REDESIGNATION FROM PRIMARY

B. Full Name (Last, First, Middle Initial)
ROBUCK, HORACE, DANIEL, MR., III

Mailing Address 610 E MAIN ST

City LEESBURG	State FL	Zip Code 34748-5316
------------------	-------------	------------------------

FEC ID number of contributing federal political committee.

Name of Employer RO-MAC LUMBER & SUPPLY, INC.	Occupation MANAGEMENT
--	--------------------------

Receipt For: 2030
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
 / /

Transaction ID : SA11A.558254

Amount of Each Receipt this Period

Memo Item
 CONTRIBUTION
 SEE REDESIGNATION

C. Full Name (Last, First, Middle Initial)
ROBUCK, HORACE, DANIEL, MR., III

Mailing Address 610 E MAIN ST

City LEESBURG	State FL	Zip Code 34748-5316
------------------	-------------	------------------------

FEC ID number of contributing federal political committee.

Name of Employer RO-MAC LUMBER & SUPPLY, INC.	Occupation MANAGEMENT
--	--------------------------

Receipt For: 2030
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
 / /

Transaction ID : SA11A.558255

Amount of Each Receipt this Period

Memo Item
 CONTRIBUTION
 REDESIGNATION TO GENERAL

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

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 15 OF 164
(check only one)
 11a 11b 11c 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
RICK SCOTT FOR FLORIDA

A. Full Name (Last, First, Middle Initial)
ROBUCK, HORACE, DANIEL, MR., III

Mailing Address 610 E MAIN ST

City: LEESBURG State: FL Zip Code: 34748-5316

FEC ID number of contributing federal political committee: C

Name of Employer: RO-MAC LUMBER & SUPPLY, INC. Occupation: MANAGEMENT

Receipt For: 2030
 Primary General
 Other (specify) ▼

Election Cycle-to-Date: 5000.00

Date of Receipt: 12 / 16 / 2024

Transaction ID : SA11A.558256

Amount of Each Receipt this Period: 1700.00

Memo Item
CONTRIBUTION
REDESIGNATION FROM PRIMARY

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

Mailing Address 39877 BLACK HORSE WAY

City: PALM DESERT State: CA Zip Code: 92260-1304

FEC ID number of contributing federal political committee: C

Name of Employer: RETIRED Occupation: RETIRED

Receipt For: 2024
 Primary General
 Other (specify) ▼

Election Cycle-to-Date: 237.98

Date of Receipt: 12 / 17 / 2024

Transaction ID : SA11A.558266

Amount of Each Receipt this Period: - 4.00

Memo Item
CONTRIBUTION
CHARGED BACK

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

Mailing Address 38155 ST MARY

City: CLINTON TOWNSHIP State: MI Zip Code: 48036-4046

FEC ID number of contributing federal political committee: C

Name of Employer: DMC SERVICE GROUP Occupation: CEO

Receipt For: 2024
 Primary General
 Other (specify) ▼

Election Cycle-to-Date: 458.38

Date of Receipt: 12 / 16 / 2024

Transaction ID : SA11A.558227

Amount of Each Receipt this Period: - 3.00

Memo Item
CONTRIBUTION
EARMARKED BY WINRED - CHARGED BACK

SUBTOTAL of Receipts This Page (optional)..... ▶ - 7.00

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

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

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

FOR LINE NUMBER: PAGE 16 OF 164
(check only one)
 11a 11b 11c 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
RICK SCOTT FOR FLORIDA

A. Full Name (Last, First, Middle Initial)
SIMMONS, GRETCHEN, , ,

Mailing Address 38155 ST MARY

City CLINTON TOWNSHIP State MI Zip Code 48036-4046

FEC ID number of contributing federal political committee. C

Name of Employer DMC SERVICE GROUP Occupation CEO

Receipt For: 2024
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
458.38

Date of Receipt
M M / D D / Y Y Y Y Y
12 16 2024

Transaction ID : SA11A.558228

Amount of Each Receipt this Period
- 25.00

Memo Item
CONTRIBUTION
EARMARKED BY WINRED - CHARGED BACK

B. Full Name (Last, First, Middle Initial)
SMITH, NORMA, M., MS.,

Mailing Address 624 EST 31ST ST

City ERIE State PA Zip Code 16504-

FEC ID number of contributing federal political committee. C

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2024
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
402.86

Date of Receipt
M M / D D / Y Y Y Y Y
12 31 2024

Transaction ID : SA11A.559874

Amount of Each Receipt this Period
- 20.00

Memo Item
CONTRIBUTION
CHARGED BACK

C. Full Name (Last, First, Middle Initial)
STEWART, BARBARA, , MRS.,

Mailing Address 540 WEST WEBSTER AVENUE
APT 1206

City CHICAGO State IL Zip Code 60614-6588

FEC ID number of contributing federal political committee. C

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2030
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5000.00

Date of Receipt
M M / D D / Y Y Y Y Y
12 11 2024

Transaction ID : SA11A.557481

Amount of Each Receipt this Period
5000.00

Memo Item
CONTRIBUTION
SEE REDESIGNATION

SUBTOTAL of Receipts This Page (optional)..... ▶ 4955.00

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 17 OF 164	
	<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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NAME OF COMMITTEE (In Full)
RICK SCOTT FOR FLORIDA

A. Full Name (Last, First, Middle Initial)
STEWART, BARBARA, , MRS.,

Mailing Address 540 WEST WEBSTER AVENUE
APT 1206

City CHICAGO	State IL	Zip Code 60614-6588
-----------------	-------------	------------------------

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

Name of Employer RETIRED	Occupation RETIRED
-----------------------------	-----------------------

Receipt For: 2030
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5000.00

Date of Receipt
M M / D D / Y Y Y Y Y
12 / 11 / 2024

Transaction ID : SA11A.557482

Amount of Each Receipt this Period
- 1700.00

Memo Item
CONTRIBUTION
REDESIGNATION TO GENERAL

B. Full Name (Last, First, Middle Initial)
STEWART, BARBARA, , MRS.,

Mailing Address 540 WEST WEBSTER AVENUE
APT 1206

City CHICAGO	State IL	Zip Code 60614-6588
-----------------	-------------	------------------------

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

Name of Employer RETIRED	Occupation RETIRED
-----------------------------	-----------------------

Receipt For: 2030
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5000.00

Date of Receipt
M M / D D / Y Y Y Y Y
12 / 11 / 2024

Transaction ID : SA11A.557483

Amount of Each Receipt this Period
1700.00

Memo Item
CONTRIBUTION
REDESIGNATION FROM PRIMARY

C. Full Name (Last, First, Middle Initial)
VAN DENEND, GARY, , MR.,

Mailing Address 133 NORTH 3RD STREET

City RIPLEY	State OH	Zip Code 45167-1114
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FEC ID number of contributing federal political committee. **C**

Name of Employer GLENRO	Occupation MANAGER
----------------------------	-----------------------

Receipt For: 2024
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2048.80

Date of Receipt
M M / D D / Y Y Y Y Y
12 / 04 / 2024

Transaction ID : SA11A.556959

Amount of Each Receipt this Period
- 2.00

Memo Item
CONTRIBUTION
EARMARKED BY WINRED - CHARGED BACK

SUBTOTAL of Receipts This Page (optional)..... ▶	- 2.00
TOTAL This Period (last page this line number only)..... ▶	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 18 OF 164
(check only one)
 11a 11b 11c 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
RICK SCOTT FOR FLORIDA

A. Full Name (Last, First, Middle Initial)
WENGER, EDWARD, , ,

Mailing Address 450 SE FIFTH AVENUE

City BOCA RATON State FL Zip Code 33432-5519

FEC ID number of contributing federal political committee. C

Name of Employer RETIRED; PROSPECTIVE COMPUTER ANAL Occupation RETIRED; CEO

Receipt For: 2030
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 / 03 / 2024

Transaction ID : SA11A.556509

Amount of Each Receipt this Period
10000.00

Memo Item
CONTRIBUTION
SEE REATTRIBUTION; SEE REDESIGNATION

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

Mailing Address 450 SE FIFTH AVENUE

City BOCA RATON State FL Zip Code 33432-5519

FEC ID number of contributing federal political committee. C

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2030
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 / 04 / 2024

Transaction ID : SA11A.556982

Amount of Each Receipt this Period
5000.00

Memo Item
CONTRIBUTION
REATTRIBUTION FROM SPOUSE; SEE REDESIGNATION

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

Mailing Address 450 SE FIFTH AVENUE

City BOCA RATON State FL Zip Code 33432-5519

FEC ID number of contributing federal political committee. C

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2030
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 / 04 / 2024

Transaction ID : SA11A.556988

Amount of Each Receipt this Period
- 1700.00

Memo Item
CONTRIBUTION
REDESIGNATION TO GENERAL

SUBTOTAL of Receipts This Page (optional).....▶ 10000.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 19 OF 164	
	<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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NAME OF COMMITTEE (In Full)
RICK SCOTT FOR FLORIDA

A. Full Name (Last, First, Middle Initial)
WENGER, BERNICE, , ,

Mailing Address 450 SE FIFTH AVENUE

City BOCA RATON	State FL	Zip Code 33432-5519
--------------------	-------------	------------------------

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

Name of Employer RETIRED	Occupation RETIRED
-----------------------------	-----------------------

Receipt For: 2030
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 / 04 / 2024

Transaction ID : SA11A.556989

Amount of Each Receipt this Period
1700.00

Memo Item
CONTRIBUTION
REDESIGNATION FROM PRIMARY

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

Mailing Address 450 SE FIFTH AVENUE

City BOCA RATON	State FL	Zip Code 33432-5519
--------------------	-------------	------------------------

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

Name of Employer RETIRED; PROSPECTIVE COMPUTER ANAL	Occupation RETIRED; CEO
--	----------------------------

Receipt For: 2030
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 / 04 / 2024

Transaction ID : SA11A.556983

Amount of Each Receipt this Period
- 5000.00

Memo Item
CONTRIBUTION
REATTRIBUTION TO SPOUSE

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

Mailing Address 450 SE FIFTH AVENUE

City BOCA RATON	State FL	Zip Code 33432-5519
--------------------	-------------	------------------------

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

Name of Employer RETIRED; PROSPECTIVE COMPUTER ANAL	Occupation RETIRED; CEO
--	----------------------------

Receipt For: 2030
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 / 04 / 2024

Transaction ID : SA11A.556986

Amount of Each Receipt this Period
- 1700.00

Memo Item
CONTRIBUTION
REDESIGNATION TO GENERAL

SUBTOTAL of Receipts This Page (optional).....▶	0.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 20 OF 164
(check only one)
 11a 11b 11c 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
RICK SCOTT FOR FLORIDA

A. Full Name (Last, First, Middle Initial)
WENGER, EDWARD, , ,

Mailing Address 450 SE FIFTH AVENUE

City BOCA RATON State FL Zip Code 33432-5519

FEC ID number of contributing federal political committee. C

Name of Employer RETIRED; PROSPECTIVE COMPUTER ANAL Occupation RETIRED; CEO

Receipt For: 2030
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 / 04 / 2024

Transaction ID : SA11A.556987

Amount of Each Receipt this Period
1700.00

Memo Item
CONTRIBUTION
REDESIGNATION FROM PRIMARY

B. Full Name (Last, First, Middle Initial)
FOLEY & LARDNER LLP PAC

Mailing Address 3000 K ST NW, STE 600

City WASHINGTON State DC Zip Code 20007-5111

FEC ID number of contributing federal political committee. C

Name of Employer Occupation

Receipt For: 2030
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 / 31 / 2024

Transaction ID : SA11A.559417

Amount of Each Receipt this Period
1000.00

Memo Item
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
SENATE CONSERVATIVES FUND EARMARKS

Mailing Address 300 INDEPENDENCE AVE. SE

City WASHINGTON State DC Zip Code 20003-1021

FEC ID number of contributing federal political committee. C C00448696

Name of Employer Occupation

Receipt For: 2030
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2538.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
11 / 27 / 2024

Transaction ID : SA11C.556490

Amount of Each Receipt this Period
681.00

Memo Item
CONTRIBUTION
SCF EARMARKED; SEE ATTRIBUTION BELOW FOR ALL DONORS ABOVE ITEMIZATION THRESHOLD

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

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

1000.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 21 OF 164
(check only one)
 11a 11b 11c 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
RICK SCOTT FOR FLORIDA

A. Full Name (Last, First, Middle Initial)
SCOTT, JOHN, D., MR.,

Date of Receipt
M M / D D / Y Y Y Y Y Y
11 / 23 / 2024

Transaction ID : SA11A.556499

Mailing Address P.O. BOX 66
City LAKE DELTON State WI Zip Code 53940-0066

Amount of Each Receipt this Period
500.00

Memo Item
CONTRIBUTION

EARMARKED FROM SENATE CONSERVATIVES
FUND EARMARKS

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

Name of Employer SCOTT CONSTRUCTION Occupation EXECUTIVE

Receipt For: 2030
 Primary General
 Other (specify) ▼ Election Cycle-to-Date 1000.00

B. Full Name (Last, First, Middle Initial)
SENATE CONSERVATIVES FUND EARMARKS

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 / 24 / 2024

Transaction ID : SA11C.558847

Mailing Address 300 INDEPENDENCE AVE. SE
City WASHINGTON State DC Zip Code 20003-1021

Amount of Each Receipt this Period
634.00

Memo Item
CONTRIBUTION

SCF EARMARKED; SEE ATTRIBUTION BELOW FOR
ALL DONORS ABOVE ITEMIZATION THRESHOLD

FEC ID number of contributing federal political committee. **C** C00448696

Name of Employer Occupation

Receipt For: 2030
 Primary General
 Other (specify) ▼ Election Cycle-to-Date 2538.00

C. Full Name (Last, First, Middle Initial)
SCOTT, JOHN, D., MR.,

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 / 22 / 2024

Transaction ID : SA11A.558859

Mailing Address P.O. BOX 66
City LAKE DELTON State WI Zip Code 53940-0066

Amount of Each Receipt this Period
500.00

Memo Item
CONTRIBUTION

EARMARKED FROM SENATE CONSERVATIVES
FUND EARMARKS

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

Name of Employer SCOTT CONSTRUCTION Occupation EXECUTIVE

Receipt For: 2030
 Primary General
 Other (specify) ▼ Election Cycle-to-Date 1000.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1000.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 22 OF 164	
	<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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

NAME OF COMMITTEE (In Full)
RICK SCOTT FOR FLORIDA

A. Full Name (Last, First, Middle Initial)
WINRED

Mailing Address P.O. BOX 9891

City ARLINGTON State VA Zip Code 22219-1891

FEC ID number of contributing federal political committee. **C** C00694323

Name of Employer Occupation

Receipt For: 2030
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
39308.56

Date of Receipt
M M / D D / Y Y Y Y Y
12 / 04 / 2024

Transaction ID : SA11C.556692

Amount of Each Receipt this Period
4068.07

Memo Item
CONTRIBUTION

SEE ATTRIBUTION BELOW FOR ALL DONORS
ABOVE ITEMIZATION THRESHOLD

B. Full Name (Last, First, Middle Initial)
BANGERT, MARILYN, , MS.,

Mailing Address 8713 US HWY 85

City FORT LUPTON State CO Zip Code 80621-9309

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2030
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y Y
11 / 24 / 2024

Transaction ID : SA11A.556947

Amount of Each Receipt this Period
100.00

Memo Item
CONTRIBUTION

EARMARKED FROM WINRED

C. Full Name (Last, First, Middle Initial)
CHRISTIAN, SUSAN, , MS.,

Mailing Address 2828 ASH MILL RD

City DOYLESTOWN State PA Zip Code 18902-1931

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

Name of Employer Occupation
HOMEMAKER HOMEMAKER

Receipt For: 2030
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
200.55

Date of Receipt
M M / D D / Y Y Y Y Y
11 / 21 / 2024

Transaction ID : SA11A.556722

Amount of Each Receipt this Period
0.55

Memo Item
CONTRIBUTION

EARMARKED FROM WINRED

SUBTOTAL of Receipts This Page (optional)..... ▶	100.55
TOTAL This Period (last page this line number only)..... ▶	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)	PAGE 23 OF 164
<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a
<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14
<input type="checkbox"/> 15	

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

NAME OF COMMITTEE (In Full)
RICK SCOTT FOR FLORIDA

A. Full Name (Last, First, Middle Initial)
MCLENDON, MARGARET, , ,

Mailing Address P.O. BOX 246

City RICHLAND	State GA	Zip Code 31825-0246
------------------	-------------	------------------------

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

Name of Employer RETIRED	Occupation RETIRED
-----------------------------	-----------------------

Receipt For: 2030
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
933.10

Date of Receipt
M M / D D / Y Y Y Y Y Y
11 / 24 / 2024

Transaction ID : SA11A.556796

Amount of Each Receipt this Period
5.00

Memo Item
CONTRIBUTION
EARMARKED FROM WINRED

B. Full Name (Last, First, Middle Initial)
POWELL, SCOTT, , MR.,

Mailing Address 1717 FREEDOM DR

City MELBOURNE	State FL	Zip Code 32940-6714
-------------------	-------------	------------------------

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

Name of Employer RETIRED	Occupation RETIRED
-----------------------------	-----------------------

Receipt For: 2030
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
510.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
11 / 23 / 2024

Transaction ID : SA11A.556926

Amount of Each Receipt this Period
30.00

Memo Item
CONTRIBUTION
EARMARKED FROM WINRED

C. Full Name (Last, First, Middle Initial)
POWELL, SCOTT, , MR.,

Mailing Address 1717 FREEDOM DR

City MELBOURNE	State FL	Zip Code 32940-6714
-------------------	-------------	------------------------

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

Name of Employer RETIRED	Occupation RETIRED
-----------------------------	-----------------------

Receipt For: 2030
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
510.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
11 / 25 / 2024

Transaction ID : SA11A.556946

Amount of Each Receipt this Period
100.00

Memo Item
CONTRIBUTION
EARMARKED FROM WINRED

SUBTOTAL of Receipts This Page (optional).....▶	135.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)		PAGE 24 OF 164	
<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 15

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

NAME OF COMMITTEE (In Full)
RICK SCOTT FOR FLORIDA

A. Full Name (Last, First, Middle Initial)
WINRED

Mailing Address P.O. BOX 9891

City ARLINGTON	State VA	Zip Code 22219-1891
-------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00694323

Name of Employer	Occupation

Receipt For: 2030
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
39308.56

Date of Receipt
M M / D D / Y Y Y Y Y
12 / 09 / 2024

Transaction ID : SA11C.557189

Amount of Each Receipt this Period
4480.50

Memo Item
CONTRIBUTION

SEE ATTRIBUTION BELOW FOR ALL DONORS
ABOVE ITEMIZATION THRESHOLD

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

Mailing Address 114 CHURCH STREET

City BRISTOL	State RI	Zip Code 02809-2227
-----------------	-------------	------------------------

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

Name of Employer RETIRED	Occupation RETIRED
-----------------------------	-----------------------

Receipt For: 2030
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y Y
12 / 02 / 2024

Transaction ID : SA11A.557447

Amount of Each Receipt this Period
250.00

Memo Item
CONTRIBUTION

EARMARKED FROM WINRED

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

Mailing Address P.O. BOX 56

City LINN	State TX	Zip Code 78563-0056
--------------	-------------	------------------------

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

Name of Employer SELF-EMPLOYED	Occupation RANCHER
-----------------------------------	-----------------------

Receipt For: 2030
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
317.24

Date of Receipt
M M / D D / Y Y Y Y Y
12 / 01 / 2024

Transaction ID : SA11A.557368

Amount of Each Receipt this Period
20.24

Memo Item
CONTRIBUTION

EARMARKED FROM WINRED

SUBTOTAL of Receipts This Page (optional)..... ▶	270.24
TOTAL This Period (last page this line number only)..... ▶	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 25 OF 164
(check only one)
 11a 11b 11c 11d
12 13a 13b 14 15

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

NAME OF COMMITTEE (In Full)
RICK SCOTT FOR FLORIDA

A. Full Name (Last, First, Middle Initial)
HENLEY, DOY, , ,

Mailing Address 14251 MIMOSA LN.

City TUSTIN State CA Zip Code 92780-2334

FEC ID number of contributing federal political committee. C

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2030
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 / 01 / 2024

Transaction ID : SA11A.557448

Amount of Each Receipt this Period
500.00

Memo Item
CONTRIBUTION
EARMARKED FROM WINRED

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

Mailing Address P.O. BOX 246

City RICHLAND State GA Zip Code 31825-0246

FEC ID number of contributing federal political committee. C

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2030
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
933.10

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 / 01 / 2024

Transaction ID : SA11A.557214

Amount of Each Receipt this Period
0.80

Memo Item
CONTRIBUTION
EARMARKED FROM WINRED

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

Mailing Address P.O. BOX 246

City RICHLAND State GA Zip Code 31825-0246

FEC ID number of contributing federal political committee. C

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2030
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
933.10

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 / 01 / 2024

Transaction ID : SA11A.557215

Amount of Each Receipt this Period
0.80

Memo Item
CONTRIBUTION
EARMARKED FROM WINRED

SUBTOTAL of Receipts This Page (optional)..... ▶ 501.60

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)		PAGE 26 OF 164	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
RICK SCOTT FOR FLORIDA

A. Full Name (Last, First, Middle Initial)
MCLENDON, MARGARET, , ,

Mailing Address P.O. BOX 246

City RICHLAND	State GA	Zip Code 31825-0246
------------------	-------------	------------------------

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

Name of Employer RETIRED	Occupation RETIRED
-----------------------------	-----------------------

Receipt For: 2030
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 01 / 2024

Transaction ID : SA11A.557435

Amount of Each Receipt this Period

Memo Item
CONTRIBUTION
EARMARKED FROM WINRED

B. Full Name (Last, First, Middle Initial)
POWELL, SCOTT, , MR.,

Mailing Address 1717 FREEDOM DR

City MELBOURNE	State FL	Zip Code 32940-6714
-------------------	-------------	------------------------

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

Name of Employer RETIRED	Occupation RETIRED
-----------------------------	-----------------------

Receipt For: 2030
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 28 / 2024

Transaction ID : SA11A.557440

Amount of Each Receipt this Period

Memo Item
CONTRIBUTION
EARMARKED FROM WINRED

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

Mailing Address P.O. BOX 9891

City ARLINGTON	State VA	Zip Code 22219-1891
-------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00694323

Name of Employer	Occupation
------------------	------------

Receipt For: 2030
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 16 / 2024

Transaction ID : SA11C.557812

Amount of Each Receipt this Period

Memo Item
CONTRIBUTION
SEE ATTRIBUTION BELOW FOR ALL DONORS ABOVE ITEMIZATION THRESHOLD

SUBTOTAL of Receipts This Page (optional)..... ▶	<input type="text" value="100.00"/>
TOTAL This Period (last page this line number only)..... ▶	<input type="text" value=""/>

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 27 OF 164
(check only one)
 11a 11b 11c 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
RICK SCOTT FOR FLORIDA

A. Full Name (Last, First, Middle Initial)
MEREDITH, RANDY, , ,

Mailing Address 266 BULLFINCH RD

City MOORESVILLE State NC Zip Code 28117-5407

FEC ID number of contributing federal political committee. C

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2030
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
256.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 / 06 / 2024

Transaction ID : SA11A.558121

Amount of Each Receipt this Period
50.00

Memo Item
CONTRIBUTION
EARMARKED FROM WINRED

B. Full Name (Last, First, Middle Initial)
POWELL, SCOTT, , MR.,

Mailing Address 1717 FREEDOM DR

City MELBOURNE State FL Zip Code 32940-6714

FEC ID number of contributing federal political committee. C

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2030
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
510.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 / 07 / 2024

Transaction ID : SA11A.558158

Amount of Each Receipt this Period
50.00

Memo Item
CONTRIBUTION
EARMARKED FROM WINRED

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

Mailing Address P.O. BOX 9891

City ARLINGTON State VA Zip Code 22219-1891

FEC ID number of contributing federal political committee. C C00694323

Name of Employer Occupation

Receipt For: 2030
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
39308.56

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 / 23 / 2024

Transaction ID : SA11C.558453

Amount of Each Receipt this Period
5798.02

Memo Item
CONTRIBUTION
SEE ATTRIBUTION BELOW FOR ALL DONORS
ABOVE ITEMIZATION THRESHOLD

SUBTOTAL of Receipts This Page (optional).....▶ 100.00

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 28 OF 164
(check only one)
 11a 11b 11c 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
RICK SCOTT FOR FLORIDA

A. Full Name (Last, First, Middle Initial)
BANGERT, MARILYN, , MS.,

Mailing Address 8713 US HWY 85

City: FORT LUPTON State: CO Zip Code: 80621-9309

FEC ID number of contributing federal political committee: C

Name of Employer: RETIRED Occupation: RETIRED

Receipt For: 2030
 Primary General
 Other (specify) ▼

Election Cycle-to-Date: 250.00

Date of Receipt: 12 / 19 / 2024

Transaction ID : SA11A.558701

Amount of Each Receipt this Period: 250.00

Memo Item
CONTRIBUTION
EARMARKED FROM WINRED

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

Mailing Address P.O. BOX 56

City: LINN State: TX Zip Code: 78563-0056

FEC ID number of contributing federal political committee: C

Name of Employer: SELF-EMPLOYED Occupation: RANCHER

Receipt For: 2030
 Primary General
 Other (specify) ▼

Election Cycle-to-Date: 317.24

Date of Receipt: 12 / 18 / 2024

Transaction ID : SA11A.558773

Amount of Each Receipt this Period: 49.50

Memo Item
CONTRIBUTION
EARMARKED FROM WINRED

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

Mailing Address P.O. BOX 56

City: LINN State: TX Zip Code: 78563-0056

FEC ID number of contributing federal political committee: C

Name of Employer: SELF-EMPLOYED Occupation: RANCHER

Receipt For: 2030
 Primary General
 Other (specify) ▼

Election Cycle-to-Date: 317.24

Date of Receipt: 12 / 16 / 2024

Transaction ID : SA11A.558787

Amount of Each Receipt this Period: 99.00

Memo Item
CONTRIBUTION
EARMARKED FROM WINRED

SUBTOTAL of Receipts This Page (optional) ▶ 173.50

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)	PAGE 29 OF 164
<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a
<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14
<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
RICK SCOTT FOR FLORIDA

A. Full Name (Last, First, Middle Initial)
FEIGENBAUM, ROBERT, , ,

Mailing Address 339 AVALON DRIVE

City SOUTH SAN FRANCISCO	State CA	Zip Code 94080-5604
-----------------------------	-------------	------------------------

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

Name of Employer COVENANT AVIATION SECURITY	Occupation TRANSPORTATION SECURITY OFFICER
--	---

Receipt For: 2030
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y Y
12 / 13 / 2024

Transaction ID : SA11A.558796

Amount of Each Receipt this Period
250.00

Memo Item
CONTRIBUTION
EARMARKED FROM WINRED

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

Mailing Address P.O. BOX 246

City RICHLAND	State GA	Zip Code 31825-0246
------------------	-------------	------------------------

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

Name of Employer RETIRED	Occupation RETIRED
-----------------------------	-----------------------

Receipt For: 2030
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
933.10

Date of Receipt
M M / D D / Y Y Y Y Y
12 / 15 / 2024

Transaction ID : SA11A.558536

Amount of Each Receipt this Period
2.00

Memo Item
CONTRIBUTION
EARMARKED FROM WINRED

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

Mailing Address 266 BULLFINCH RD

City MOORESVILLE	State NC	Zip Code 28117-5407
---------------------	-------------	------------------------

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

Name of Employer RETIRED	Occupation RETIRED
-----------------------------	-----------------------

Receipt For: 2030
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
256.00

Date of Receipt
M M / D D / Y Y Y Y Y
12 / 18 / 2024

Transaction ID : SA11A.558676

Amount of Each Receipt this Period
20.00

Memo Item
CONTRIBUTION
EARMARKED FROM WINRED

SUBTOTAL of Receipts This Page (optional)..... ▶	272.00
TOTAL This Period (last page this line number only)..... ▶	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 30 OF 164
(check only one)
 11a 11b 11c 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
RICK SCOTT FOR FLORIDA

A. Full Name (Last, First, Middle Initial)
NIELSEN, LINDA, , ,

Mailing Address 28405 ALMONA WAY

City VALLEY CENTER State CA Zip Code 92082-6211

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2030
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 17 2024

Transaction ID : SA11A.558795

Amount of Each Receipt this Period
250.00

Memo Item
CONTRIBUTION
EARMARKED FROM WINRED

B. Full Name (Last, First, Middle Initial)
POWELL, SCOTT, , MR.,

Mailing Address 1717 FREEDOM DR

City MELBOURNE State FL Zip Code 32940-6714

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2030
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
510.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 13 2024

Transaction ID : SA11A.558785

Amount of Each Receipt this Period
50.00

Memo Item
CONTRIBUTION
EARMARKED FROM WINRED

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

Mailing Address P.O. BOX 9891

City ARLINGTON State VA Zip Code 22219-1891

FEC ID number of contributing federal political committee. **C** C00694323

Name of Employer Occupation

Receipt For: 2030
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
39308.56

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 30 2024

Transaction ID : SA11C.559037

Amount of Each Receipt this Period
4521.58

Memo Item
CONTRIBUTION
SEE ATTRIBUTION BELOW FOR ALL DONORS
ABOVE ITEMIZATION THRESHOLD

SUBTOTAL of Receipts This Page (optional) ▶ 300.00

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 31 OF 164
(check only one)
 11a 11b 11c 11d
12 13a 13b 14 15

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

NAME OF COMMITTEE (In Full)
RICK SCOTT FOR FLORIDA

A. Full Name (Last, First, Middle Initial)
BANGERT, MARILYN, , MS.,
Mailing Address 8713 US HWY 85

City FORT LUPTON State CO Zip Code 80621-9309

FEC ID number of contributing federal political committee. C

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2030
 Primary General
 Other (specify) ▼

Election Cycle-to-Date 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
12 24 2024

Transaction ID : SA11A.559297

Amount of Each Receipt this Period
100.00

Memo Item
CONTRIBUTION
EARMARKED FROM WINRED

B. Full Name (Last, First, Middle Initial)
MCLENDON, MARGARET, , ,
Mailing Address P.O. BOX 246

City RICHLAND State GA Zip Code 31825-0246

FEC ID number of contributing federal political committee. C

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2030
 Primary General
 Other (specify) ▼

Election Cycle-to-Date 933.10

Date of Receipt
M M / D D / Y Y Y Y Y
12 22 2024

Transaction ID : SA11A.559128

Amount of Each Receipt this Period
5.00

Memo Item
CONTRIBUTION
EARMARKED FROM WINRED

C. Full Name (Last, First, Middle Initial)
MCLENDON, MARGARET, , ,
Mailing Address P.O. BOX 246

City RICHLAND State GA Zip Code 31825-0246

FEC ID number of contributing federal political committee. C

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2030
 Primary General
 Other (specify) ▼

Election Cycle-to-Date 933.10

Date of Receipt
M M / D D / Y Y Y Y Y
12 22 2024

Transaction ID : SA11A.559227

Amount of Each Receipt this Period
25.00

Memo Item
CONTRIBUTION
EARMARKED FROM WINRED

SUBTOTAL of Receipts This Page (optional) ▶ 130.00

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)		PAGE 32 OF 164	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15	

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

NAME OF COMMITTEE (In Full)
RICK SCOTT FOR FLORIDA

A. Full Name (Last, First, Middle Initial)
MEREDITH, RANDY, , ,

Mailing Address 266 BULLFINCH RD

City MOORESVILLE	State NC	Zip Code 28117-5407
---------------------	-------------	------------------------

FEC ID number of contributing federal political committee.

Name of Employer RETIRED	Occupation RETIRED
-----------------------------	-----------------------

Receipt For: 2030
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
 / /

Transaction ID : SA11A.559149

Amount of Each Receipt this Period

Memo Item
 CONTRIBUTION
 EARMARKED FROM WINRED

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

Mailing Address 266 BULLFINCH RD

City MOORESVILLE	State NC	Zip Code 28117-5407
---------------------	-------------	------------------------

FEC ID number of contributing federal political committee.

Name of Employer RETIRED	Occupation RETIRED
-----------------------------	-----------------------

Receipt For: 2030
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
 / /

Transaction ID : SA11A.559300

Amount of Each Receipt this Period

Memo Item
 CONTRIBUTION
 EARMARKED FROM WINRED

C. Full Name (Last, First, Middle Initial)
POWELL, SCOTT, , MR.,

Mailing Address 1717 FREEDOM DR

City MELBOURNE	State FL	Zip Code 32940-6714
-------------------	-------------	------------------------

FEC ID number of contributing federal political committee.

Name of Employer RETIRED	Occupation RETIRED
-----------------------------	-----------------------

Receipt For: 2030
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
 / /

Transaction ID : SA11A.559257

Amount of Each Receipt this Period

Memo Item
 CONTRIBUTION
 EARMARKED FROM WINRED

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

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 33 OF 164
(check only one)

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

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

NAME OF COMMITTEE (In Full)
RICK SCOTT FOR FLORIDA

A. Full Name (Last, First, Middle Initial)
POWELL, SCOTT, , MR.,

Mailing Address 1717 FREEDOM DR

City MELBOURNE State FL Zip Code 32940-6714

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2030
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
510.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 25 2024

Transaction ID : SA11A.559296

Amount of Each Receipt this Period
100.00

Memo Item
CONTRIBUTION
EARMARKED FROM WINRED

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

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

Amount of Each Receipt this Period

Memo Item

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

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

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	100.00
TOTAL This Period (last page this line number only).....▶	61445.63

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 34 OF 164
(check only one)
 11a 11b 11c 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
RICK SCOTT FOR FLORIDA

A. Full Name (Last, First, Middle Initial)
AIRCRAFT OWNERS AND PILOTS ASSOCIATION POLITICAL ACTION COMM

Mailing Address 421 AVIATION WAY

City FREDERICK	State MD	Zip Code 21701-4756
-------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00131185

Name of Employer	Occupation
------------------	------------

Receipt For: 2024
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 / 23 / 2024

Transaction ID : SA11C.558837

Amount of Each Receipt this Period
2500.00

Memo Item
CONTRIBUTION
SEE REDESIGNATION

B. Full Name (Last, First, Middle Initial)
AIRCRAFT OWNERS AND PILOTS ASSOCIATION POLITICAL ACTION COMM

Mailing Address 421 AVIATION WAY

City FREDERICK	State MD	Zip Code 21701-4756
-------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00131185

Name of Employer	Occupation
------------------	------------

Receipt For: 2030
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 / 23 / 2024

Transaction ID : SA11C.558838

Amount of Each Receipt this Period
2500.00

Memo Item
CONTRIBUTION
REDESIGNATION FROM GENERAL

C. Full Name (Last, First, Middle Initial)
AIRCRAFT OWNERS AND PILOTS ASSOCIATION POLITICAL ACTION COMM

Mailing Address 421 AVIATION WAY

City FREDERICK	State MD	Zip Code 21701-4756
-------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00131185

Name of Employer	Occupation
------------------	------------

Receipt For: 2024
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 / 23 / 2024

Transaction ID : SA11C.558838B

Amount of Each Receipt this Period
- 2500.00

Memo Item
CONTRIBUTION
REDESIGNATION TO PRIMARY

SUBTOTAL of Receipts This Page (optional)..... ▶	2500.00
TOTAL This Period (last page this line number only)..... ▶	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 35 OF 164
(check only one)
 11a 11b 11c 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
RICK SCOTT FOR FLORIDA

A. Full Name (Last, First, Middle Initial)
FIDELITY NATIONAL INFORMATION SYSTEMS, INC. GOOD GOVERNMENT

Mailing Address 8500 GOVERNORS HILL DRIVE

City CINCINNATI State OH Zip Code 45249-1384

FEC ID number of contributing federal political committee. **C** C00561647

Name of Employer Occupation

Receipt For: 2030
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y Y
12 / 05 / 2024

Transaction ID : SA11C.557008

Amount of Each Receipt this Period
500.00

Memo Item
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
REGIONS FINANCIAL CORPORATION PAC

Mailing Address 1015 15TH STREET NW
SUITE 920

City WASHINGTON State DC Zip Code 20005-2623

FEC ID number of contributing federal political committee. **C** C00432252

Name of Employer Occupation

Receipt For: 2030
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1500.00

Date of Receipt
M M / D D / Y Y Y Y Y
12 / 24 / 2024

Transaction ID : SA11C.558841

Amount of Each Receipt this Period
1500.00

Memo Item
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
SENATE CONSERVATIVES FUND EARMARKS

Mailing Address 300 INDEPENDENCE AVE. SE

City WASHINGTON State DC Zip Code 20003-1021

FEC ID number of contributing federal political committee. **C** C00448696

Name of Employer Occupation

Receipt For: 2030
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2538.00

Date of Receipt
M M / D D / Y Y Y Y Y
12 / 11 / 2024

Transaction ID : SA11C.557478

Amount of Each Receipt this Period
97.00

Memo Item
CONTRIBUTION
SCF EARMARKED

SUBTOTAL of Receipts This Page (optional) ▶ 2097.00

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 36 OF 164
(check only one)
 11a 11b 11c 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
RICK SCOTT FOR FLORIDA

A. Full Name (Last, First, Middle Initial)
SENATE CONSERVATIVES FUND (NON-EARMARKS)

Mailing Address 300 INDEPENDENCE AVE. SE

City WASHINGTON State DC Zip Code 20003-1021

FEC ID number of contributing federal political committee. **C** C00448696

Name of Employer Occupation

Receipt For: 2030
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5000.00

Date of Receipt
M M / D D / Y Y Y Y Y
12 / 12 / 2024

Transaction ID : SA11C.557486

Amount of Each Receipt this Period
5000.00

Memo Item
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
THE LOOSE GROUP PAC

Mailing Address 4279 ROSWELL ROAD NE
SUITE 208-192

City ATLANTA State GA Zip Code 30342-3769

FEC ID number of contributing federal political committee. **C** C00010793

Name of Employer Occupation

Receipt For: 2024
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
147.04

Date of Receipt
M M / D D / Y Y Y Y Y
12 / 09 / 2024

Transaction ID : SA11C.557475

Amount of Each Receipt this Period
5000.00

Memo Item
CONTRIBUTION
SEE REDESIGNATION

C. Full Name (Last, First, Middle Initial)
THE LOOSE GROUP PAC

Mailing Address 4279 ROSWELL ROAD NE
SUITE 208-192

City ATLANTA State GA Zip Code 30342-3769

FEC ID number of contributing federal political committee. **C** C00010793

Name of Employer Occupation

Receipt For: 2030
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5000.00

Date of Receipt
M M / D D / Y Y Y Y Y
12 / 09 / 2024

Transaction ID : SA11C.557476

Amount of Each Receipt this Period
5000.00

Memo Item
CONTRIBUTION
REDESIGNATION FROM GENERAL

SUBTOTAL of Receipts This Page (optional) ▶ 10000.00

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 37 OF 164
(check only one)
 11a 11b 11c 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
RICK SCOTT FOR FLORIDA

A. Full Name (Last, First, Middle Initial)
THE LOOSE GROUP PAC

Mailing Address 4279 ROSWELL ROAD NE
SUITE 208-192

City ATLANTA State GA Zip Code 30342-3769

FEC ID number of contributing federal political committee. **C** C00010793

Name of Employer Occupation

Receipt For: 2024
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
147.04

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 / 09 / 2024

Transaction ID : SA11C.557476B

Amount of Each Receipt this Period
- 5000.00

Memo Item
CONTRIBUTION
REDESIGNATION TO PRIMARY

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

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

Amount of Each Receipt this Period

Memo Item

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

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

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	0.00
TOTAL This Period (last page this line number only).....▶	14597.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 38 OF 164
(check only one)
 11a 11b 11c 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
RICK SCOTT FOR FLORIDA

A. Full Name (Last, First, Middle Initial)
SCOTT, RICK, , SENATOR,
Mailing Address P.O. BOX 130708

City TAMPA State FL Zip Code 33681

FEC ID number of contributing federal political committee. **C** S8FL00273

Name of Employer US SENATE Occupation US SENATOR

Receipt For: 2024
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1484443.61

Date of Receipt
M M / D D / Y Y Y Y Y Y
11 27 2024

Transaction ID : SA11D.1258

Amount of Each Receipt this Period
19366.67

Memo Item
IN-KIND: AIR -COLUMBIA COLLIER MGT 340 9
AIR CHARTER 11-3 THRU 11-5

B. Full Name (Last, First, Middle Initial)
SCOTT, RICK, , SENATOR,
Mailing Address P.O. BOX 130708

City TAMPA State FL Zip Code 33681

FEC ID number of contributing federal political committee. **C** S8FL00273

Name of Employer US SENATE Occupation US SENATOR

Receipt For: 2030
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
23178.50

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 31 2024

Transaction ID : SA11D.1274

Amount of Each Receipt this Period
1650.00

Memo Item
IN-KIND: FACILITY RENTAL
218 MD LLC 340 9TH NAPLES FL 34102

C. Full Name (Last, First, Middle Initial)
SCOTT, RICK, , SENATOR,
Mailing Address P.O. BOX 130708

City TAMPA State FL Zip Code 33681

FEC ID number of contributing federal political committee. **C** S8FL00273

Name of Employer US SENATE Occupation US SENATOR

Receipt For: 2030
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
23178.50

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 06 2024

Transaction ID : SA11D.1280

Amount of Each Receipt this Period
21528.50

Memo Item
IN-KIND: AIR -COLUMBIA COLLIER MGT 340 9
AIR CHARTER 12-5 THRU 12-6

SUBTOTAL of Receipts This Page (optional).....▶	42545.17
TOTAL This Period (last page this line number only).....▶	42545.17

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

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

FOR LINE NUMBER: PAGE 39 OF 164
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
RICK SCOTT FOR FLORIDA

A. Full Name (Last, First, Middle Initial)
RICK SCOTT VICTORY FUND

Mailing Address P.O. BOX 76024

City: WASHINGTON State: DC Zip Code: 20013-6024

FEC ID number of contributing federal political committee: **C** C00676957

Name of Employer: Occupation:

Receipt For: 2030
 Primary General
 Other (specify) ▼

Election Cycle-to-Date: 4786.07

Date of Receipt: 12 / 31 / 2024

Transaction ID : SA12.559321

Amount of Each Receipt this Period: 2632.34

Memo Item
TRANSFER
RICK SCOTT VICTORY FUND JFC MEMO

B. Full Name (Last, First, Middle Initial)
CASSIDY, ALBERT, B., MR.,

Mailing Address 346 EAST CENTRAL AVE

City: WINTER HAVEN State: FL Zip Code: 33880-3046

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

Name of Employer: Occupation: PRESIDENT

Receipt For: 2030
 Primary General
 Other (specify) ▼

Election Cycle-to-Date: 6000.00

Date of Receipt: 11 / 15 / 2024

Transaction ID : SA.553881.22.1224

Amount of Each Receipt this Period: 3300.00

Memo Item
TRANSFER
TRANSFER FROM RICK SCOTT VICTORY FUND

C. Full Name (Last, First, Middle Initial)
RICK SCOTT VICTORY FUND

Mailing Address P.O. BOX 76024

City: WASHINGTON State: DC Zip Code: 20013-6024

FEC ID number of contributing federal political committee: **C** C00676957

Name of Employer: Occupation:

Receipt For: 2030
 Primary General
 Other (specify) ▼

Election Cycle-to-Date: 4786.07

Date of Receipt: 12 / 31 / 2024

Transaction ID : SA12.559322

Amount of Each Receipt this Period: 2153.73

Memo Item
TRANSFER
RICK SCOTT VICTORY FUND JFC MEMO

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

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

4786.07

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 OF 164
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 11d <input checked="" type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
RICK SCOTT FOR FLORIDA

A. Full Name (Last, First, Middle Initial)
CASSIDY, ALBERT, B., MR.,
Mailing Address 346 EAST CENTRAL AVE
City WINTER HAVEN State FL Zip Code 33880-3046
FEC ID number of contributing federal political committee. C
Name of Employer CASSIDY ORGANIZATION INC. Occupation PRESIDENT
Receipt For: 2030
 Primary General
 Other (specify) ▼
Election Cycle-to-Date ▼
6000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
11 / 15 / 2024
Transaction ID : SA.553881.23.1224
Amount of Each Receipt this Period
2700.00
 Memo Item
TRANSFER
TRANSFER FROM RICK SCOTT VICTORY FUND

B. Full Name (Last, First, Middle Initial)
RICK SCOTT VICTORY FUND
Mailing Address P.O. BOX 76024
City WASHINGTON State DC Zip Code 20013-6024
FEC ID number of contributing federal political committee. C C00676957
Name of Employer Occupation
Receipt For: 2024
 Primary General
 Other (specify) ▼
Election Cycle-to-Date ▼
1071404.41

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 / 31 / 2024
Transaction ID : SA12.559323
Amount of Each Receipt this Period
4068.17
 Memo Item
TRANSFER
RICK SCOTT VICTORY FUND JFC MEMO

C. Full Name (Last, First, Middle Initial)
BOWLING, KAREN, E., MS.,
Mailing Address 1804 DUNSFORD ROAD
City JACKSONVILLE State FL Zip Code 32017-4206
FEC ID number of contributing federal political committee. C
Name of Employer UNIV OF N FL Occupation VICE PRESIDENT
Receipt For: 2024
 Primary General
 Other (specify) ▼
Election Cycle-to-Date ▼
3000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
02 / 15 / 2023
Transaction ID : SA.299188.17.1224
Amount of Each Receipt this Period
100.00
 Memo Item
TRANSFER
TRANSFER FROM RICK SCOTT VICTORY FUND

SUBTOTAL of Receipts This Page (optional).....▶	4068.17
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 41 OF 164
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
RICK SCOTT FOR FLORIDA

A. Full Name (Last, First, Middle Initial)
DAVID VOLKERT & ASSOCIATES, INC. POLITICAL ACTION COMMITTEE

Mailing Address 11 NORTH WATER STREET
SUITE 18290

City MOBILE State AL Zip Code 36602-5018

FEC ID number of contributing federal political committee. **C** C00368902

Name of Employer Occupation

Receipt For: 2024
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
10000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 / 15 / 2024

Transaction ID : SA.512497.17.1224

Amount of Each Receipt this Period
5000.00

Memo Item
TRANSFER
TRANSFER FROM RICK SCOTT VICTORY FUND

B. Full Name (Last, First, Middle Initial)
RICK SCOTT VICTORY FUND

Mailing Address P.O. BOX 76024

City WASHINGTON State DC Zip Code 20013-6024

FEC ID number of contributing federal political committee. **C** C00676957

Name of Employer Occupation

Receipt For: 2024
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1071404.41

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 / 31 / 2024

Transaction ID : SA12.559324

Amount of Each Receipt this Period
9093.55

Memo Item
TRANSFER
RICK SCOTT VICTORY FUND JFC MEMO

C. Full Name (Last, First, Middle Initial)
BOWLING, KAREN, E., MS.,

Mailing Address 1804 DUNS FORD ROAD

City JACKSONVILLE State FL Zip Code 32207-4206

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

Name of Employer Occupation
UNIV OF N FL VICE PRESIDENT

Receipt For: 2024
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
3000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
02 / 15 / 2023

Transaction ID : SA.299188.16.1224

Amount of Each Receipt this Period
900.00

Memo Item
TRANSFER
TRANSFER FROM RICK SCOTT VICTORY FUND

SUBTOTAL of Receipts This Page (optional)..... ▶ 9093.55

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 OF 164
	<input type="checkbox"/> 11a <input checked="" type="checkbox"/> 12 <input type="checkbox"/> 11b <input type="checkbox"/> 13a <input type="checkbox"/> 11c <input type="checkbox"/> 13b <input type="checkbox"/> 11d <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
RICK SCOTT FOR FLORIDA

A. Full Name (Last, First, Middle Initial)
BUTLER, DEBORAH , , ,

Mailing Address 3217 SOUTHWEST 35TH BOULEVARD

City GAINESVILLE	State FL	Zip Code 32608-2414
---------------------	-------------	------------------------

FEC ID number of contributing federal political committee.

Name of Employer INFORMATION REQUESTED PER BEST EFF	Occupation INFORMATION REQUESTED PER BEST EFF
--	--

Receipt For: 2024
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
 / /

Transaction ID : SA.308497.16.1224_B

Amount of Each Receipt this Period

Memo Item
TRANSFER
TRANSFER FROM RICK SCOTT VICTORY FUND PARTNERSHIP ATTRIBUTION

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

Mailing Address 900 S SOUTHLAKE DRIVE

City HOLLYWOOD	State FL	Zip Code 33019-1935
-------------------	-------------	------------------------

FEC ID number of contributing federal political committee.

Name of Employer AM EDUCATION AND SERVICES	Occupation BUSINESS OWNER
---	------------------------------

Receipt For: 2024
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
 / /

Transaction ID : SA.532595.16.1224

Amount of Each Receipt this Period

Memo Item
TRANSFER
TRANSFER FROM RICK SCOTT VICTORY FUND

C. Full Name (Last, First, Middle Initial)
VICKERS, DINA, J., MRS.,

Mailing Address 3266 ANTIGUA DRIVE

City JACKSONVILLE	State FL	Zip Code 32250-3930
----------------------	-------------	------------------------

FEC ID number of contributing federal political committee.

Name of Employer ST. VINCENTS	Occupation CPA
----------------------------------	-------------------

Receipt For: 2024
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
 / /

Transaction ID : SA.300553.16.1224

Amount of Each Receipt this Period

Memo Item
TRANSFER
TRANSFER FROM RICK SCOTT VICTORY FUND

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="0.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text" value=""/>

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 43 OF 164
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
RICK SCOTT FOR FLORIDA

A. Full Name (Last, First, Middle Initial)
DAVID VOLKERT & ASSOCIATES, INC. POLITICAL ACTION COMMITTEE

Mailing Address 11 NORTH WATER STREET
SUITE 18290

City MOBILE State AL Zip Code 36602-5018

FEC ID number of contributing federal political committee. **C** C00368902

Name of Employer Occupation

Receipt For: 2024
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
10000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 / 15 / 2024

Transaction ID : SA.512497.16.1224

Amount of Each Receipt this Period
5000.00

Memo Item
TRANSFER
TRANSFER FROM RICK SCOTT VICTORY FUND

B. Full Name (Last, First, Middle Initial)
MAXWELL PROPERTIES OF GAINESVILLE LLC

Mailing Address 3217 SOUTHWEST 35TH BOULEVARD

City GAINESVILLE State FL Zip Code 32608-2414

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

Name of Employer Occupation

Receipt For: 2024
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1200.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
04 / 17 / 2023

Transaction ID : SA.308497.16.1224

Amount of Each Receipt this Period
1200.00

Memo Item
TRANSFER
TRANSFER FROM RICK SCOTT VICTORY FUND

C. Full Name (Last, First, Middle Initial)
TEAM RICK SCOTT

Mailing Address P.O. BOX 76024

City WASHINGTON State DC Zip Code 20013-6024

FEC ID number of contributing federal political committee. **C** C00692343

Name of Employer Occupation

Receipt For: 2024
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
8535330.63

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 / 31 / 2024

Transaction ID : SA12.559408

Amount of Each Receipt this Period
- 66.61

Memo Item
TRANSFER
TEAM RICK SCOTT JFC MEMO

SUBTOTAL of Receipts This Page (optional)..... ▶ - 66.61

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 44 OF 164
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
RICK SCOTT FOR FLORIDA

A. Full Name (Last, First, Middle Initial)
MARCUS, RUSSELL, , MR.,

Mailing Address 8774 MIRALAGO WAY

City PARKLAND State FL Zip Code 33076-4556

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

Name of Employer MARCMAN SOLUTIONS LLC Occupation CEO

Receipt For: 2024
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5100.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
05 / 03 / 2024

Transaction ID : SA.426053.11.0103

Amount of Each Receipt this Period
- 100.00

Memo Item
TRANSFER
TRANSFER FROM TEAM RICK SCOTT

B. Full Name (Last, First, Middle Initial)
TEAM RICK SCOTT

Mailing Address P.O. BOX 76024

City WASHINGTON State DC Zip Code 20013-6024

FEC ID number of contributing federal political committee. **C** C00692343

Name of Employer Occupation

Receipt For: 2024
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
8535330.63

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 / 31 / 2024

Transaction ID : SA12.559409

Amount of Each Receipt this Period
1113.58

Memo Item
TRANSFER
TEAM RICK SCOTT JFC MEMO

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

Mailing Address 6834 DAWN ACRES DRIVE

City TRINITY State NC Zip Code 27370-7613

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2024
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
212.60

Date of Receipt
M M / D D / Y Y Y Y Y Y
11 / 06 / 2024

Transaction ID : SA.557144.12.0103

Amount of Each Receipt this Period
- 20.00

Memo Item
TRANSFER
TRANSFER FROM TEAM RICK SCOTT

SUBTOTAL of Receipts This Page (optional)..... ▶ 1113.58

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 45 OF 164
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
RICK SCOTT FOR FLORIDA

A. Full Name (Last, First, Middle Initial)
BOYLES, CARLTON, , ,

Mailing Address 6834 DAWN ACRES DRIVE

City TRINITY State NC Zip Code 27370-7613

FEC ID number of contributing federal political committee. C

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2024
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
212.60

Date of Receipt
M M / D D / Y Y Y Y Y Y
11 / 06 / 2024

Transaction ID : SA.557145.12.0103

Amount of Each Receipt this Period
- 25.00

Memo Item
TRANSFER
TRANSFER FROM TEAM RICK SCOTT

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

Mailing Address 6834 DAWN ACRES DRIVE

City TRINITY State NC Zip Code 27370-7613

FEC ID number of contributing federal political committee. C

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2024
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
212.60

Date of Receipt
M M / D D / Y Y Y Y Y Y
11 / 05 / 2024

Transaction ID : SA.557146.12.0103

Amount of Each Receipt this Period
- 25.00

Memo Item
TRANSFER
TRANSFER FROM TEAM RICK SCOTT

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

Mailing Address 6834 DAWN ACRES DRIVE

City TRINITY State NC Zip Code 27370-7613

FEC ID number of contributing federal political committee. C

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2024
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
212.60

Date of Receipt
M M / D D / Y Y Y Y Y Y
11 / 05 / 2024

Transaction ID : SA.557147.12.0103

Amount of Each Receipt this Period
- 25.00

Memo Item
TRANSFER
TRANSFER FROM TEAM RICK SCOTT

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

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

0.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 46 OF 164
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
RICK SCOTT FOR FLORIDA

A. Full Name (Last, First, Middle Initial)
BOYLES, CARLTON, , ,

Mailing Address 6834 DAWN ACRES DRIVE

City TRINITY State NC Zip Code 27370-7613

FEC ID number of contributing federal political committee. C

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2024
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
212.60

Date of Receipt
M M / D D / Y Y Y Y Y Y
11 / 05 / 2024

Transaction ID : SA.557148.12.0103

Amount of Each Receipt this Period
- 25.00

Memo Item
TRANSFER
TRANSFER FROM TEAM RICK SCOTT

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

Mailing Address 6834 DAWN ACRES DRIVE

City TRINITY State NC Zip Code 27370-7613

FEC ID number of contributing federal political committee. C

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2024
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
212.60

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 / 30 / 2024

Transaction ID : SA.557149.12.0103

Amount of Each Receipt this Period
- 25.00

Memo Item
TRANSFER
TRANSFER FROM TEAM RICK SCOTT

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

Mailing Address 6834 DAWN ACRES DRIVE

City TRINITY State NC Zip Code 27370-7613

FEC ID number of contributing federal political committee. C

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2024
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
212.60

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 / 30 / 2024

Transaction ID : SA.557150.12.0103

Amount of Each Receipt this Period
- 25.00

Memo Item
TRANSFER
TRANSFER FROM TEAM RICK SCOTT

SUBTOTAL of Receipts This Page (optional)..... ▶ 0.00

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 47 OF 164
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
RICK SCOTT FOR FLORIDA

A. Full Name (Last, First, Middle Initial)
BOYLES, CARLTON, , ,

Mailing Address 6834 DAWN ACRES DRIVE

City TRINITY State NC Zip Code 27370-7613

FEC ID number of contributing federal political committee. C

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2024
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 212.60

Date of Receipt
M M / D D / Y Y Y Y Y
10 / 30 / 2024

Transaction ID : SA.557771.12.0103

Amount of Each Receipt this Period
- 50.00

Memo Item
TRANSFER
TRANSFER FROM TEAM RICK SCOTT

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

Mailing Address 6834 DAWN ACRES DRIVE

City TRINITY State NC Zip Code 27370-7613

FEC ID number of contributing federal political committee. C

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2024
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 212.60

Date of Receipt
M M / D D / Y Y Y Y Y
10 / 23 / 2024

Transaction ID : SA.557772.12.0103

Amount of Each Receipt this Period
- 25.00

Memo Item
TRANSFER
TRANSFER FROM TEAM RICK SCOTT

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

Mailing Address 6834 DAWN ACRES DRIVE

City TRINITY State NC Zip Code 27370-7613

FEC ID number of contributing federal political committee. C

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2024
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 212.60

Date of Receipt
M M / D D / Y Y Y Y Y
10 / 30 / 2024

Transaction ID : SA.558437.12.0103

Amount of Each Receipt this Period
- 50.00

Memo Item
TRANSFER
TRANSFER FROM TEAM RICK SCOTT

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

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

0.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

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

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NAME OF COMMITTEE (In Full)
RICK SCOTT FOR FLORIDA

A. Full Name (Last, First, Middle Initial)
BOYLES, CARLTON, , ,

Mailing Address 6834 DAWN ACRES DRIVE

City TRINITY State NC Zip Code 27370-7613

FEC ID number of contributing federal political committee. C

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2024
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 212.60

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 30 2024

Transaction ID : SA.558438.12.0103

Amount of Each Receipt this Period
- 30.00

Memo Item
TRANSFER
TRANSFER FROM TEAM RICK SCOTT

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

Mailing Address 6834 DAWN ACRES DRIVE

City TRINITY State NC Zip Code 27370-7613

FEC ID number of contributing federal political committee. C

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2024
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 212.60

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 30 2024

Transaction ID : SA.558439.12.0103

Amount of Each Receipt this Period
- 50.00

Memo Item
TRANSFER
TRANSFER FROM TEAM RICK SCOTT

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

Mailing Address 6834 DAWN ACRES DRIVE

City TRINITY State NC Zip Code 27370-7613

FEC ID number of contributing federal political committee. C

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2024
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 212.60

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 23 2024

Transaction ID : SA.558440.12.0103

Amount of Each Receipt this Period
- 50.00

Memo Item
TRANSFER
TRANSFER FROM TEAM RICK SCOTT

SUBTOTAL of Receipts This Page (optional)..... ▶ 0.00

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

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

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NAME OF COMMITTEE (In Full)
RICK SCOTT FOR FLORIDA

A. Full Name (Last, First, Middle Initial)
COLL, CHARLES, H., MR.,

Mailing Address 5207 S HUMMINGBIRD LN

City ROSWELL State NM Zip Code 88203-9017

FEC ID number of contributing federal political committee.

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2024
 Primary General
 Other (specify) ▼

Election Cycle-to-Date

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 / 31 / 2024

Transaction ID : SA.556669.12.0103

Amount of Each Receipt this Period

Memo Item
TRANSFER
TRANSFER FROM TEAM RICK SCOTT

B. Full Name (Last, First, Middle Initial)
GILBERT, JOE, L., MR., JR.

Mailing Address 6219 GILBERT ROAD

City LAREDO State TX Zip Code 78041-2594

FEC ID number of contributing federal political committee.

Name of Employer SELF-EMPLOYED Occupation LOGISTICS

Receipt For: 2024
 Primary General
 Other (specify) ▼

Election Cycle-to-Date

Date of Receipt
M M / D D / Y Y Y Y Y Y
11 / 04 / 2024

Transaction ID : SA.556032.12.0103

Amount of Each Receipt this Period

Memo Item
TRANSFER
TRANSFER FROM TEAM RICK SCOTT

C. Full Name (Last, First, Middle Initial)
HARMAN, ANN, POWELL, ,

Mailing Address 4883 S ATLANTIC AVE

City PONCE INLET State FL Zip Code 32127-7207

FEC ID number of contributing federal political committee.

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2024
 Primary General
 Other (specify) ▼

Election Cycle-to-Date

Date of Receipt
M M / D D / Y Y Y Y Y Y
11 / 06 / 2024

Transaction ID : SA.557157.12.0103

Amount of Each Receipt this Period

Memo Item
TRANSFER
TRANSFER FROM TEAM RICK SCOTT

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

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

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

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NAME OF COMMITTEE (In Full)
RICK SCOTT FOR FLORIDA

A. Full Name (Last, First, Middle Initial)
HARMAN, TERRY, , ,

Mailing Address 2933 MARYLAND STREET

City LONGVIEW State WA Zip Code 98632-3562

FEC ID number of contributing federal political committee.

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2024
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
 / /

Transaction ID : SA.557779.12.0103

Amount of Each Receipt this Period

Memo Item
TRANSFER
TRANSFER FROM TEAM RICK SCOTT

B. Full Name (Last, First, Middle Initial)
JOHNSON, SALLY, K., MS.,

Mailing Address 7843 MARQUETTE STREET

City DALLAS State TX Zip Code 75225-4400

FEC ID number of contributing federal political committee.

Name of Employer SELF-EMPLOYED Occupation REALTOR

Receipt For: 2024
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
 / /

Transaction ID : SA.556042.12.0103

Amount of Each Receipt this Period

Memo Item
TRANSFER
TRANSFER FROM TEAM RICK SCOTT

C. Full Name (Last, First, Middle Initial)
MARCUS, RUSSELL, , MR.,

Mailing Address 8774 MIRALAGO WAY

City PARKLAND State FL Zip Code 33076-4556

FEC ID number of contributing federal political committee.

Name of Employer MARCMAN SOLUTIONS LLC Occupation CEO

Receipt For: 2024
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
 / /

Transaction ID : SA.426053.12.0103

Amount of Each Receipt this Period

Memo Item
TRANSFER
TRANSFER FROM TEAM RICK SCOTT

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

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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for each category of the
Detailed Summary Page

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

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NAME OF COMMITTEE (In Full)
RICK SCOTT FOR FLORIDA

A. Full Name (Last, First, Middle Initial)
OLINGER, SANDRA, , MS.,

Mailing Address 4914 SOUTHWEST 95TH TERRACE

City GAINESVILLE	State FL	Zip Code 32608-4190
---------------------	-------------	------------------------

FEC ID number of contributing federal political committee.

Name of Employer RETIRED	Occupation RETIRED
-----------------------------	-----------------------

Receipt For: 2024
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
 / /

Transaction ID : SA.557790.12.0103

Amount of Each Receipt this Period

Memo Item
 TRANSFER
 TRANSFER FROM TEAM RICK SCOTT

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

Mailing Address 39877 BLACK HORSE WAY

City PALM DESERT	State CA	Zip Code 92260-1304
---------------------	-------------	------------------------

FEC ID number of contributing federal political committee.

Name of Employer RETIRED	Occupation RETIRED
-----------------------------	-----------------------

Receipt For: 2024
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
 / /

Transaction ID : SA.558451.12.0103

Amount of Each Receipt this Period

Memo Item
 TRANSFER
 TRANSFER FROM TEAM RICK SCOTT

C. Full Name (Last, First, Middle Initial)
WILLIAMSON, WES, , MR.,

Mailing Address 9000 12TH DRIVE

City OKEECHOBEE	State FL	Zip Code 34972-0517
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee.

Name of Employer SELF-EMPLOYED	Occupation AGRICULTURE
-----------------------------------	---------------------------

Receipt For: 2024
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
 / /

Transaction ID : SA.556450.12.0103

Amount of Each Receipt this Period

Memo Item
 TRANSFER
 TRANSFER FROM TEAM RICK SCOTT

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

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 52 OF 164
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
RICK SCOTT FOR FLORIDA

A. Full Name (Last, First, Middle Initial)
YAZDANI, REZA, , ,

Mailing Address P.O. BOX 67185

City: ST PETE BEACH State: FL Zip Code: 33736-7185

FEC ID number of contributing federal political committee: C

Name of Employer: ITI DEVELOPMENT, LLC Occupation: PRESIDENT

Receipt For: 2024
 Primary General
 Other (specify) ▼

Election Cycle-to-Date: 6600.00

Date of Receipt: 11 / 01 / 2024

Transaction ID : SA.540274.12.604

Amount of Each Receipt this Period: - 3300.00

Memo Item
TRANSFER
TRANSFER FROM TEAM RICK SCOTT

B. Full Name (Last, First, Middle Initial)
TEAM RICK SCOTT

Mailing Address P.O. BOX 76024

City: WASHINGTON State: DC Zip Code: 20013-6024

FEC ID number of contributing federal political committee: C C00692343

Name of Employer: Occupation:

Receipt For: 2030
 Primary General
 Other (specify) ▼

Election Cycle-to-Date: 73717.89

Date of Receipt: 12 / 31 / 2024

Transaction ID : SA12.559410

Amount of Each Receipt this Period: 27377.36

Memo Item
TRANSFER
TEAM RICK SCOTT JFC MEMO

C. Full Name (Last, First, Middle Initial)
AULT, CHARLES, , MR.,

Mailing Address 16815 SE 85TH BELKNAP AVE

City: THE VILLAGES State: FL Zip Code: 32162-2843

FEC ID number of contributing federal political committee: C

Name of Employer: RETIRED Occupation: RETIRED

Receipt For: 2030
 Primary General
 Other (specify) ▼

Election Cycle-to-Date: 500.00

Date of Receipt: 11 / 26 / 2024

Transaction ID : SA.559370.20.0103

Amount of Each Receipt this Period: 500.00

Memo Item
TRANSFER
TRANSFER FROM TEAM RICK SCOTT

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

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

27377.36

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 53 OF 164
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
RICK SCOTT FOR FLORIDA

A. Full Name (Last, First, Middle Initial)
BARRIENTOS, DEBORAH, ARMAND, ,

Mailing Address 8250 SW 43RD TER

City MIAMI	State FL	Zip Code 33155-4217
---------------	-------------	------------------------

FEC ID number of contributing federal political committee.

Name of Employer RETIRED	Occupation RETIRED
-----------------------------	-----------------------

Receipt For: 2030
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt

Transaction ID : SA.559385.20.0103

Amount of Each Receipt this Period

Memo Item
 TRANSFER
 TRANSFER FROM TEAM RICK SCOTT

B. Full Name (Last, First, Middle Initial)
BARRIENTOS, DEBORAH, ARMAND, ,

Mailing Address 8250 SW 43RD TER

City MIAMI	State FL	Zip Code 33155-4217
---------------	-------------	------------------------

FEC ID number of contributing federal political committee.

Name of Employer RETIRED	Occupation RETIRED
-----------------------------	-----------------------

Receipt For: 2030
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt

Transaction ID : SA.559386.20.0103

Amount of Each Receipt this Period

Memo Item
 TRANSFER
 TRANSFER FROM TEAM RICK SCOTT

C. Full Name (Last, First, Middle Initial)
BEASLEY, CAROLINE, , MS.,

Mailing Address 3033 RIVIERA DRIVE

City NAPLES	State FL	Zip Code 34103-2752
----------------	-------------	------------------------

FEC ID number of contributing federal political committee.

Name of Employer BEASLEY MEDIA GROUP	Occupation CEO
---	-------------------

Receipt For: 2030
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt

Transaction ID : SA.558834.20.0103

Amount of Each Receipt this Period

Memo Item
 TRANSFER
 TRANSFER FROM TEAM RICK SCOTT

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

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 54 OF 164
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
RICK SCOTT FOR FLORIDA

A. Full Name (Last, First, Middle Initial)
BRITTON, GREG, , MR.,

Mailing Address 2078 BAHAMA DR

City NAVARRE State FL Zip Code 32566-7696

FEC ID number of contributing federal political committee. C

Name of Employer NAVARRE FAMILY WATERSPORTS Occupation RENTAL BUSINESS

Receipt For: 2030
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 700.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
11 / 28 / 2024

Transaction ID : SA.556505.20.0103

Amount of Each Receipt this Period
350.00

Memo Item
TRANSFER
TRANSFER FROM TEAM RICK SCOTT

B. Full Name (Last, First, Middle Initial)
BRITTON, GREG, , MR.,

Mailing Address 2078 BAHAMA DR

City NAVARRE State FL Zip Code 32566-7696

FEC ID number of contributing federal political committee. C

Name of Employer NAVARRE FAMILY WATERSPORTS Occupation RENTAL BUSINESS

Receipt For: 2030
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 700.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 / 28 / 2024

Transaction ID : SA.558875.20.0103

Amount of Each Receipt this Period
350.00

Memo Item
TRANSFER
TRANSFER FROM TEAM RICK SCOTT

C. Full Name (Last, First, Middle Initial)
FURRER, BRIAN, S., MR.,

Mailing Address 4618 PENELOPE COURT

City WEST LAFAYETTE State IN Zip Code 47906-5737

FEC ID number of contributing federal political committee. C

Name of Employer BIO TOWN AG Occupation PRESIDENT

Receipt For: 2030
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 5000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 / 26 / 2024

Transaction ID : SA.558866.20.0103

Amount of Each Receipt this Period
3300.00

Memo Item
TRANSFER
TRANSFER FROM TEAM RICK SCOTT

SUBTOTAL of Receipts This Page (optional)..... ▶ 0.00

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 55 OF 164
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
RICK SCOTT FOR FLORIDA

A. Full Name (Last, First, Middle Initial)
FURRER, LORENE, , ,

Mailing Address 4618 PENELOPE COURT

City WEST LAFAYETTE State IN Zip Code 47906-5737

FEC ID number of contributing federal political committee. C

Name of Employer BRIAN AND LORENE FURRER FOUNDATION Occupation DIRECTOR

Receipt For: 2030
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5000.00

Date of Receipt
M M / D D / Y Y Y Y Y
12 / 26 / 2024

Transaction ID : SA.558865.20.0103

Amount of Each Receipt this Period
3300.00

Memo Item
TRANSFER
TRANSFER FROM TEAM RICK SCOTT

B. Full Name (Last, First, Middle Initial)
JACKSON, JEFF, T., ,

Mailing Address 601 NORTH OWL DRIVE

City SARASOTA State FL Zip Code 34236-1905

FEC ID number of contributing federal political committee. C

Name of Employer PGT INNOVATIONS Occupation CEO

Receipt For: 2030
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
3300.00

Date of Receipt
M M / D D / Y Y Y Y Y
12 / 27 / 2024

Transaction ID : SA.558868.20.0103

Amount of Each Receipt this Period
3300.00

Memo Item
TRANSFER
TRANSFER FROM TEAM RICK SCOTT

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

Mailing Address 6900 INTERBAY BOULEVARD

City TAMPA State FL Zip Code 33616-2631

FEC ID number of contributing federal political committee. C

Name of Employer ACOUSTIBLOK Occupation PRESIDENT AND FOUNDER

Receipt For: 2030
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y Y
11 / 25 / 2024

Transaction ID : SA.556449.20.0103

Amount of Each Receipt this Period
500.00

Memo Item
TRANSFER
TRANSFER FROM TEAM RICK SCOTT

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

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

0.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 56 OF 164
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
RICK SCOTT FOR FLORIDA

A. Full Name (Last, First, Middle Initial)
JUNAID, ANSIR, , ,

Mailing Address 851 NORTHEAST 1ST AVENUE
APT 1809

City MIAMI State FL Zip Code 33132-1842

FEC ID number of contributing federal political committee.

Name of Employer JUNAID GROUP Occupation FOUNDER AND CEO

Receipt For: 2030
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 / 29 / 2024

Transaction ID : SA.558878.20.0103

Amount of Each Receipt this Period

Memo Item
TRANSFER
TRANSFER FROM TEAM RICK SCOTT

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

Mailing Address 1680 MICHIGAN AVE 700-408

City MIAMI BEACH State FL Zip Code 33139-2538

FEC ID number of contributing federal political committee.

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2030
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
M M / D D / Y Y Y Y Y Y
11 / 25 / 2024

Transaction ID : SA.556020.20.0103

Amount of Each Receipt this Period

Memo Item
TRANSFER
TRANSFER FROM TEAM RICK SCOTT

C. Full Name (Last, First, Middle Initial)
MARCUS, RUSSELL, , MR.,

Mailing Address 8774 MIRALAGO WAY

City PARKLAND State FL Zip Code 33076-4556

FEC ID number of contributing federal political committee.

Name of Employer MARCMAN SOLUTIONS LLC Occupation CEO

Receipt For: 2030
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 / 30 / 2024

Transaction ID : SA.559320.20.0103

Amount of Each Receipt this Period

Memo Item
TRANSFER
TRANSFER FROM TEAM RICK SCOTT

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

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 57 OF 164
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
RICK SCOTT FOR FLORIDA

A. Full Name (Last, First, Middle Initial)
MCLENDON, MARGARET, , ,

Mailing Address P.O. BOX 246

City RICHLAND State GA Zip Code 31825-0246

FEC ID number of contributing federal political committee. C

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2030
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 933.10

Date of Receipt
M M / D D / Y Y Y Y Y Y
11 / 25 / 2024

Transaction ID : SA.556016.20.0103

Amount of Each Receipt this Period
27.00

Memo Item
TRANSFER
TRANSFER FROM TEAM RICK SCOTT

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

Mailing Address P.O. BOX 246

City RICHLAND State GA Zip Code 31825-0246

FEC ID number of contributing federal political committee. C

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2030
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 933.10

Date of Receipt
M M / D D / Y Y Y Y Y Y
11 / 25 / 2024

Transaction ID : SA.556017.20.0103

Amount of Each Receipt this Period
30.00

Memo Item
TRANSFER
TRANSFER FROM TEAM RICK SCOTT

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

Mailing Address P.O. BOX 246

City RICHLAND State GA Zip Code 31825-0246

FEC ID number of contributing federal political committee. C

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2030
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 933.10

Date of Receipt
M M / D D / Y Y Y Y Y Y
11 / 25 / 2024

Transaction ID : SA.556018.20.0103

Amount of Each Receipt this Period
75.00

Memo Item
TRANSFER
TRANSFER FROM TEAM RICK SCOTT

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

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

0.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 58 OF 164
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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

NAME OF COMMITTEE (In Full)
RICK SCOTT FOR FLORIDA

A. Full Name (Last, First, Middle Initial)
MCLENDON, MARGARET, , ,

Mailing Address P.O. BOX 246

City: RICHLAND State: GA Zip Code: 31825-0246

FEC ID number of contributing federal political committee: C

Name of Employer: RETIRED Occupation: RETIRED

Receipt For: 2030
 Primary General
 Other (specify) ▼

Election Cycle-to-Date: 933.10

Date of Receipt: 11 / 25 / 2024

Transaction ID : SA.556019.20.0103

Amount of Each Receipt this Period: 75.00

Memo Item
TRANSFER
TRANSFER FROM TEAM RICK SCOTT

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

Mailing Address P.O. BOX 246

City: RICHLAND State: GA Zip Code: 31825-0246

FEC ID number of contributing federal political committee: C

Name of Employer: RETIRED Occupation: RETIRED

Receipt For: 2030
 Primary General
 Other (specify) ▼

Election Cycle-to-Date: 933.10

Date of Receipt: 12 / 02 / 2024

Transaction ID : SA.556652.20.0103

Amount of Each Receipt this Period: 15.00

Memo Item
TRANSFER
TRANSFER FROM TEAM RICK SCOTT

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

Mailing Address P.O. BOX 246

City: RICHLAND State: GA Zip Code: 31825-0246

FEC ID number of contributing federal political committee: C

Name of Employer: RETIRED Occupation: RETIRED

Receipt For: 2030
 Primary General
 Other (specify) ▼

Election Cycle-to-Date: 933.10

Date of Receipt: 12 / 02 / 2024

Transaction ID : SA.556655.20.0103

Amount of Each Receipt this Period: 20.00

Memo Item
TRANSFER
TRANSFER FROM TEAM RICK SCOTT

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

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

0.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 59 OF 164
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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

NAME OF COMMITTEE (In Full)
RICK SCOTT FOR FLORIDA

A. Full Name (Last, First, Middle Initial)
MCLENDON, MARGARET, , ,

Mailing Address P.O. BOX 246

City RICHLAND State GA Zip Code 31825-0246

FEC ID number of contributing federal political committee. C

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2030
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 933.10

Date of Receipt
M M / D D / Y Y Y Y Y
12 / 09 / 2024

Transaction ID : SA.557111.20.0103

Amount of Each Receipt this Period
6.00

Memo Item
TRANSFER
TRANSFER FROM TEAM RICK SCOTT

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

Mailing Address P.O. BOX 246

City RICHLAND State GA Zip Code 31825-0246

FEC ID number of contributing federal political committee. C

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2030
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 933.10

Date of Receipt
M M / D D / Y Y Y Y Y
12 / 09 / 2024

Transaction ID : SA.557112.20.0103

Amount of Each Receipt this Period
6.00

Memo Item
TRANSFER
TRANSFER FROM TEAM RICK SCOTT

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

Mailing Address P.O. BOX 246

City RICHLAND State GA Zip Code 31825-0246

FEC ID number of contributing federal political committee. C

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2030
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 933.10

Date of Receipt
M M / D D / Y Y Y Y Y
12 / 09 / 2024

Transaction ID : SA.557113.20.0103

Amount of Each Receipt this Period
7.00

Memo Item
TRANSFER
TRANSFER FROM TEAM RICK SCOTT

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

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

0.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 60 OF 164
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
RICK SCOTT FOR FLORIDA

A. Full Name (Last, First, Middle Initial)
MCLENDON, MARGARET, , ,

Mailing Address P.O. BOX 246

City RICHLAND State GA Zip Code 31825-0246

FEC ID number of contributing federal political committee. C

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2030
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 933.10

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 / 09 / 2024

Transaction ID : SA.557114.20.0103

Amount of Each Receipt this Period
8.00

Memo Item
TRANSFER
TRANSFER FROM TEAM RICK SCOTT

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

Mailing Address P.O. BOX 246

City RICHLAND State GA Zip Code 31825-0246

FEC ID number of contributing federal political committee. C

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2030
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 933.10

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 / 09 / 2024

Transaction ID : SA.557125.20.0103

Amount of Each Receipt this Period
15.00

Memo Item
TRANSFER
TRANSFER FROM TEAM RICK SCOTT

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

Mailing Address P.O. BOX 246

City RICHLAND State GA Zip Code 31825-0246

FEC ID number of contributing federal political committee. C

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2030
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 933.10

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 / 09 / 2024

Transaction ID : SA.557132.20.0103

Amount of Each Receipt this Period
25.00

Memo Item
TRANSFER
TRANSFER FROM TEAM RICK SCOTT

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

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

0.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 61 OF 164
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
RICK SCOTT FOR FLORIDA

A. Full Name (Last, First, Middle Initial)
MCLENDON, MARGARET, , ,

Mailing Address P.O. BOX 246

City: RICHLAND State: GA Zip Code: 31825-0246

FEC ID number of contributing federal political committee: C

Name of Employer: RETIRED Occupation: RETIRED

Receipt For: 2030
 Primary General
 Other (specify) ▼

Election Cycle-to-Date: 933.10

Date of Receipt: 12 / 23 / 2024

Transaction ID : SA.558424.20.0103

Amount of Each Receipt this Period: 25.00

Memo Item
TRANSFER
TRANSFER FROM TEAM RICK SCOTT

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

Mailing Address P.O. BOX 246

City: RICHLAND State: GA Zip Code: 31825-0246

FEC ID number of contributing federal political committee: C

Name of Employer: RETIRED Occupation: RETIRED

Receipt For: 2030
 Primary General
 Other (specify) ▼

Election Cycle-to-Date: 933.10

Date of Receipt: 12 / 23 / 2024

Transaction ID : SA.558425.20.0103

Amount of Each Receipt this Period: 25.00

Memo Item
TRANSFER
TRANSFER FROM TEAM RICK SCOTT

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

Mailing Address P.O. BOX 246

City: RICHLAND State: GA Zip Code: 31825-0246

FEC ID number of contributing federal political committee: C

Name of Employer: RETIRED Occupation: RETIRED

Receipt For: 2030
 Primary General
 Other (specify) ▼

Election Cycle-to-Date: 933.10

Date of Receipt: 12 / 23 / 2024

Transaction ID : SA.558430.20.0103

Amount of Each Receipt this Period: 30.00

Memo Item
TRANSFER
TRANSFER FROM TEAM RICK SCOTT

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

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

0.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 62 OF 164
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
RICK SCOTT FOR FLORIDA

A. Full Name (Last, First, Middle Initial)
MCLENDON, MARGARET, , ,

Mailing Address P.O. BOX 246

City: RICHLAND State: GA Zip Code: 31825-0246

FEC ID number of contributing federal political committee: C

Name of Employer: RETIRED Occupation: RETIRED

Receipt For: 2030
 Primary General
 Other (specify) ▼

Election Cycle-to-Date: 933.10

Date of Receipt: 12 / 23 / 2024

Transaction ID : SA.558432.20.0103

Amount of Each Receipt this Period: 70.00

Memo Item
TRANSFER
TRANSFER FROM TEAM RICK SCOTT

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

Mailing Address P.O. BOX 246

City: RICHLAND State: GA Zip Code: 31825-0246

FEC ID number of contributing federal political committee: C

Name of Employer: RETIRED Occupation: RETIRED

Receipt For: 2030
 Primary General
 Other (specify) ▼

Election Cycle-to-Date: 933.10

Date of Receipt: 12 / 30 / 2024

Transaction ID : SA.558994.20.0103

Amount of Each Receipt this Period: 9.00

Memo Item
TRANSFER
TRANSFER FROM TEAM RICK SCOTT

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

Mailing Address 296 SOUTH BLVD

City: NYACK State: NY Zip Code: 10960-4117

FEC ID number of contributing federal political committee: C

Name of Employer: HOMEMAKER Occupation: HOMEMAKER

Receipt For: 2030
 Primary General
 Other (specify) ▼

Election Cycle-to-Date: 6600.00

Date of Receipt: 12 / 05 / 2024

Transaction ID : SA.557005.20.0103

Amount of Each Receipt this Period: 3300.00

Memo Item
TRANSFER
TRANSFER FROM TEAM RICK SCOTT

SUBTOTAL of Receipts This Page (optional)..... ▶ 0.00

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 63 OF 164
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
RICK SCOTT FOR FLORIDA

A. Full Name (Last, First, Middle Initial)
MEREDITH, RANDY, , ,

Mailing Address 266 BULLFINCH RD

City MOORESVILLE State NC Zip Code 28117-5407

FEC ID number of contributing federal political committee. C

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2030
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
256.00

Date of Receipt
M M / D D / Y Y Y Y Y
12 / 09 / 2024

Transaction ID : SA.557123.20.0103

Amount of Each Receipt this Period
10.00

Memo Item
TRANSFER
TRANSFER FROM TEAM RICK SCOTT

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

Mailing Address 266 BULLFINCH RD

City MOORESVILLE State NC Zip Code 28117-5407

FEC ID number of contributing federal political committee. C

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2030
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
256.00

Date of Receipt
M M / D D / Y Y Y Y Y
12 / 23 / 2024

Transaction ID : SA.558408.20.0103

Amount of Each Receipt this Period
10.00

Memo Item
TRANSFER
TRANSFER FROM TEAM RICK SCOTT

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

Mailing Address 266 BULLFINCH RD

City MOORESVILLE State NC Zip Code 28117-5407

FEC ID number of contributing federal political committee. C

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2030
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
256.00

Date of Receipt
M M / D D / Y Y Y Y Y
12 / 23 / 2024

Transaction ID : SA.558429.20.0103

Amount of Each Receipt this Period
30.00

Memo Item
TRANSFER
TRANSFER FROM TEAM RICK SCOTT

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

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

0.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 64 OF 164
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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

NAME OF COMMITTEE (In Full)
RICK SCOTT FOR FLORIDA

A. Full Name (Last, First, Middle Initial)
MEREDITH, RANDY, , ,

Mailing Address 266 BULLFINCH RD

City MOORESVILLE	State NC	Zip Code 28117-5407
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FEC ID number of contributing federal political committee.

Name of Employer RETIRED	Occupation RETIRED
-----------------------------	-----------------------

Receipt For: 2030
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
 / /

Transaction ID : SA.558999.20.0103

Amount of Each Receipt this Period

Memo Item
 TRANSFER
 TRANSFER FROM TEAM RICK SCOTT

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

Mailing Address 266 BULLFINCH RD

City MOORESVILLE	State NC	Zip Code 28117-5407
---------------------	-------------	------------------------

FEC ID number of contributing federal political committee.

Name of Employer RETIRED	Occupation RETIRED
-----------------------------	-----------------------

Receipt For: 2030
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
 / /

Transaction ID : SA.559006.20.0103

Amount of Each Receipt this Period

Memo Item
 TRANSFER
 TRANSFER FROM TEAM RICK SCOTT

C. Full Name (Last, First, Middle Initial)
MONTROYA, WILLIAM , , MR.,

Mailing Address 502 LE MASTER DR.

City PONTE VEDRA BEACH	State FL	Zip Code 32082-2310
---------------------------	-------------	------------------------

FEC ID number of contributing federal political committee.

Name of Employer OWNER- MONTROYA & ASSOCIATES, LLC	Occupation CEO
---	-------------------

Receipt For: 2030
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
 / /

Transaction ID : SA.558839.20.0103

Amount of Each Receipt this Period

Memo Item
 TRANSFER
 TRANSFER FROM TEAM RICK SCOTT

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

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 65 OF 164
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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

NAME OF COMMITTEE (In Full)
RICK SCOTT FOR FLORIDA

A. Full Name (Last, First, Middle Initial)
RAUP, JANA, , ,

Mailing Address 4441 COBALT DR

City HARWOOD State MD Zip Code 20776-9621

FEC ID number of contributing federal political committee.

Name of Employer BCH Occupation MENTAL HEALTH THERAPIST

Receipt For: 2030
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 / 02 / 2024

Transaction ID : SA.556662.20.0103

Amount of Each Receipt this Period

Memo Item
TRANSFER
TRANSFER FROM TEAM RICK SCOTT

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

Mailing Address 4441 COBALT DR

City HARWOOD State MD Zip Code 20776-9621

FEC ID number of contributing federal political committee.

Name of Employer BCH Occupation MENTAL HEALTH THERAPIST

Receipt For: 2030
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 / 30 / 2024

Transaction ID : SA.559014.20.0103

Amount of Each Receipt this Period

Memo Item
TRANSFER
TRANSFER FROM TEAM RICK SCOTT

C. Full Name (Last, First, Middle Initial)
SANGERVASI, JOHN, J., MR.,

Mailing Address 1104 BELLE MEADE BLVD

City NASHVILLE State TN Zip Code 37205-4506

FEC ID number of contributing federal political committee.

Name of Employer SELF-EMPLOYED Occupation INVESTMENT ADVISOR

Receipt For: 2030
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 / 24 / 2024

Transaction ID : SA.558840.20.0103

Amount of Each Receipt this Period

Memo Item
TRANSFER
TRANSFER FROM TEAM RICK SCOTT

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

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 66 OF 164
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
RICK SCOTT FOR FLORIDA

A. Full Name (Last, First, Middle Initial)
SCHULZE, RICHARD, M., MR.,

Mailing Address 2658 GORDON DR

City NAPLES	State FL	Zip Code 34102-7758
----------------	-------------	------------------------

FEC ID number of contributing federal political committee.

Name of Employer BEST BUY CO. INC.	Occupation EXECUTIVE
---------------------------------------	-------------------------

Receipt For: 2030
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
 / /

Transaction ID : SA.558271.20.0103

Amount of Each Receipt this Period

Memo Item
 TRANSFER
 TRANSFER FROM TEAM RICK SCOTT

B. Full Name (Last, First, Middle Initial)
SMITH, REBECCA, JANE, MRS.,

Mailing Address 933 S. HIMES AVE.

City TAMPA	State FL	Zip Code 33629-5121
---------------	-------------	------------------------

FEC ID number of contributing federal political committee.

Name of Employer AD MORGAN	Occupation PRESIDENT
-------------------------------	-------------------------

Receipt For: 2030
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
 / /

Transaction ID : SA.558422.20.0103

Amount of Each Receipt this Period

Memo Item
 TRANSFER
 TRANSFER FROM TEAM RICK SCOTT

C. Full Name (Last, First, Middle Initial)
THOMPSON, SHIRLEY, E., MS.,

Mailing Address 3900 S TERRY AVE APT 106

City SIOUX FALLS	State SD	Zip Code 57106-5001
---------------------	-------------	------------------------

FEC ID number of contributing federal political committee.

Name of Employer RETIRED	Occupation RETIRED
-----------------------------	-----------------------

Receipt For: 2030
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
 / /

Transaction ID : SA.559407.20.0103

Amount of Each Receipt this Period

Memo Item
 TRANSFER
 TRANSFER FROM TEAM RICK SCOTT

SUBTOTAL of Receipts This Page (optional)..... ▶	<input type="text" value="0.00"/>
TOTAL This Period (last page this line number only)..... ▶	<input type="text" value="0.00"/>

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 67 OF 164
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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

NAME OF COMMITTEE (In Full)
RICK SCOTT FOR FLORIDA

A. Full Name (Last, First, Middle Initial)
WILLIAMSON, WES, , MR.,

Mailing Address 9000 12TH DRIVE

City OKEECHOBEE State FL Zip Code 34972-0517

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

Name of Employer SELF-EMPLOYED Occupation AGRICULTURE

Receipt For: 2030
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 0.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
11 / 05 / 2024

Transaction ID : SA.556450.20.0103

Amount of Each Receipt this Period
1700.00

Memo Item
TRANSFER
TRANSFER FROM TEAM RICK SCOTT

B. Full Name (Last, First, Middle Initial)
YESSIN, BRENT, W., ,

Mailing Address 3215 WEST PARKLAND BOULEVARD

City TAMPA State FL Zip Code 33609-4637

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

Name of Employer YESSIN & ASSOCIATES Occupation ATTORNEY

Receipt For: 2030
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 6600.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 / 30 / 2024

Transaction ID : SA.559318.20.0103

Amount of Each Receipt this Period
3300.00

Memo Item
TRANSFER
TRANSFER FROM TEAM RICK SCOTT

C. Full Name (Last, First, Middle Initial)
TEAM RICK SCOTT

Mailing Address P.O. BOX 76024

City WASHINGTON State DC Zip Code 20013-6024

FEC ID number of contributing federal political committee. **C** C00692343

Name of Employer Occupation

Receipt For: 2030
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 73717.89

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 / 31 / 2024

Transaction ID : SA12.559411

Amount of Each Receipt this Period
13654.17

Memo Item
TRANSFER
TEAM RICK SCOTT JFC MEMO

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

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

13654.17

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 68 OF 164
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
RICK SCOTT FOR FLORIDA

A. Full Name (Last, First, Middle Initial)
BEASLEY, CAROLINE, , MS.,

Mailing Address 3033 RIVIERA DRIVE

City: NAPLES State: FL Zip Code: 34103-2752

FEC ID number of contributing federal political committee: C

Name of Employer: BEASLEY MEDIA GROUP Occupation: CEO

Receipt For: 2030
 Primary General
 Other (specify) ▼

Election Cycle-to-Date: 6600.00

Date of Receipt: 12 / 23 / 2024

Transaction ID : SA.558834.21.0103

Amount of Each Receipt this Period: 3300.00

Memo Item
TRANSFER
TRANSFER FROM TEAM RICK SCOTT

B. Full Name (Last, First, Middle Initial)
FURRER, BRIAN, S., MR.,

Mailing Address 4618 PENELOPE COURT

City: WEST LAFAYETTE State: IN Zip Code: 47906-5737

FEC ID number of contributing federal political committee: C

Name of Employer: BIO TOWN AG Occupation: PRESIDENT

Receipt For: 2030
 Primary General
 Other (specify) ▼

Election Cycle-to-Date: 5000.00

Date of Receipt: 12 / 26 / 2024

Transaction ID : SA.558866.21.0103

Amount of Each Receipt this Period: 1700.00

Memo Item
TRANSFER
TRANSFER FROM TEAM RICK SCOTT

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

Mailing Address 4618 PENELOPE COURT

City: WEST LAFAYETTE State: IN Zip Code: 47906-5737

FEC ID number of contributing federal political committee: C

Name of Employer: BRIAN AND LORENE FURRER FOUNDATION Occupation: DIRECTOR

Receipt For: 2030
 Primary General
 Other (specify) ▼

Election Cycle-to-Date: 5000.00

Date of Receipt: 12 / 26 / 2024

Transaction ID : SA.558865.21.0103

Amount of Each Receipt this Period: 1700.00

Memo Item
TRANSFER
TRANSFER FROM TEAM RICK SCOTT

SUBTOTAL of Receipts This Page (optional)..... ▶ 0.00

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 69 OF 164
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
RICK SCOTT FOR FLORIDA

A. Full Name (Last, First, Middle Initial)
MARCUS, RUSSELL, , MR.,

Mailing Address 8774 MIRALAGO WAY

City PARKLAND	State FL	Zip Code 33076-4556
------------------	-------------	------------------------

FEC ID number of contributing federal political committee.

Name of Employer MARCMAN SOLUTIONS LLC	Occupation CEO
---	-------------------

Receipt For: 2030
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
 / /

Transaction ID : SA.559320.21.0103

Amount of Each Receipt this Period

Memo Item
 TRANSFER
 TRANSFER FROM TEAM RICK SCOTT

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

Mailing Address 296 SOUTH BLVD

City NYACK	State NY	Zip Code 10960-4117
---------------	-------------	------------------------

FEC ID number of contributing federal political committee.

Name of Employer HOMEMAKER	Occupation HOMEMAKER
-------------------------------	-------------------------

Receipt For: 2030
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
 / /

Transaction ID : SA.557005.21.0103

Amount of Each Receipt this Period

Memo Item
 TRANSFER
 TRANSFER FROM TEAM RICK SCOTT

C. Full Name (Last, First, Middle Initial)
MONTROYA, WILLIAM , , MR.,

Mailing Address 502 LE MASTER DR.

City PONTE VEDRA BEACH	State FL	Zip Code 32082-2310
---------------------------	-------------	------------------------

FEC ID number of contributing federal political committee.

Name of Employer OWNER- MONTROYA & ASSOCIATES, LLC	Occupation CEO
---	-------------------

Receipt For: 2030
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
 / /

Transaction ID : SA.558839.21.0103

Amount of Each Receipt this Period

Memo Item
 TRANSFER
 TRANSFER FROM TEAM RICK SCOTT

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

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 70 OF 164
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
RICK SCOTT FOR FLORIDA

A. Full Name (Last, First, Middle Initial)
SANGERVASI, JOHN, J., MR.,
Mailing Address 1104 BELLE MEADE BLVD

City NASHVILLE	State TN	Zip Code 37205-4506
-------------------	-------------	------------------------

FEC ID number of contributing federal political committee.

Name of Employer SELF-EMPLOYED	Occupation INVESTMENT ADVISOR
-----------------------------------	----------------------------------

Receipt For: 2030
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
 / /

Transaction ID : SA.558840.21.0103

Amount of Each Receipt this Period

Memo Item
 TRANSFER
 TRANSFER FROM TEAM RICK SCOTT

B. Full Name (Last, First, Middle Initial)
SCHULZE, RICHARD, M., MR.,
Mailing Address 2658 GORDON DR

City NAPLES	State FL	Zip Code 34102-7758
----------------	-------------	------------------------

FEC ID number of contributing federal political committee.

Name of Employer BEST BUY CO. INC.	Occupation EXECUTIVE
---------------------------------------	-------------------------

Receipt For: 2030
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
 / /

Transaction ID : SA.558271.21.0103

Amount of Each Receipt this Period

Memo Item
 TRANSFER
 TRANSFER FROM TEAM RICK SCOTT

C. Full Name (Last, First, Middle Initial)
SMITH, REBECCA, JANE, MRS.,
Mailing Address 933 S. HIMES AVE.

City TAMPA	State FL	Zip Code 33629-5121
---------------	-------------	------------------------

FEC ID number of contributing federal political committee.

Name of Employer AD MORGAN	Occupation PRESIDENT
-------------------------------	-------------------------

Receipt For: 2030
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
 / /

Transaction ID : SA.558422.21.0103

Amount of Each Receipt this Period

Memo Item
 TRANSFER
 TRANSFER FROM TEAM RICK SCOTT

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="0.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text" value=""/>

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

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

FOR LINE NUMBER: PAGE 71 OF 164
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
RICK SCOTT FOR FLORIDA

A. Full Name (Last, First, Middle Initial)
YESSIN, BRENT, W., ,

Mailing Address 3215 WEST PARKLAND BOULEVARD

City TAMPA State FL Zip Code 33609-4637

FEC ID number of contributing federal political committee. C

Name of Employer YESSIN & ASSOCIATES Occupation ATTORNEY

Receipt For: 2030
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
6600.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 / 30 / 2024

Transaction ID : SA.559318.21.0103

Amount of Each Receipt this Period
3300.00

Memo Item
TRANSFER
TRANSFER FROM TEAM RICK SCOTT

B. Full Name (Last, First, Middle Initial)
TEAM RICK SCOTT

Mailing Address P.O. BOX 76024

City WASHINGTON State DC Zip Code 20013-6024

FEC ID number of contributing federal political committee. C C00692343

Name of Employer Occupation

Receipt For: 2030
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
73717.89

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 / 31 / 2024

Transaction ID : SA12.559411_B

Amount of Each Receipt this Period
275.00

Memo Item
TRANSFER
TEAM RICK SCOTT JFC MEMO IN-KIND: FACILITY RENTAL

C. Full Name (Last, First, Middle Initial)
TEAM RICK SCOTT

Mailing Address P.O. BOX 76024

City WASHINGTON State DC Zip Code 20013-6024

FEC ID number of contributing federal political committee. C C00692343

Name of Employer Occupation

Receipt For: 2030
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
73717.89

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 / 06 / 2024

Transaction ID : SA12.559411_B_B

Amount of Each Receipt this Period
2271.50

Memo Item
TRANSFER
TEAM RICK SCOTT JFC MEMO IN-KIND: AIR - COLUMBIA COLLIER MGT 340 9TH NAPLES FL

SUBTOTAL of Receipts This Page (optional)..... ▶ 0.00

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 72 OF 164
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
RICK SCOTT FOR FLORIDA

A. Full Name (Last, First, Middle Initial)
CHUNG, PETER, , MR.,

Mailing Address 1952 FOREST VIEW AVENUE

City Hillsborough State CA Zip Code 94010-6170

FEC ID number of contributing federal political committee. C

Name of Employer SUMMIT PARTNERS LP Occupation INVESTMENTS

Receipt For: 2024
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
0.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 / 31 / 2024

Transaction ID : SA12.559341

Amount of Each Receipt this Period
- 304.55

Memo Item
TRANSFER
CHARGED BACK

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

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. C

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

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

Amount of Each Receipt this Period

Memo Item

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

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. C

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

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

Amount of Each Receipt this Period

Memo Item

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

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

- 304.55

59721.74

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 73 OF 164
(check only one)
 11a 11b 11c 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
RICK SCOTT FOR FLORIDA

A. Full Name (Last, First, Middle Initial)
EIC REALTY

Mailing Address 2325 ULMERTON RD, STE 20

City CLEARWATER State FL Zip Code 33762

FEC ID number of contributing federal political committee. C

Name of Employer Occupation

Receipt For: 2024
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2056.24

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 / 12 / 2024

Transaction ID : SA14.1265

Amount of Each Receipt this Period
2056.24

Memo Item
REFUND-RENT

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

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. C

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

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

Amount of Each Receipt this Period

Memo Item

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

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. C

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

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

Amount of Each Receipt this Period

Memo Item

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

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

2056.24

2056.24

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 74 OF 164
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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

NAME OF COMMITTEE (In Full)
RICK SCOTT FOR FLORIDA

A. Full Name (Last, First, Middle Initial)
CHAIN BRIDGE BANK

Mailing Address 1445 A LAUGHLIN AVE

City MCLEAN State VA Zip Code 22101

FEC ID number of contributing federal political committee.

Name of Employer Occupation

Receipt For: 2030
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
 /

Transaction ID : SA15.1266

Amount of Each Receipt this Period

Memo Item
 INTEREST EARNINGS

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

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee.

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
 / /

Amount of Each Receipt this Period

Memo Item

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

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee.

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
 / /

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="428.77"/>
TOTAL This Period (last page this line number only).....▶	<input type="text" value="428.77"/>

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 75 OF 164	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

NAME OF COMMITTEE (In Full)
RICK SCOTT FOR FLORIDA

Full Name (Last, First, Middle Initial) A. SCOTT, RICK, , SENATOR,			Date of Disbursement M M / D D / Y Y Y Y 11 / 27 / 2024	
Mailing Address P.O. BOX 130708			FEC Identification Number C S8FL00273	
City TAMPA	State FL	Zip Code 33681	Amount of Each Disbursement this Period 19366.67	
Purpose of Disbursement IN-KIND: AIR -COLUMBIA COLLIER MGT 340 9TH NAPLES FL 34102			Transaction ID : SB17.I1259	
Candidate Name SCOTT, RICK, , ,			Memo Item AIR CHARTER 11-3 THRU 11-5	
Office Sought: <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2024 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: FL	District:			

Full Name (Last, First, Middle Initial) B. SCOTT, RICK, , SENATOR,			Date of Disbursement M M / D D / Y Y Y Y 12 / 31 / 2024	
Mailing Address P.O. BOX 130708			FEC Identification Number C S8FL00273	
City TAMPA	State FL	Zip Code 33681	Amount of Each Disbursement this Period 1650.00	
Purpose of Disbursement IN-KIND: FACILITY RENTAL			Transaction ID : SB17.I1275	
Candidate Name SCOTT, RICK, , ,			Memo Item 218 MD LLC 340 9TH NAPLES FL 34102	
Office Sought: <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2030 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: FL	District:			

Full Name (Last, First, Middle Initial) C. SCOTT, RICK, , SENATOR,			Date of Disbursement M M / D D / Y Y Y Y 11 / 29 / 2024	
Mailing Address P.O. BOX 130708			FEC Identification Number C S8FL00273	
City TAMPA	State FL	Zip Code 33681	Amount of Each Disbursement this Period 21528.50	
Purpose of Disbursement IN-KIND: AIR -COLUMBIA COLLIER MGT 340 9TH NAPLES FL 34102			Transaction ID : SB17.I1281	
Candidate Name SCOTT, RICK, , ,			Memo Item AIR CHARTER 12-5 THRU 12-6	
Office Sought: <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2030 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: FL	District:			

SUBTOTAL of Disbursements This Page (optional).....▶	42545.17
TOTAL This Period (last page this line number only).....▶	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 76 OF 164	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

NAME OF COMMITTEE (In Full)
RICK SCOTT FOR FLORIDA

Full Name (Last, First, Middle Initial) A. ALBERGO, JOSEPH, , ,			Date of Disbursement M M / D D / Y Y Y Y 11 / 30 / 2024	
Mailing Address PO BOX 130708			FEC Identification Number C	
City TAMPA	State FL	Zip Code 33681	Amount of Each Disbursement this Period 2083.33	
Purpose of Disbursement PAYROLL		Category/ Type	Transaction ID : SB17.62	
Candidate Name			<input type="checkbox"/> Memo Item	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2024 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) B. ALBERGO, JOSEPH, , ,			Date of Disbursement M M / D D / Y Y Y Y 12 / 15 / 2024	
Mailing Address PO BOX 130708			FEC Identification Number C	
City TAMPA	State FL	Zip Code 33681	Amount of Each Disbursement this Period 2083.33	
Purpose of Disbursement PAYROLL		Category/ Type	Transaction ID : SB17.63	
Candidate Name			<input type="checkbox"/> Memo Item	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2024 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) C. ALBERGO, JOSEPH, , ,			Date of Disbursement M M / D D / Y Y Y Y 12 / 31 / 2024	
Mailing Address PO BOX 130708			FEC Identification Number C	
City TAMPA	State FL	Zip Code 33681	Amount of Each Disbursement this Period 2083.33	
Purpose of Disbursement PAYROLL		Category/ Type	Transaction ID : SB17.64	
Candidate Name			<input type="checkbox"/> Memo Item	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2024 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

SUBTOTAL of Disbursements This Page (optional).....▶	6249.99
TOTAL This Period (last page this line number only).....▶	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 77 OF 164	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
RICK SCOTT FOR FLORIDA

Full Name (Last, First, Middle Initial)
A. ARNOLD, PAUL, , ,

Mailing Address PO BOX 130708

City TAMPA State FL Zip Code 33681

Purpose of Disbursement PAYROLL

Candidate Name

Office Sought: House Senate President

Disbursement For: 2024 Primary General Other (specify) ▼

State: District:

Date of Disbursement: 11 / 30 / 2024

FEC Identification Number: C

Amount of Each Disbursement this Period: 1875.00

Transaction ID : SB17.93

Memo Item

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

Mailing Address PO BOX 130708

City TAMPA State FL Zip Code 33681

Purpose of Disbursement PAYROLL

Candidate Name

Office Sought: House Senate President

Disbursement For: 2024 Primary General Other (specify) ▼

State: District:

Date of Disbursement: 12 / 15 / 2024

FEC Identification Number: C

Amount of Each Disbursement this Period: 1875.00

Transaction ID : SB17.94

Memo Item

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

Mailing Address PO BOX 130708

City TAMPA State FL Zip Code 33681

Purpose of Disbursement PAYROLL

Candidate Name

Office Sought: House Senate President

Disbursement For: 2024 Primary General Other (specify) ▼

State: District:

Date of Disbursement: 12 / 31 / 2024

FEC Identification Number: C

Amount of Each Disbursement this Period: 1875.00

Transaction ID : SB17.95

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶ 5625.00

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
 17 18 19a 19b
 20a 20b 20c 21

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NAME OF COMMITTEE (In Full)
RICK SCOTT FOR FLORIDA

Full Name (Last, First, Middle Initial) A. BARROLL, ROBERT, , ,			Date of Disbursement M M / D D / Y Y Y Y 12 / 20 / 2024		
Mailing Address PO BOX 130708			FEC Identification Number C		
City TAMPA	State FL	Zip Code 33681	Amount of Each Disbursement this Period 3313.00		
Purpose of Disbursement SALARY		Category/ Type	Transaction ID : SB17.105		
Candidate Name			<input type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2024 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) B. BOUCHARD, ELISE, , ,			Date of Disbursement M M / D D / Y Y Y Y 12 / 03 / 2024		
Mailing Address PO BOX 130708			FEC Identification Number C		
City TAMPA	State FL	Zip Code 33681	Amount of Each Disbursement this Period 1356.03		
Purpose of Disbursement SALARY/TRAVEL		Category/ Type	Transaction ID : SB17.132		
Candidate Name			<input type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2024 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) C. BOUCHARD, ELISE, , ,			Date of Disbursement M M / D D / Y Y Y Y 12 / 03 / 2024		
Mailing Address PO BOX 130708			FEC Identification Number C		
City TAMPA	State FL	Zip Code 33681	Amount of Each Disbursement this Period 1000.00		
Purpose of Disbursement SALARY		Category/ Type	Transaction ID : SB17.1007		
Candidate Name			<input checked="" type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2024 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

SUBTOTAL of Disbursements This Page (optional).....▶	4669.03
TOTAL This Period (last page this line number only).....▶	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 79 OF 164	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

NAME OF COMMITTEE (In Full)
RICK SCOTT FOR FLORIDA

A. FT. MYERS INT AIRPORT

Full Name (Last, First, Middle Initial)

Mailing Address 10879 TERMINAL ACCESS

City FT. MYERS State FL Zip Code 33913

Purpose of Disbursement FOOD AND BEVERAGE

Candidate Name

Office Sought: House Senate President

Disbursement For: 2024 Primary General Other (specify) ▼

State: District:

Date of Disbursement: 12 / 03 / 2024

FEC Identification Number: C

Amount of Each Disbursement this Period: 21.15

Transaction ID : SB17.1011

Memo Item

B. REAGAN NATIONAL

Full Name (Last, First, Middle Initial)

Mailing Address 2401 RONALD REAGAN WASHINGTON NATI

City ARLINGTON State VA Zip Code 22202

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought: House Senate President

Disbursement For: 2024 Primary General Other (specify) ▼

State: District:

Date of Disbursement: 12 / 03 / 2024

FEC Identification Number: C

Amount of Each Disbursement this Period: 40.00

Transaction ID : SB17.1008

Memo Item

C. UBER

Full Name (Last, First, Middle Initial)

Mailing Address 555 MARKET ST

City SAN FRANCISCO State CA Zip Code 94104

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought: House Senate President

Disbursement For: 2024 Primary General Other (specify) ▼

State: District:

Date of Disbursement: 12 / 03 / 2024

FEC Identification Number: C

Amount of Each Disbursement this Period: 72.87

Transaction ID : SB17.1009

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶ 0.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 80 OF 164			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
RICK SCOTT FOR FLORIDA

Full Name (Last, First, Middle Initial) A. UNITED AIRLINES		Date of Disbursement M M / D D / Y Y Y Y 12 / 03 / 2024
Mailing Address 77 WACKER DR		FEC Identification Number C
City CHICAGO	State IL	Zip Code 60601
Purpose of Disbursement TRAVEL	Category/ Type	
Candidate Name	Amount of Each Disbursement this Period 222.01	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2024 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB17.1010
State: District:	<input checked="" type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. BOUCHARD, ELISE, , ,		Date of Disbursement M M / D D / Y Y Y Y 12 / 23 / 2024
Mailing Address PO BOX 130708		FEC Identification Number C
City TAMPA	State FL	Zip Code 33681
Purpose of Disbursement SALARY	Category/ Type	
Candidate Name	Amount of Each Disbursement this Period 1000.00	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2024 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB17.37
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. CARBONE, CRAIG, , ,		Date of Disbursement M M / D D / Y Y Y Y 12 / 22 / 2024
Mailing Address PO BOX 130708		FEC Identification Number C
City TAMPA	State FL	Zip Code 33681
Purpose of Disbursement SALARY	Category/ Type	
Candidate Name	Amount of Each Disbursement this Period 1000.00	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2024 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB17.33
State: District:	<input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	2000.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 81 OF 164	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
RICK SCOTT FOR FLORIDA

Full Name (Last, First, Middle Initial)
A. DALTON, ELLI, , ,

Mailing Address PO BOX 130708

City TAMPA State FL Zip Code 33681

Purpose of Disbursement PAYROLL

Candidate Name

Office Sought: House Senate President

Disbursement For: 2024 Primary General Other (specify) ▼

State: District:

Date of Disbursement: 11 / 30 / 2024

FEC Identification Number: C

Amount of Each Disbursement this Period: 2083.55

Transaction ID : SB17.38

Memo Item

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

Mailing Address PO BOX 130708

City TAMPA State FL Zip Code 33681

Purpose of Disbursement PAYROLL

Candidate Name

Office Sought: House Senate President

Disbursement For: 2024 Primary General Other (specify) ▼

State: District:

Date of Disbursement: 12 / 15 / 2024

FEC Identification Number: C

Amount of Each Disbursement this Period: 2083.55

Transaction ID : SB17.39

Memo Item

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

Mailing Address PO BOX 130708

City TAMPA State FL Zip Code 33681

Purpose of Disbursement PAYROLL

Candidate Name

Office Sought: House Senate President

Disbursement For: 2024 Primary General Other (specify) ▼

State: District:

Date of Disbursement: 12 / 31 / 2024

FEC Identification Number: C

Amount of Each Disbursement this Period: 2083.55

Transaction ID : SB17.40

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶ 6250.65

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
 17 18 19a 19b
 20a 20b 20c 21

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NAME OF COMMITTEE (In Full)
RICK SCOTT FOR FLORIDA

Full Name (Last, First, Middle Initial) A. DAVILA, MARY, , ,			Date of Disbursement M M / D D / Y Y Y Y 11 / 30 / 2024		
Mailing Address PO BOX 130708			FEC Identification Number C		
City TAMPA	State FL	Zip Code 33681	Amount of Each Disbursement this Period 3125.00		
Purpose of Disbursement PAYROLL		Category/ Type	Transaction ID : SB17.69		
Candidate Name			<input type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2024 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) B. DAVILA, MARY, , ,			Date of Disbursement M M / D D / Y Y Y Y 12 / 15 / 2024		
Mailing Address PO BOX 130708			FEC Identification Number C		
City TAMPA	State FL	Zip Code 33681	Amount of Each Disbursement this Period 3125.00		
Purpose of Disbursement PAYROLL		Category/ Type	Transaction ID : SB17.70		
Candidate Name			<input type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2024 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) C. DAVILA, MARY, , ,			Date of Disbursement M M / D D / Y Y Y Y 12 / 31 / 2024		
Mailing Address PO BOX 130708			FEC Identification Number C		
City TAMPA	State FL	Zip Code 33681	Amount of Each Disbursement this Period 3125.00		
Purpose of Disbursement PAYROLL		Category/ Type	Transaction ID : SB17.71		
Candidate Name			<input type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2024 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

SUBTOTAL of Disbursements This Page (optional).....▶	9375.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
 17 18 19a 19b
 20a 20b 20c 21

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NAME OF COMMITTEE (In Full)
RICK SCOTT FOR FLORIDA

Full Name (Last, First, Middle Initial) A. GAMBINI, CAMERON, , ,			Date of Disbursement M M / D D / Y Y Y Y 11 / 30 / 2024		
Mailing Address PO BOX 130708			FEC Identification Number C		
City TAMPA	State FL	Zip Code 33681	Amount of Each Disbursement this Period 3833.33		
Purpose of Disbursement PAYROLL		Category/ Type	Transaction ID : SB17.25		
Candidate Name			<input type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2024 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) B. GAMBINI, CAMERON, , ,			Date of Disbursement M M / D D / Y Y Y Y 12 / 15 / 2024		
Mailing Address PO BOX 130708			FEC Identification Number C		
City TAMPA	State FL	Zip Code 33681	Amount of Each Disbursement this Period 3833.33		
Purpose of Disbursement PAYROLL		Category/ Type	Transaction ID : SB17.26		
Candidate Name			<input type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2024 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) C. GAMBINI, CAMERON, , ,			Date of Disbursement M M / D D / Y Y Y Y 12 / 31 / 2024		
Mailing Address PO BOX 130708			FEC Identification Number C		
City TAMPA	State FL	Zip Code 33681	Amount of Each Disbursement this Period 3833.33		
Purpose of Disbursement PAYROLL		Category/ Type	Transaction ID : SB17.27		
Candidate Name			<input type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2024 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

SUBTOTAL of Disbursements This Page (optional).....▶	11499.99
TOTAL This Period (last page this line number only).....▶	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
 17 18 19a 19b
 20a 20b 20c 21

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NAME OF COMMITTEE (In Full)
RICK SCOTT FOR FLORIDA

Full Name (Last, First, Middle Initial) A. HAMPSON, WILLIAM, , ,			Date of Disbursement M M / D D / Y Y Y Y 11 / 30 / 2024		
Mailing Address PO BOX 130708			FEC Identification Number C		
City TAMPA	State FL	Zip Code 33681	Amount of Each Disbursement this Period 3958.33		
Purpose of Disbursement PAYROLL		Category/ Type	Transaction ID : SB17.115		
Candidate Name			<input type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2024 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) B. HAMPSON, WILLIAM, , ,			Date of Disbursement M M / D D / Y Y Y Y 12 / 15 / 2024		
Mailing Address PO BOX 130708			FEC Identification Number C		
City TAMPA	State FL	Zip Code 33681	Amount of Each Disbursement this Period 3958.33		
Purpose of Disbursement PAYROLL		Category/ Type	Transaction ID : SB17.116		
Candidate Name			<input type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2024 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) C. HAMPSON, WILLIAM, , ,			Date of Disbursement M M / D D / Y Y Y Y 12 / 31 / 2024		
Mailing Address PO BOX 130708			FEC Identification Number C		
City TAMPA	State FL	Zip Code 33681	Amount of Each Disbursement this Period 3958.33		
Purpose of Disbursement PAYROLL		Category/ Type	Transaction ID : SB17.117		
Candidate Name			<input type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2024 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

SUBTOTAL of Disbursements This Page (optional).....▶	11874.99
TOTAL This Period (last page this line number only).....▶	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
 17 18 19a 19b
 20a 20b 20c 21

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NAME OF COMMITTEE (In Full)
RICK SCOTT FOR FLORIDA

Full Name (Last, First, Middle Initial) A. MANDRUP-POULSEN, AMANDA, , ,			Date of Disbursement M M / D D / Y Y Y Y 11 / 30 / 2024		
Mailing Address PO BOX 130708			FEC Identification Number C		
City TAMPA	State FL	Zip Code 33681	Amount of Each Disbursement this Period 3125.00		
Purpose of Disbursement PAYROLL		Category/ Type	Transaction ID : SB17.2		
Candidate Name			<input type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2024 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) B. MANDRUP-POULSEN, AMANDA, , ,			Date of Disbursement M M / D D / Y Y Y Y 12 / 15 / 2024		
Mailing Address PO BOX 130708			FEC Identification Number C		
City TAMPA	State FL	Zip Code 33681	Amount of Each Disbursement this Period 3125.00		
Purpose of Disbursement PAYROLL		Category/ Type	Transaction ID : SB17.3		
Candidate Name			<input type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2024 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) C. MANDRUP-POULSEN, AMANDA, , ,			Date of Disbursement M M / D D / Y Y Y Y 12 / 31 / 2024		
Mailing Address PO BOX 130708			FEC Identification Number C		
City TAMPA	State FL	Zip Code 33681	Amount of Each Disbursement this Period 3125.00		
Purpose of Disbursement PAYROLL		Category/ Type	Transaction ID : SB17.4		
Candidate Name			<input type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2024 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

SUBTOTAL of Disbursements This Page (optional).....▶	9375.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 86 OF 164
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
RICK SCOTT FOR FLORIDA

Full Name (Last, First, Middle Initial) A. PURPURA, SALVATORE, , ,		Date of Disbursement M M / D D / Y Y Y Y 11 / 30 / 2024
Mailing Address 478 STIRLING BRIDGE DR		FEC Identification Number C
City ORMOND BEACH	State FL	Zip Code 32174
Purpose of Disbursement COMPLIANCE CONSULTING		Amount of Each Disbursement this Period 5250.00
Candidate Name		Transaction ID : SB17.106
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2024 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) B. SCHWIRIAN, SARAH, , ,		Date of Disbursement M M / D D / Y Y Y Y 11 / 30 / 2024
Mailing Address PO BOX 130708		FEC Identification Number C
City TAMPA	State FL	Zip Code 33681
Purpose of Disbursement PAYROLL		Amount of Each Disbursement this Period 10416.67
Candidate Name		Transaction ID : SB17.107
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2024 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) C. SCHWIRIAN, SARAH, , ,		Date of Disbursement M M / D D / Y Y Y Y 12 / 15 / 2024
Mailing Address PO BOX 130708		FEC Identification Number C
City TAMPA	State FL	Zip Code 33681
Purpose of Disbursement PAYROLL		Amount of Each Disbursement this Period 10416.67
Candidate Name		Transaction ID : SB17.108
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2024 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	26083.34
TOTAL This Period (last page this line number only).....▶	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 87 OF 164	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
RICK SCOTT FOR FLORIDA

Full Name (Last, First, Middle Initial) A. SCHWIRIAN, SARAH, , ,			Date of Disbursement M M / D D / Y Y Y Y 12 / 31 / 2024	
Mailing Address PO BOX 130708			FEC Identification Number C	
City TAMPA	State FL	Zip Code 33681	Amount of Each Disbursement this Period 10416.67	
Purpose of Disbursement PAYROLL		Category/ Type	Transaction ID : SB17.109	
Candidate Name			<input type="checkbox"/> Memo Item	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2024 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) B. SEULEAN, BENJAMIN, LUKE, ,			Date of Disbursement M M / D D / Y Y Y Y 11 / 30 / 2024	
Mailing Address PO BOX 130708			FEC Identification Number C	
City TAMPA	State FL	Zip Code 33681	Amount of Each Disbursement this Period 3750.00	
Purpose of Disbursement PAYROLL		Category/ Type	Transaction ID : SB17.14	
Candidate Name			<input type="checkbox"/> Memo Item	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2024 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) C. SEULEAN, BENJAMIN, LUKE, ,			Date of Disbursement M M / D D / Y Y Y Y 12 / 15 / 2024	
Mailing Address PO BOX 130708			FEC Identification Number C	
City TAMPA	State FL	Zip Code 33681	Amount of Each Disbursement this Period 3750.00	
Purpose of Disbursement PAYROLL		Category/ Type	Transaction ID : SB17.15	
Candidate Name			<input type="checkbox"/> Memo Item	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2024 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

SUBTOTAL of Disbursements This Page (optional).....▶	17916.67
TOTAL This Period (last page this line number only).....▶	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 88 OF 164	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
RICK SCOTT FOR FLORIDA

Full Name (Last, First, Middle Initial) A. SEULEAN, BENJAMIN, LUKE, ,			Date of Disbursement M M / D D / Y Y Y Y 12 / 31 / 2024	
Mailing Address PO BOX 130708			FEC Identification Number C	
City TAMPA	State FL	Zip Code 33681	Amount of Each Disbursement this Period 3750.00	
Purpose of Disbursement PAYROLL		Category/ Type	Transaction ID : SB17.16	
Candidate Name			<input type="checkbox"/> Memo Item	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2024 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) B. TURCOTTE, JONATHAN, , ,			Date of Disbursement M M / D D / Y Y Y Y 11 / 30 / 2024	
Mailing Address PO BOX 130708			FEC Identification Number C	
City TAMPA	State FL	Zip Code 33681	Amount of Each Disbursement this Period 4166.67	
Purpose of Disbursement PAYROLL		Category/ Type	Transaction ID : SB17.59	
Candidate Name			<input type="checkbox"/> Memo Item	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2024 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) C. TURCOTTE, JONATHAN, , ,			Date of Disbursement M M / D D / Y Y Y Y 12 / 15 / 2024	
Mailing Address PO BOX 130708			FEC Identification Number C	
City TAMPA	State FL	Zip Code 33681	Amount of Each Disbursement this Period 4166.67	
Purpose of Disbursement PAYROLL		Category/ Type	Transaction ID : SB17.60	
Candidate Name			<input type="checkbox"/> Memo Item	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2024 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

SUBTOTAL of Disbursements This Page (optional).....▶	12083.34
TOTAL This Period (last page this line number only).....▶	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 89 OF 164	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
RICK SCOTT FOR FLORIDA

Full Name (Last, First, Middle Initial) A. TURCOTTE, JONATHAN, , ,			Date of Disbursement M M / D D / Y Y Y Y 12 / 31 / 2024	
Mailing Address PO BOX 130708			FEC Identification Number C	
City TAMPA	State FL	Zip Code 33681	Amount of Each Disbursement this Period 4166.67	
Purpose of Disbursement PAYROLL		Candidate Name	Transaction ID : SB17.61	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			Disbursement For: 2024 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Memo Item <input type="checkbox"/>
State:	District:			

Full Name (Last, First, Middle Initial) B. WRIGHT, BRIAN, , ,			Date of Disbursement M M / D D / Y Y Y Y 11 / 30 / 2024	
Mailing Address PO BOX 130708			FEC Identification Number C	
City TAMPA	State FL	Zip Code 33681	Amount of Each Disbursement this Period 4166.67	
Purpose of Disbursement PAYROLL		Candidate Name	Transaction ID : SB17.22	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			Disbursement For: 2024 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Memo Item <input type="checkbox"/>
State:	District:			

Full Name (Last, First, Middle Initial) C. WRIGHT, BRIAN, , ,			Date of Disbursement M M / D D / Y Y Y Y 12 / 15 / 2024	
Mailing Address PO BOX 130708			FEC Identification Number C	
City TAMPA	State FL	Zip Code 33681	Amount of Each Disbursement this Period 4166.67	
Purpose of Disbursement PAYROLL		Candidate Name	Transaction ID : SB17.23	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			Disbursement For: 2024 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Memo Item <input type="checkbox"/>
State:	District:			

SUBTOTAL of Disbursements This Page (optional).....▶	12500.01
TOTAL This Period (last page this line number only).....▶	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 90 OF 164	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
RICK SCOTT FOR FLORIDA

Full Name (Last, First, Middle Initial) A. WRIGHT, BRIAN, , ,			Date of Disbursement M M / D D / Y Y Y Y 12 / 31 / 2024	
Mailing Address PO BOX 130708			FEC Identification Number C	
City TAMPA	State FL	Zip Code 33681	Amount of Each Disbursement this Period 4166.67	
Purpose of Disbursement PAYROLL		Category/ Type	Transaction ID : SB17.24	
Candidate Name			<input type="checkbox"/> Memo Item	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2024 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) B. WRIGHT, MADELINE, , ,			Date of Disbursement M M / D D / Y Y Y Y 11 / 30 / 2024	
Mailing Address PO BOX 130708			FEC Identification Number C	
City TAMPA	State FL	Zip Code 33681	Amount of Each Disbursement this Period 2750.00	
Purpose of Disbursement PAYROLL		Category/ Type	Transaction ID : SB17.66	
Candidate Name			<input type="checkbox"/> Memo Item	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2024 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) C. WRIGHT, MADELINE, , ,			Date of Disbursement M M / D D / Y Y Y Y 12 / 15 / 2024	
Mailing Address PO BOX 130708			FEC Identification Number C	
City TAMPA	State FL	Zip Code 33681	Amount of Each Disbursement this Period 2750.00	
Purpose of Disbursement PAYROLL		Category/ Type	Transaction ID : SB17.67	
Candidate Name			<input type="checkbox"/> Memo Item	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2024 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

SUBTOTAL of Disbursements This Page (optional).....▶	9666.67
TOTAL This Period (last page this line number only).....▶	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
 17 18 19a 19b
 20a 20b 20c 21

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NAME OF COMMITTEE (In Full)
RICK SCOTT FOR FLORIDA

Full Name (Last, First, Middle Initial) A. WRIGHT, MADELINE, , ,			Date of Disbursement M M / D D / Y Y Y Y 12 / 31 / 2024		
Mailing Address PO BOX 130708			FEC Identification Number C		
City TAMPA	State FL	Zip Code 33681	Amount of Each Disbursement this Period 2750.00		
Purpose of Disbursement PAYROLL		Category/ Type	Transaction ID : SB17.68		
Candidate Name			<input type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2024 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) B. ZECKMAN, JACKIE, , ,			Date of Disbursement M M / D D / Y Y Y Y 12 / 04 / 2024		
Mailing Address PO BOX 130708			FEC Identification Number C		
City TAMPA	State FL	Zip Code 33681	Amount of Each Disbursement this Period 1515.94		
Purpose of Disbursement TRAVEL		Category/ Type	Transaction ID : SB17.133		
Candidate Name			<input type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2024 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) C. ABC FINE WINE			Date of Disbursement M M / D D / Y Y Y Y 12 / 05 / 2024		
Mailing Address 21700 S TAMIAMI			FEC Identification Number C		
City ESTERO	State FL	Zip Code 33928	Amount of Each Disbursement this Period 356.08		
Purpose of Disbursement BEVERAGES		Category/ Type	Transaction ID : SB17.1018		
Candidate Name			<input checked="" type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2024 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

SUBTOTAL of Disbursements This Page (optional).....▶	4265.94
TOTAL This Period (last page this line number only).....▶	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 92 OF 164	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
RICK SCOTT FOR FLORIDA

Full Name (Last, First, Middle Initial)

A. AVIS

Mailing Address 3300 CAPITAL CIR SW

City TALLAHASSEE State FL Zip Code 32310

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought: House Senate President

Disbursement For: 2024 Primary General Other (specify) ▼

State: District:

Date of Disbursement: 12 / 05 / 2024

FEC Identification Number: C

Amount of Each Disbursement this Period: 35.08

Transaction ID : SB17.1015

Memo Item

Full Name (Last, First, Middle Initial)

B. AVIS

Mailing Address 3300 CAPITAL CIR SW

City TALLAHASSEE State FL Zip Code 32310

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought: House Senate President

Disbursement For: 2024 Primary General Other (specify) ▼

State: District:

Date of Disbursement: 12 / 05 / 2024

FEC Identification Number: C

Amount of Each Disbursement this Period: 8.00

Transaction ID : SB17.1016

Memo Item

Full Name (Last, First, Middle Initial)

C. AVIS

Mailing Address 3300 CAPITAL CIR SW

City TALLAHASSEE State FL Zip Code 32310

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought: House Senate President

Disbursement For: 2024 Primary General Other (specify) ▼

State: District:

Date of Disbursement: 12 / 05 / 2024

FEC Identification Number: C

Amount of Each Disbursement this Period: 225.36

Transaction ID : SB17.1020

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶ 0.00

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 93 OF 164	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
RICK SCOTT FOR FLORIDA

Full Name (Last, First, Middle Initial)

A. AVIS

Mailing Address 3300 CAPITAL CIR SW

City TALLAHASSEE State FL Zip Code 32310

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought: House Senate President

Disbursement For: 2024 Primary General Other (specify) ▼

State: District:

Date of Disbursement: 12 / 05 / 2024

FEC Identification Number: C

Amount of Each Disbursement this Period: 140.07

Transaction ID : SB17.1021

Memo Item

Full Name (Last, First, Middle Initial)

B. HILTON MIAMI

Mailing Address 5101 BLUE LAGOON DR

City MIAMI State FL Zip Code 33126

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought: House Senate President

Disbursement For: 2024 Primary General Other (specify) ▼

State: District:

Date of Disbursement: 12 / 05 / 2024

FEC Identification Number: C

Amount of Each Disbursement this Period: 231.69

Transaction ID : SB17.1022

Memo Item

Full Name (Last, First, Middle Initial)

C. INN ON FIFTH

Mailing Address 699 5TH AVE S

City NAPLES State FL Zip Code 34102

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought: House Senate President

Disbursement For: 2024 Primary General Other (specify) ▼

State: District:

Date of Disbursement: 12 / 05 / 2024

FEC Identification Number: C

Amount of Each Disbursement this Period: 68.53

Transaction ID : SB17.1019

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶ 0.00

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 94 OF 164	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
RICK SCOTT FOR FLORIDA

A. PUBLIX

Full Name (Last, First, Middle Initial)

Mailing Address 1700 N MONROE ST

City TALLAHASSEE State FL Zip Code 32303

Purpose of Disbursement FOOD AND BEVERAGE

Candidate Name

Office Sought: House Senate President

Disbursement For: 2024 Primary General Other (specify) ▼

State: District:

Date of Disbursement: 12 / 05 / 2024

FEC Identification Number: C

Amount of Each Disbursement this Period: 253.48

Transaction ID : SB17.1017

Memo Item

B. SUNPASS

Full Name (Last, First, Middle Initial)

Mailing Address 4139 W KENNEDY BLVD

City TAMPA State FL Zip Code 33609

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought: House Senate President

Disbursement For: 2024 Primary General Other (specify) ▼

State: District:

Date of Disbursement: 12 / 05 / 2024

FEC Identification Number: C

Amount of Each Disbursement this Period: 3.50

Transaction ID : SB17.1023

Memo Item

C. UBER

Full Name (Last, First, Middle Initial)

Mailing Address 555 MARKET ST

City SAN FRANCISCO State CA Zip Code 94104

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought: House Senate President

Disbursement For: 2024 Primary General Other (specify) ▼

State: District:

Date of Disbursement: 12 / 05 / 2024

FEC Identification Number: C

Amount of Each Disbursement this Period: 14.90

Transaction ID : SB17.1024

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶ 0.00

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
 17 18 19a 19b
 20a 20b 20c 21

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

NAME OF COMMITTEE (In Full)
RICK SCOTT FOR FLORIDA

A. UBER

Full Name (Last, First, Middle Initial)

Mailing Address 555 MARKET ST

City SAN FRANCISCO State CA Zip Code 94104

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought: House Senate President

Disbursement For: 2024
 Primary General Other (specify) ▼

State: District:

Date of Disbursement: 12 / 05 / 2024

FEC Identification Number: C

Amount of Each Disbursement this Period: 11.84

Transaction ID : SB17.1025

Memo Item

B. UBER

Full Name (Last, First, Middle Initial)

Mailing Address 555 MARKET ST

City SAN FRANCISCO State CA Zip Code 94104

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought: House Senate President

Disbursement For: 2024
 Primary General Other (specify) ▼

State: District:

Date of Disbursement: 12 / 05 / 2024

FEC Identification Number: C

Amount of Each Disbursement this Period: 167.41

Transaction ID : SB17.1026

Memo Item

C. ZECKMAN, JACKIE, , ,

Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 130708

City TAMPA State FL Zip Code 33681

Purpose of Disbursement PAYROLL

Candidate Name

Office Sought: House Senate President

Disbursement For: 2024
 Primary General Other (specify) ▼

State: District:

Date of Disbursement: 11 / 30 / 2024

FEC Identification Number: C

Amount of Each Disbursement this Period: 12500.00

Transaction ID : SB17.56

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶ 12500.00

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 96 OF 164	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

NAME OF COMMITTEE (In Full)
RICK SCOTT FOR FLORIDA

Full Name (Last, First, Middle Initial) A. ZECKMAN, JACKIE, , ,			Date of Disbursement M M / D D / Y Y Y Y 12 / 15 / 2024	
Mailing Address PO BOX 130708			FEC Identification Number C	
City TAMPA	State FL	Zip Code 33681	Amount of Each Disbursement this Period 12500.00	
Purpose of Disbursement PAYROLL		Category/ Type	Transaction ID : SB17.57	
Candidate Name			<input type="checkbox"/> Memo Item	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2024 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) B. ZECKMAN, JACKIE, , ,			Date of Disbursement M M / D D / Y Y Y Y 12 / 31 / 2024	
Mailing Address PO BOX 130708			FEC Identification Number C	
City TAMPA	State FL	Zip Code 33681	Amount of Each Disbursement this Period 12500.00	
Purpose of Disbursement PAYROLL		Category/ Type	Transaction ID : SB17.58	
Candidate Name			<input type="checkbox"/> Memo Item	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2024 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) C. ANEDOT			Date of Disbursement M M / D D / Y Y Y Y 12 / 31 / 2024	
Mailing Address 1340 POYDRAS ST SUITE 1770			FEC Identification Number C	
City NEW ORLEANS	State LA	Zip Code 70112	Amount of Each Disbursement this Period 4.20	
Purpose of Disbursement CREDIT CARD MERCHANT FEE		Category/ Type	Transaction ID : SB17.10	
Candidate Name			<input type="checkbox"/> Memo Item	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2024 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

SUBTOTAL of Disbursements This Page (optional).....▶	25004.20
TOTAL This Period (last page this line number only).....▶	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
 17 18 19a 19b
 20a 20b 20c 21

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NAME OF COMMITTEE (In Full)
RICK SCOTT FOR FLORIDA

Full Name (Last, First, Middle Initial) A. ANEDOT		Date of Disbursement M M / D D / Y Y Y Y 11 / 27 / 2024
Mailing Address 1340 POYDRAS ST SUITE 1770		FEC Identification Number C
City NEW ORLEANS	State LA	Zip Code 70112
Purpose of Disbursement CREDIT CARD MERCHANT FEE		Amount of Each Disbursement this Period 5.10
Candidate Name		Transaction ID : SB17.5
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2024 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) B. ANEDOT		Date of Disbursement M M / D D / Y Y Y Y 12 / 03 / 2024
Mailing Address 1340 POYDRAS ST SUITE 1770		FEC Identification Number C
City NEW ORLEANS	State LA	Zip Code 70112
Purpose of Disbursement CREDIT CARD MERCHANT FEE		Amount of Each Disbursement this Period 24.10
Candidate Name		Transaction ID : SB17.6
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2024 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) C. ANEDOT		Date of Disbursement M M / D D / Y Y Y Y 12 / 10 / 2024
Mailing Address 1340 POYDRAS ST SUITE 1770		FEC Identification Number C
City NEW ORLEANS	State LA	Zip Code 70112
Purpose of Disbursement CREDIT CARD MERCHANT FEE		Amount of Each Disbursement this Period 713.05
Candidate Name		Transaction ID : SB17.7
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2024 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	742.25
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 98 OF 164			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
RICK SCOTT FOR FLORIDA

Full Name (Last, First, Middle Initial) A. ANEDOT			Date of Disbursement M M / D D / Y Y Y Y 12 / 20 / 2024		
Mailing Address 1340 POYDRAS ST SUITE 1770			FEC Identification Number C		
City NEW ORLEANS	State LA	Zip Code 70112	Amount of Each Disbursement this Period 324.50		
Purpose of Disbursement CREDIT CARD MERCHANT FEE		Category/ Type	Transaction ID : SB17.8		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2024 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) B. ANEDOT			Date of Disbursement M M / D D / Y Y Y Y 12 / 27 / 2024		
Mailing Address 1340 POYDRAS ST SUITE 1770			FEC Identification Number C		
City NEW ORLEANS	State LA	Zip Code 70112	Amount of Each Disbursement this Period 682.70		
Purpose of Disbursement CREDIT CARD MERCHANT FEE		Category/ Type	Transaction ID : SB17.9		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2024 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) C. BELIEVE MEDIA LLC			Date of Disbursement M M / D D / Y Y Y Y 12 / 16 / 2024		
Mailing Address 41898 BENINGBROUGH PL			FEC Identification Number C		
City LEESBURG	State VA	Zip Code 20176	Amount of Each Disbursement this Period 971.15		
Purpose of Disbursement LIST RENTAL		Category/ Type	Transaction ID : SB17.11		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2024 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

SUBTOTAL of Disbursements This Page (optional).....▶	1978.35
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 Page	FOR LINE NUMBER: (check only one)		PAGE 99 OF 164	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
RICK SCOTT FOR FLORIDA

Full Name (Last, First, Middle Initial) A. BELIEVE MEDIA LLC		Date of Disbursement M M / D D / Y Y Y Y 12 / 23 / 2024
Mailing Address 41898 BENINGBROUGH PL		FEC Identification Number C
City LEESBURG	State VA	Zip Code 20176
Purpose of Disbursement LIST RENTAL		Amount of Each Disbursement this Period 351.83
Candidate Name		Transaction ID : SB17.12
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2024 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) B. BELIEVE MEDIA LLC		Date of Disbursement M M / D D / Y Y Y Y 12 / 30 / 2024
Mailing Address 41898 BENINGBROUGH PL		FEC Identification Number C
City LEESBURG	State VA	Zip Code 20176
Purpose of Disbursement LIST RENTAL		Amount of Each Disbursement this Period 266.49
Candidate Name		Transaction ID : SB17.13
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2024 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) C. BETTER MOUSETRAP MARKETING		Date of Disbursement M M / D D / Y Y Y Y 12 / 03 / 2024
Mailing Address 350 17TH ST		FEC Identification Number C
City COURTENAY	State BC	Zip Code
Purpose of Disbursement LIST RENTAL		Amount of Each Disbursement this Period 339.21
Candidate Name		Transaction ID : SB17.17
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2024 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	957.53
TOTAL This Period (last page this line number only).....▶	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 100 OF 164	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
RICK SCOTT FOR FLORIDA

Full Name (Last, First, Middle Initial) A. BETTER MOUSETRAP MARKETING		Date of Disbursement M M / D D / Y Y Y Y 12 / 09 / 2024
Mailing Address 350 17TH ST		FEC Identification Number C
City COURTENAY	State BC	Zip Code
Purpose of Disbursement LIST RENTAL		Amount of Each Disbursement this Period 225.58
Candidate Name		Transaction ID : SB17.18
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2024 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) B. BETTER MOUSETRAP MARKETING		Date of Disbursement M M / D D / Y Y Y Y 12 / 16 / 2024
Mailing Address 350 17TH ST		FEC Identification Number C
City COURTENAY	State BC	Zip Code
Purpose of Disbursement LIST RENTAL		Amount of Each Disbursement this Period 788.41
Candidate Name		Transaction ID : SB17.19
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2024 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) C. BETTER MOUSETRAP MARKETING		Date of Disbursement M M / D D / Y Y Y Y 12 / 23 / 2024
Mailing Address 350 17TH ST		FEC Identification Number C
City COURTENAY	State BC	Zip Code
Purpose of Disbursement LIST RENTAL		Amount of Each Disbursement this Period 445.18
Candidate Name		Transaction ID : SB17.20
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2024 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	1459.17
TOTAL This Period (last page this line number only).....▶	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 101 OF 164	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
RICK SCOTT FOR FLORIDA

Full Name (Last, First, Middle Initial) A. BETTER MOUSETRAP MARKETING		Date of Disbursement M M / D D / Y Y Y Y 12 / 30 / 2024
Mailing Address 350 17TH ST		FEC Identification Number C
City COURTENAY	State BC	Zip Code
Purpose of Disbursement LIST RENTAL	Category/ Type	
Candidate Name	Amount of Each Disbursement this Period 594.41	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2024 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB17.21
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. CHAIN BRIDGE BANK		Date of Disbursement M M / D D / Y Y Y Y 11 / 30 / 2024
Mailing Address 1445 LAUGHLIN AVE		FEC Identification Number C
City MCLEAN	State VA	Zip Code 22101
Purpose of Disbursement BANK FEE	Category/ Type	
Candidate Name	Amount of Each Disbursement this Period 20.80	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2024 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB17.1
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. CHAIN BRIDGE BANK N.A.		Date of Disbursement M M / D D / Y Y Y Y 12 / 05 / 2024
Mailing Address PO BOX 650789		FEC Identification Number C
City DALLAS	State TX	Zip Code 75265
Purpose of Disbursement CREDIT CARD PAYMENT	Category/ Type	
Candidate Name	Amount of Each Disbursement this Period 5048.31	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2024 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB17.123
State: District:	<input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	5663.52
TOTAL This Period (last page this line number only).....▶	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 102 OF 164	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
RICK SCOTT FOR FLORIDA

A. EXTRA DUTY SOLUTIONS

Full Name (Last, First, Middle Initial)
Mailing Address 6 CORPORATE DR

City SHELTON State CT Zip Code 06484

Purpose of Disbursement SECURITY

Candidate Name

Office Sought: House Senate President

Disbursement For: 2024 Primary General Other (specify) ▼

State: District:

Date of Disbursement: 12 / 05 / 2024

FEC Identification Number: C

Amount of Each Disbursement this Period: 2507.35

Transaction ID : SB17.1002

Memo Item

B. SPEEDPRO IMAGING

Full Name (Last, First, Middle Initial)
Mailing Address 5906 BRECKENRIDGE PKWY

City TAMPA State FL Zip Code 33610

Purpose of Disbursement PRINTING

Candidate Name

Office Sought: House Senate President

Disbursement For: 2024 Primary General Other (specify) ▼

State: District:

Date of Disbursement: 12 / 05 / 2024

FEC Identification Number: C

Amount of Each Disbursement this Period: 2540.96

Transaction ID : SB17.1003

Memo Item

C. CHAIN BRIDGE BANK

Full Name (Last, First, Middle Initial)
Mailing Address 1445 LAUGHLIN AVE

City MCLEAN State VA Zip Code 22101

Purpose of Disbursement BANK FEE

Candidate Name

Office Sought: House Senate President

Disbursement For: 2024 Primary General Other (specify) ▼

State: District:

Date of Disbursement: 12 / 10 / 2024

FEC Identification Number: C

Amount of Each Disbursement this Period: 12.00

Transaction ID : SB17.28

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶ 12.00

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)
 17 18 19a 19b
 20a 20b 20c 21

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NAME OF COMMITTEE (In Full)
RICK SCOTT FOR FLORIDA

Full Name (Last, First, Middle Initial)
A. CHAIN BRIDGE BANK

Mailing Address 1445 LAUGHLIN AVE

City MCLEAN State VA Zip Code 22101

Purpose of Disbursement BANK FEE

Candidate Name

Office Sought: House Senate President

Disbursement For: 2024 Primary General Other (specify) ▼

State: District:

Date of Disbursement: 12 / 26 / 2024

FEC Identification Number: C

Amount of Each Disbursement this Period: 25.00

Transaction ID : SB17.29

Memo Item

Full Name (Last, First, Middle Initial)
B. CHAIN BRIDGE BANK

Mailing Address 1445 LAUGHLIN AVE

City MCLEAN State VA Zip Code 22101

Purpose of Disbursement BANK FEE

Candidate Name

Office Sought: House Senate President

Disbursement For: 2024 Primary General Other (specify) ▼

State: District:

Date of Disbursement: 12 / 13 / 2024

FEC Identification Number: C

Amount of Each Disbursement this Period: 136.53

Transaction ID : SB17.30

Memo Item

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

Mailing Address 1593 SPRING HILL ROAD SUITE 400

City TYSONS CORNER State VA Zip Code 22182

Purpose of Disbursement DATABASE MANAGEMENT

Candidate Name

Office Sought: House Senate President

Disbursement For: 2024 Primary General Other (specify) ▼

State: District:

Date of Disbursement: 12 / 03 / 2024

FEC Identification Number: C

Amount of Each Disbursement this Period: 2400.00

Transaction ID : SB17.31

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶ 2561.53

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 104 OF 164	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
RICK SCOTT FOR FLORIDA

Full Name (Last, First, Middle Initial) A. CONSERVATIVE CONNECTOR		Date of Disbursement M M / D D / Y Y Y Y 12 / 09 / 2024
Mailing Address 190 MONROE AVE		FEC Identification Number C
City GRAND RAPIDS	State MI	Zip Code 49503
Purpose of Disbursement LIST RENTAL	Category/ Type	
Candidate Name	Amount of Each Disbursement this Period 24.79	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2024 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB17.32
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. DIRECT MAIL PROCESSORS INC		Date of Disbursement M M / D D / Y Y Y Y 12 / 10 / 2024
Mailing Address 1150 CONRAD CT		FEC Identification Number C
City HAGERSTOWN	State MD	Zip Code 21740
Purpose of Disbursement BATCHING AND CAGING	Category/ Type	
Candidate Name	Amount of Each Disbursement this Period 1163.04	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2024 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB17.34
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. DIRECT MAIL PROCESSORS INC		Date of Disbursement M M / D D / Y Y Y Y 12 / 10 / 2024
Mailing Address 1150 CONRAD CT		FEC Identification Number C
City HAGERSTOWN	State MD	Zip Code 21740
Purpose of Disbursement POSTAGE	Category/ Type	
Candidate Name	Amount of Each Disbursement this Period 2030.00	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2024 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB17.35
State: District:	<input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	3217.83
TOTAL This Period (last page this line number only).....▶	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 105 OF 164	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
RICK SCOTT FOR FLORIDA

Full Name (Last, First, Middle Initial) A. EIC REALTY INC ULMERTON ENT		Date of Disbursement M M / D D / Y Y Y Y 12 / 02 / 2024
Mailing Address 2325 ULMERTON RD, STE 20		FEC Identification Number C
City CLEARWATER	State FL	Zip Code 33762
Purpose of Disbursement RENT		Amount of Each Disbursement this Period 2058.73
Candidate Name		Transaction ID : SB17.36
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2024 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) B. EXPEARA LLC		Date of Disbursement M M / D D / Y Y Y Y 12 / 02 / 2024
Mailing Address 414 MEADE DR SW		FEC Identification Number C
City LEESBURG	State VA	Zip Code 20175
Purpose of Disbursement COMPUTER SUPPORT		Amount of Each Disbursement this Period 9850.00
Candidate Name		Transaction ID : SB17.41
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2024 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) C. FIRST BANKCARD		Date of Disbursement M M / D D / Y Y Y Y 12 / 06 / 2024
Mailing Address PO BOX 2457		FEC Identification Number C
City OMAHA	State NE	Zip Code 68172
Purpose of Disbursement CREDIT CARD PAYMENT		Amount of Each Disbursement this Period 3221.27
Candidate Name		Transaction ID : SB17.124
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2024 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	15130.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 106 OF 164	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
RICK SCOTT FOR FLORIDA

Full Name (Last, First, Middle Initial)

A. ADOBE

Mailing Address 151 S ALMADEN BLVD

City SAN JOSE State CA Zip Code 95110

Purpose of Disbursement SUBSCRIPTIONS

Candidate Name

Office Sought: House Senate President

Disbursement For: 2024 Primary General Other (specify) ▼

State: District:

Date of Disbursement: 12 / 06 / 2024

FEC Identification Number: C

Amount of Each Disbursement this Period: 59.99

Transaction ID : SB17.1059

Memo Item

Full Name (Last, First, Middle Initial)

B. AMERICAN AIRLINES

Mailing Address 4255 AMON CARTER BLVD

City FT WORTH State TX Zip Code 76155

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought: House Senate President

Disbursement For: 2024 Primary General Other (specify) ▼

State: District:

Date of Disbursement: 12 / 06 / 2024

FEC Identification Number: C

Amount of Each Disbursement this Period: 708.96

Transaction ID : SB17.1060

Memo Item

Full Name (Last, First, Middle Initial)

C. CUSTOM BURGERS

Mailing Address DCA
2401 RONALD REAGAN

City ARLINGTON State VA Zip Code 22202

Purpose of Disbursement FOOD AND BEVERAGE

Candidate Name

Office Sought: House Senate President

Disbursement For: 2024 Primary General Other (specify) ▼

State: District:

Date of Disbursement: 12 / 06 / 2024

FEC Identification Number: C

Amount of Each Disbursement this Period: 23.17

Transaction ID : SB17.1061

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶ 0.00

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)
 17 18 19a 19b
 20a 20b 20c 21

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NAME OF COMMITTEE (In Full)
RICK SCOTT FOR FLORIDA

Full Name (Last, First, Middle Initial)
A. ENVATO

Mailing Address **S STATE ST STE 1200**

City **SALT LAKE CITY** State **UT** Zip Code **84111**

Purpose of Disbursement
TRAVEL

Candidate Name

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
12 / 06 / 2024

FEC Identification Number
C

Amount of Each Disbursement this Period
39.00

Transaction ID : **SB17.1062**

Memo Item

Full Name (Last, First, Middle Initial)
B. HYATT REGENCY COCONUT POINT

Mailing Address **LOCKBOX 840904**

City **DALLAS** State **TX** Zip Code **75284**

Purpose of Disbursement
TRAVEL

Candidate Name

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
12 / 06 / 2024

FEC Identification Number
C

Amount of Each Disbursement this Period
529.09

Transaction ID : **SB17.1058**

Memo Item

Full Name (Last, First, Middle Initial)
C. HYATT REGENCY COCONUT POINT

Mailing Address **LOCKBOX 840904**

City **DALLAS** State **TX** Zip Code **75284**

Purpose of Disbursement
TRAVEL

Candidate Name

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
12 / 06 / 2024

FEC Identification Number
C

Amount of Each Disbursement this Period
238.99

Transaction ID : **SB17.1063**

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶ **0.00**

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 108 OF 164	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
RICK SCOTT FOR FLORIDA

Full Name (Last, First, Middle Initial) A. MICHAELS			Date of Disbursement M M / D D / Y Y Y Y 12 / 06 / 2024	
Mailing Address 3804 S DALE MABRY			FEC Identification Number C	
City TAMPA	State FL	Zip Code 33611	Amount of Each Disbursement this Period 397.64	
Purpose of Disbursement EQUIPMENT PURCHASE		Category/ Type	Transaction ID : SB17.1064	
Candidate Name		<input checked="" type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2024 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) B. ROTI			Date of Disbursement M M / D D / Y Y Y Y 12 / 06 / 2024	
Mailing Address 1629 K ST NW			FEC Identification Number C	
City WASHINGTON	State DC	Zip Code 20006	Amount of Each Disbursement this Period 308.05	
Purpose of Disbursement FOOD AND BEVERAGE		Category/ Type	Transaction ID : SB17.1070	
Candidate Name		<input checked="" type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2024 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) C. SHUTTERSTOCK			Date of Disbursement M M / D D / Y Y Y Y 12 / 06 / 2024	
Mailing Address 350 5TH AVE 21ST FLOOR			FEC Identification Number C	
City NEW YORK	State NY	Zip Code 10118	Amount of Each Disbursement this Period 99.00	
Purpose of Disbursement SUBSCRIPTIONS		Category/ Type	Transaction ID : SB17.1068	
Candidate Name		<input checked="" type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2024 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

SUBTOTAL of Disbursements This Page (optional).....▶	0.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 109 OF 164	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
RICK SCOTT FOR FLORIDA

Full Name (Last, First, Middle Initial) A. SOUTHWEST AIRLINES			Date of Disbursement M M / D D / Y Y Y Y 12 / 06 / 2024	
Mailing Address 2702 LOVE FIELD DR			FEC Identification Number C	
City DALLAS	State TX	Zip Code 75235	Amount of Each Disbursement this Period 586.96	
Purpose of Disbursement TRAVEL		Category/ Type	Transaction ID : SB17.1065	
Candidate Name		<input checked="" type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2024 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) B. SOUTHWEST AIRLINES			Date of Disbursement M M / D D / Y Y Y Y 12 / 06 / 2024	
Mailing Address 2702 LOVE FIELD DR			FEC Identification Number C	
City DALLAS	State TX	Zip Code 75235	Amount of Each Disbursement this Period 8.00	
Purpose of Disbursement TRAVEL		Category/ Type	Transaction ID : SB17.1069	
Candidate Name		<input checked="" type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2024 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) C. SPECTRUM			Date of Disbursement M M / D D / Y Y Y Y 12 / 06 / 2024	
Mailing Address 400 ATLANTIC ST FL 10			FEC Identification Number C	
City STAMFORD	State CT	Zip Code 06901	Amount of Each Disbursement this Period 162.29	
Purpose of Disbursement WEB SVC		Category/ Type	Transaction ID : SB17.1066	
Candidate Name		<input checked="" type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2024 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

SUBTOTAL of Disbursements This Page (optional).....▶	0.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
 17 18 19a 19b
 20a 20b 20c 21

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NAME OF COMMITTEE (In Full)
RICK SCOTT FOR FLORIDA

Full Name (Last, First, Middle Initial) A. STARBUCKS		Date of Disbursement M M / D D / Y Y Y Y 12 / 06 / 2024
Mailing Address 245 N. ORLANDO AVE		FEC Identification Number C
City MAITLAND	State FL	Zip Code 32751
Purpose of Disbursement FOOD AND BEVERAGE		Amount of Each Disbursement this Period 5.01
Candidate Name		Transaction ID : SB17.1067
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2024 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input checked="" type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) B. WAWA		Date of Disbursement M M / D D / Y Y Y Y 12 / 06 / 2024
Mailing Address 1520 BELVEDERE RD		FEC Identification Number C
City W PALM BEACH	State FL	Zip Code 33406
Purpose of Disbursement TRAVEL		Amount of Each Disbursement this Period 55.12
Candidate Name		Transaction ID : SB17.1071
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2024 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input checked="" type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) C. FIRST BANKCARD		Date of Disbursement M M / D D / Y Y Y Y 12 / 06 / 2024
Mailing Address PO BOX 2457		FEC Identification Number C
City OMAHA	State NE	Zip Code 68172
Purpose of Disbursement CREDIT CARD PAYMENT		Amount of Each Disbursement this Period 1160.01
Candidate Name		Transaction ID : SB17.125
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2024 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	1160.01
TOTAL This Period (last page this line number only).....▶	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 111 OF 164	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
RICK SCOTT FOR FLORIDA

Full Name (Last, First, Middle Initial) A. EPICUREAN		Date of Disbursement M M / D D / Y Y Y Y 12 / 06 / 2024
Mailing Address 1207 S HOWARD AVE		FEC Identification Number C
City TAMPA	State FL	Zip Code 33606
Purpose of Disbursement TRAVEL	Category/Type	
Candidate Name	Amount of Each Disbursement this Period 426.48	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2024 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB17.1104
State: District:	<input checked="" type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. SOUTHWEST AIRLINES		Date of Disbursement M M / D D / Y Y Y Y 12 / 06 / 2024
Mailing Address 2702 LOVE FIELD DR		FEC Identification Number C
City DALLAS	State TX	Zip Code 75235
Purpose of Disbursement TRAVEL	Category/Type	
Candidate Name	Amount of Each Disbursement this Period 638.96	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2024 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB17.1105
State: District:	<input checked="" type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. TAMPA INTERNATIONAL AIRPORT		Date of Disbursement M M / D D / Y Y Y Y 12 / 06 / 2024
Mailing Address 4100 GEORGE J BEAN PKWY		FEC Identification Number C
City TAMPA	State FL	Zip Code 33607
Purpose of Disbursement TRAVEL	Category/Type	
Candidate Name	Amount of Each Disbursement this Period 53.00	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2024 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB17.1106
State: District:	<input checked="" type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	0.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 112 OF 164	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
RICK SCOTT FOR FLORIDA

Full Name (Last, First, Middle Initial)

A. USPS

Mailing Address 401 N ASHLEY DR

City TAMPA State FL Zip Code 33602

Purpose of Disbursement POSTAGE

Candidate Name

Office Sought: House Senate President

Disbursement For: 2024 Primary General Other (specify) ▼

State: District:

Date of Disbursement: 12 / 06 / 2024

FEC Identification Number: C

Amount of Each Disbursement this Period: 41.57

Transaction ID : SB17.1107

Memo Item

Full Name (Last, First, Middle Initial)

B. FIRST BANKCARD

Mailing Address PO BOX 2457

City OMAHA State NE Zip Code 68172

Purpose of Disbursement CREDIT CARD PAYMENT

Candidate Name

Office Sought: House Senate President

Disbursement For: 2024 Primary General Other (specify) ▼

State: District:

Date of Disbursement: 12 / 06 / 2024

FEC Identification Number: C

Amount of Each Disbursement this Period: 1202.14

Transaction ID : SB17.126

Memo Item

Full Name (Last, First, Middle Initial)

C. ADOBE

Mailing Address 151 S ALMADEN BLVD

City SAN JOSE State CA Zip Code 95110

Purpose of Disbursement SUBSCRIPTIONS

Candidate Name

Office Sought: House Senate President

Disbursement For: 2024 Primary General Other (specify) ▼

State: District:

Date of Disbursement: 12 / 06 / 2024

FEC Identification Number: C

Amount of Each Disbursement this Period: 32.01

Transaction ID : SB17.1093

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶ 1202.14

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 113 OF 164	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
RICK SCOTT FOR FLORIDA

Full Name (Last, First, Middle Initial) A. CAMPAIGNMONITOR		Date of Disbursement M M / D D / Y Y Y Y 12 / 06 / 2024
Mailing Address 8900 KEYSTONE CROSSING #1225		FEC Identification Number C
City SAN FRANCISCO	State CA	Zip Code 94016
Purpose of Disbursement SUBSCRIPTIONS	Category/ Type	
Candidate Name	Amount of Each Disbursement this Period 249.00	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2024 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB17.1091
State: District:	<input checked="" type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. GRABIEN		Date of Disbursement M M / D D / Y Y Y Y 12 / 06 / 2024
Mailing Address 1820 AVE M #1163		FEC Identification Number C
City BROOKLYN	State NY	Zip Code 11230
Purpose of Disbursement SUBSCRIPTIONS	Category/ Type	
Candidate Name	Amount of Each Disbursement this Period 600.00	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2024 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB17.1090
State: District:	<input checked="" type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. HYATT REGENCY COCONUT POINT		Date of Disbursement M M / D D / Y Y Y Y 12 / 06 / 2024
Mailing Address LOCKBOX 840904		FEC Identification Number C
City DALLAS	State TX	Zip Code 75284
Purpose of Disbursement TRAVEL	Category/ Type	
Candidate Name	Amount of Each Disbursement this Period 321.13	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2024 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB17.1092
State: District:	<input checked="" type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	0.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 114 OF 164	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
RICK SCOTT FOR FLORIDA

Full Name (Last, First, Middle Initial)

A. FIRST BANKCARD

Mailing Address PO BOX 2457

City OMAHA State NE Zip Code 68172

Purpose of Disbursement CREDIT CARD PAYMENT

Candidate Name

Office Sought: House Senate President

Disbursement For: 2024 Primary General Other (specify) ▼

State: District:

Date of Disbursement: 12 / 06 / 2024

FEC Identification Number: C

Amount of Each Disbursement this Period: 3796.02

Transaction ID : SB17.127

Memo Item

Full Name (Last, First, Middle Initial)

B. CHICKEN SALAD CHICK

Mailing Address 1496 APALACHEE PKWY

City TALLAHASSEE State FL Zip Code 32301

Purpose of Disbursement FOOD AND BEVERAGE

Candidate Name

Office Sought: House Senate President

Disbursement For: 2024 Primary General Other (specify) ▼

State: District:

Date of Disbursement: 12 / 06 / 2024

FEC Identification Number: C

Amount of Each Disbursement this Period: 169.60

Transaction ID : SB17.1031

Memo Item

Full Name (Last, First, Middle Initial)

C. CHIPOTLE

Mailing Address 610 NEWPORT CENTER DR SUITE 1100

City NEWPORT BEACH State CA Zip Code 92660

Purpose of Disbursement FOOD AND BEVERAGE

Candidate Name

Office Sought: House Senate President

Disbursement For: 2024 Primary General Other (specify) ▼

State: District:

Date of Disbursement: 12 / 06 / 2024

FEC Identification Number: C

Amount of Each Disbursement this Period: 302.39

Transaction ID : SB17.1032

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶ 3796.02

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 115 OF 164	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
RICK SCOTT FOR FLORIDA

Full Name (Last, First, Middle Initial)		Date of Disbursement	
A. ENTERPRISE		M M / D D / Y Y Y Y 12 / 06 / 2024	
Mailing Address 3404 MAHAN DR		FEC Identification Number	
City TALLAHASSEE	State FL	Zip Code 32308	C
Purpose of Disbursement TRAVEL		Category/ Type	Amount of Each Disbursement this Period
Candidate Name			2387.97
Office Sought:	Disbursement For: 2024	Transaction ID : SB17.1033	
<input type="checkbox"/> House	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	<input checked="" type="checkbox"/> Memo Item	
<input type="checkbox"/> Senate	<input type="checkbox"/> Other (specify) ▼		
<input type="checkbox"/> President			
State: District:			

Full Name (Last, First, Middle Initial)		Date of Disbursement	
B. ERAC TOLL		M M / D D / Y Y Y Y 12 / 06 / 2024	
Mailing Address 4139 W KENNEDY BLVD		FEC Identification Number	
City TAMPA	State FL	Zip Code 33609	C
Purpose of Disbursement TRAVEL		Category/ Type	Amount of Each Disbursement this Period
Candidate Name			117.03
Office Sought:	Disbursement For: 2024	Transaction ID : SB17.1034	
<input type="checkbox"/> House	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	<input checked="" type="checkbox"/> Memo Item	
<input type="checkbox"/> Senate	<input type="checkbox"/> Other (specify) ▼		
<input type="checkbox"/> President			
State: District:			

Full Name (Last, First, Middle Initial)		Date of Disbursement	
C. EXXON		M M / D D / Y Y Y Y 12 / 06 / 2024	
Mailing Address 5098 AIRPORT RD		FEC Identification Number	
City NAPLES	State FL	Zip Code 34105	C
Purpose of Disbursement TRAVEL		Category/ Type	Amount of Each Disbursement this Period
Candidate Name			44.02
Office Sought:	Disbursement For: 2024	Transaction ID : SB17.1035	
<input type="checkbox"/> House	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	<input checked="" type="checkbox"/> Memo Item	
<input type="checkbox"/> Senate	<input type="checkbox"/> Other (specify) ▼		
<input type="checkbox"/> President			
State: District:			

SUBTOTAL of Disbursements This Page (optional).....▶	0.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
 17 18 19a 19b
 20a 20b 20c 21

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NAME OF COMMITTEE (In Full)
RICK SCOTT FOR FLORIDA

Full Name (Last, First, Middle Initial)

A. HILTON HOTELS

Mailing Address 7930 JONES BRANCH DR

City MCLEAN State VA Zip Code 22102

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought: House Senate President

Disbursement For: 2024 Primary General Other (specify) ▼

State: District:

Date of Disbursement: 12 / 06 / 2024

FEC Identification Number: C

Amount of Each Disbursement this Period: 182.04

Transaction ID : SB17.1030

Memo Item

Full Name (Last, First, Middle Initial)

B. JUNCTION BAKERY BISTRO

Mailing Address 115 KING ST

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement FOOD AND BEVERAGE

Candidate Name

Office Sought: House Senate President

Disbursement For: 2024 Primary General Other (specify) ▼

State: District:

Date of Disbursement: 12 / 06 / 2024

FEC Identification Number: C

Amount of Each Disbursement this Period: 139.16

Transaction ID : SB17.1038

Memo Item

Full Name (Last, First, Middle Initial)

C. RESTAURANT ASSOCIATES

Mailing Address US SENATE DIRKSEN SOB, SD B-04

City WASHINGTON State DC Zip Code 20510

Purpose of Disbursement FOOD AND BEVERAGE

Candidate Name

Office Sought: House Senate President

Disbursement For: 2024 Primary General Other (specify) ▼

State: District:

Date of Disbursement: 12 / 06 / 2024

FEC Identification Number: C

Amount of Each Disbursement this Period: 57.00

Transaction ID : SB17.1036

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶ 0.00

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 117 OF 164	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
RICK SCOTT FOR FLORIDA

Full Name (Last, First, Middle Initial) A. ROTI			Date of Disbursement M M / D D / Y Y Y Y 12 / 06 / 2024	
Mailing Address 1629 K ST NW			FEC Identification Number C	
City WASHINGTON	State DC	Zip Code 20006	Amount of Each Disbursement this Period 308.05	
Purpose of Disbursement FOOD AND BEVERAGE		Category/ Type	Transaction ID : SB17.1037	
Candidate Name		<input checked="" type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2024 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) B. WHOLEFOODS			Date of Disbursement M M / D D / Y Y Y Y 12 / 06 / 2024	
Mailing Address 600 H ST NE			FEC Identification Number C	
City WASINGTON	State DC	Zip Code 20002	Amount of Each Disbursement this Period 88.76	
Purpose of Disbursement FOOD AND BEVERAGE		Category/ Type	Transaction ID : SB17.1039	
Candidate Name		<input checked="" type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2024 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) C. FIRST BANKCARD			Date of Disbursement M M / D D / Y Y Y Y 12 / 31 / 2024	
Mailing Address PO BOX 2457			FEC Identification Number C	
City OMAHA	State NE	Zip Code 68172	Amount of Each Disbursement this Period 305.48	
Purpose of Disbursement CREDIT CARD PAYMENT		Category/ Type	Transaction ID : SB17.128	
Candidate Name		<input type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2024 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

SUBTOTAL of Disbursements This Page (optional).....▶	305.48
TOTAL This Period (last page this line number only).....▶	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 118 OF 164	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
RICK SCOTT FOR FLORIDA

Full Name (Last, First, Middle Initial)

A. ADOBE

Mailing Address 151 S ALMADEN BLVD

City SAN JOSE State CA Zip Code 95110

Purpose of Disbursement SUBSCRIPTIONS

Candidate Name

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
12 / 31 / 2024

FEC Identification Number: C

Amount of Each Disbursement this Period: 59.99

Transaction ID : SB17.1073

Memo Item

Full Name (Last, First, Middle Initial)

B. ENVATO

Mailing Address S STATE ST STE 1200

City SALT LAKE CITY State UT Zip Code 84111

Purpose of Disbursement SUBSCRIPTIONS

Candidate Name

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
12 / 31 / 2024

FEC Identification Number: C

Amount of Each Disbursement this Period: 39.00

Transaction ID : SB17.1074

Memo Item

Full Name (Last, First, Middle Initial)

C. SHUTTERSTOCK

Mailing Address 350 5TH AVE 21ST FLOOR

City NEW YORK State NY Zip Code 10118

Purpose of Disbursement SUBSCRIPTIONS

Candidate Name

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
12 / 31 / 2024

FEC Identification Number: C

Amount of Each Disbursement this Period: 99.00

Transaction ID : SB17.1075

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶ 0.00

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 119 OF 164	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
RICK SCOTT FOR FLORIDA

Full Name (Last, First, Middle Initial)		Date of Disbursement
A. UPS		M M / D D / Y Y Y Y 12 / 31 / 2024
Mailing Address 1313 W BOYNTON BEACH BLVD		FEC Identification Number
City BOYNTON BEACH	State FL	Zip Code 33426
Purpose of Disbursement DELIVERY	Category/Type	
Candidate Name	Amount of Each Disbursement this Period	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2024	
State: District:	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
		Transaction ID : SB17.1076
		<input checked="" type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial)		Date of Disbursement
B. FIRST BANKCARD		M M / D D / Y Y Y Y 12 / 31 / 2024
Mailing Address PO BOX 2457		FEC Identification Number
City OMAHA	State NE	Zip Code 68172
Purpose of Disbursement CREDIT CARD PAYMENT	Category/Type	
Candidate Name	Amount of Each Disbursement this Period	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2024	
State: District:	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
		Transaction ID : SB17.129
		<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial)		Date of Disbursement
C. AMERICAN AIRLINES		M M / D D / Y Y Y Y 12 / 31 / 2024
Mailing Address 4255 AMON CARTER BLVD		FEC Identification Number
City FT WORTH	State TX	Zip Code 76155
Purpose of Disbursement TRAVEL	Category/Type	
Candidate Name	Amount of Each Disbursement this Period	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2024	
State: District:	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
		Transaction ID : SB17.1111
		<input checked="" type="checkbox"/> Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	473.45
TOTAL This Period (last page this line number only).....▶	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 120 OF 164	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
RICK SCOTT FOR FLORIDA

Full Name (Last, First, Middle Initial) A. PUBLIX			Date of Disbursement M M / D D / Y Y Y Y 12 / 31 / 2024	
Mailing Address 1700 N MONROE ST			FEC Identification Number C	
City TALLAHASSEE	State FL	Zip Code 32303	Amount of Each Disbursement this Period 14.60	
Purpose of Disbursement FOOD AND BEVERAGE		Category/ Type	Transaction ID : SB17.1109	
Candidate Name		<input checked="" type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2024 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) B. USPS			Date of Disbursement M M / D D / Y Y Y Y 12 / 31 / 2024	
Mailing Address 401 N ASHLEY DR			FEC Identification Number C	
City TAMPA	State FL	Zip Code 33602	Amount of Each Disbursement this Period 20.90	
Purpose of Disbursement POSTAGE		Category/ Type	Transaction ID : SB17.1110	
Candidate Name		<input checked="" type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2024 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) C. FIRST BANKCARD			Date of Disbursement M M / D D / Y Y Y Y 12 / 31 / 2024	
Mailing Address PO BOX 2457			FEC Identification Number C	
City OMAHA	State NE	Zip Code 68172	Amount of Each Disbursement this Period 1333.49	
Purpose of Disbursement CREDIT CARD PAYMENT		Category/ Type	Transaction ID : SB17.130	
Candidate Name		<input type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2024 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

SUBTOTAL of Disbursements This Page (optional).....▶	1333.49
TOTAL This Period (last page this line number only).....▶	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 121 OF 164	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
RICK SCOTT FOR FLORIDA

Full Name (Last, First, Middle Initial)		Date of Disbursement
A. ADOBE		M M / D D / Y Y Y Y 12 / 31 / 2024
Mailing Address 151 S ALMADEN BLVD		FEC Identification Number
City SAN JOSE	State CA	Zip Code 95110
Purpose of Disbursement SUBSCRIPTIONS		<input type="checkbox"/> C
Candidate Name		Amount of Each Disbursement this Period
Office Sought:	Disbursement For: 2024	32.01
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB17.1097
State: District:		<input checked="" type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial)		Date of Disbursement
B. CAMPAIGNMONITOR		M M / D D / Y Y Y Y 12 / 31 / 2024
Mailing Address 8900 KEYSTONE CROSSING #1225		FEC Identification Number
City SAN FRANCISCO	State CA	Zip Code 94016
Purpose of Disbursement SUBSCRIPTIONS		<input type="checkbox"/> C
Candidate Name		Amount of Each Disbursement this Period
Office Sought:	Disbursement For: 2024	249.00
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB17.1096
State: District:		<input checked="" type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial)		Date of Disbursement
C. GRABIEN		M M / D D / Y Y Y Y 12 / 31 / 2024
Mailing Address 1820 AVE M #1163		FEC Identification Number
City BROOKLYN	State NY	Zip Code 11230
Purpose of Disbursement SUBSCRIPTIONS		<input type="checkbox"/> C
Candidate Name		Amount of Each Disbursement this Period
Office Sought:	Disbursement For: 2024	600.00
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB17.1095
State: District:		<input checked="" type="checkbox"/> Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	0.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 122 OF 164	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
RICK SCOTT FOR FLORIDA

Full Name (Last, First, Middle Initial) A. SPEEDPRO IMAGING		Date of Disbursement M M / D D / Y Y Y Y 12 / 31 / 2024
Mailing Address 5906 BRECKENRIDGE PKWY		FEC Identification Number C
City TAMPA	State FL	Zip Code 33610
Purpose of Disbursement PRINTING	Category/Type	
Candidate Name	Amount of Each Disbursement this Period 71.78	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2024 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB17.1098 <input checked="" type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) B. US SENATE CAFE		Date of Disbursement M M / D D / Y Y Y Y 12 / 31 / 2024
Mailing Address 50 CONSTITUTION AVE		FEC Identification Number C
City WASHINGTON	State DC	Zip Code 20510
Purpose of Disbursement FOOD AND BEVERAGE	Category/Type	
Candidate Name	Amount of Each Disbursement this Period 220.80	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2024 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB17.1100 <input checked="" type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) C. ZOOM		Date of Disbursement M M / D D / Y Y Y Y 12 / 31 / 2024
Mailing Address 55 ALMADEN BLVD		FEC Identification Number C
City SAN JOSE	State CA	Zip Code 95113
Purpose of Disbursement SUBSCRIPTIONS	Category/Type	
Candidate Name	Amount of Each Disbursement this Period 159.90	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2024 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB17.1099 <input checked="" type="checkbox"/> Memo Item
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	0.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 123 OF 164	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
RICK SCOTT FOR FLORIDA

Full Name (Last, First, Middle Initial) A. FIRST BANKCARD		Date of Disbursement M M / D D / Y Y Y Y 12 / 31 / 2024
Mailing Address PO BOX 2457		FEC Identification Number C
City OMAHA	State NE	Zip Code 68172
Purpose of Disbursement CREDIT CARD PAYMENT		Amount of Each Disbursement this Period 964.92
Candidate Name		Transaction ID : SB17.131
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2024 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) B. ALEXANDRIA PASTRY		Date of Disbursement M M / D D / Y Y Y Y 12 / 31 / 2024
Mailing Address 3690 H KING ST		FEC Identification Number C
City ALEXANDRIA	State VA	Zip Code 22302
Purpose of Disbursement FOOD AND BEVERAGE		Amount of Each Disbursement this Period 369.70
Candidate Name		Transaction ID : SB17.1042
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2024 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input checked="" type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) C. CAPITOL HILL SUPERMARKET		Date of Disbursement M M / D D / Y Y Y Y 12 / 31 / 2024
Mailing Address 241 MASSACHUSETTS AVE NE		FEC Identification Number C
City WASHINGTON	State DC	Zip Code 20002
Purpose of Disbursement FOOD AND BEVERAGE		Amount of Each Disbursement this Period 14.83
Candidate Name		Transaction ID : SB17.1043
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2024 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input checked="" type="checkbox"/> Memo Item
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	964.92
TOTAL This Period (last page this line number only).....▶	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 124 OF 164	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
RICK SCOTT FOR FLORIDA

Full Name (Last, First, Middle Initial) A. CHIPOTLE		Date of Disbursement M M / D D / Y Y Y Y 12 / 31 / 2024
Mailing Address 610 NEWPORT CENTER DR SUITE 1100		FEC Identification Number C
City NEWPORT BEACH	State CA	Zip Code 92660
Purpose of Disbursement FOOD AND BEVERAGE		Amount of Each Disbursement this Period 102.39
Candidate Name		Transaction ID : SB17.1044
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2024 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input checked="" type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) B. CITY OF MIAMI		Date of Disbursement M M / D D / Y Y Y Y 12 / 31 / 2024
Mailing Address 40 NW 3RD ST		FEC Identification Number C
City MIAMI	State FL	Zip Code 33128
Purpose of Disbursement PARKING SVC		Amount of Each Disbursement this Period 2.70
Candidate Name		Transaction ID : SB17.1046
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2024 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input checked="" type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) C. ENTERPRISE		Date of Disbursement M M / D D / Y Y Y Y 12 / 31 / 2024
Mailing Address 3404 MAHAN DR		FEC Identification Number C
City TALLAHASSEE	State FL	Zip Code 32308
Purpose of Disbursement TRAVEL		Amount of Each Disbursement this Period 266.25
Candidate Name		Transaction ID : SB17.1041
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2024 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input checked="" type="checkbox"/> Memo Item
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	0.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 125 OF 164	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
RICK SCOTT FOR FLORIDA

Full Name (Last, First, Middle Initial)			Date of Disbursement	
A. ERAC TOLL			M M / D D / Y Y Y Y 12 / 31 / 2024	
Mailing Address 4139 W KENNEDY BLVD			FEC Identification Number	
City TAMPA	State FL	Zip Code 33609	C	
Purpose of Disbursement TRAVEL		Category/ Type	Amount of Each Disbursement this Period	
Candidate Name			12.19	
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2024 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB17.1045	
State:	District:		<input checked="" type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial)			Date of Disbursement	
B. RESTAURANT ASSOCIATES			M M / D D / Y Y Y Y 12 / 31 / 2024	
Mailing Address US SENATE DIRKSEN SOB, SD B-04			FEC Identification Number	
City WASHINGTON	State DC	Zip Code 20510	C	
Purpose of Disbursement FOOD AND BEVERAGE		Category/ Type	Amount of Each Disbursement this Period	
Candidate Name			87.00	
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2024 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB17.1047	
State:	District:		<input checked="" type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial)			Date of Disbursement	
C. UBER			M M / D D / Y Y Y Y 12 / 31 / 2024	
Mailing Address 555 MARKET ST			FEC Identification Number	
City SAN FRANCISCO	State CA	Zip Code 94104	C	
Purpose of Disbursement TRAVEL		Category/ Type	Amount of Each Disbursement this Period	
Candidate Name			109.86	
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2024 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB17.1048	
State:	District:		<input checked="" type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	0.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 126 OF 164	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
RICK SCOTT FOR FLORIDA

Full Name (Last, First, Middle Initial) A. FRONTLINE STRATEGIES		Date of Disbursement M M / D D / Y Y Y Y 12 / 03 / 2024
Mailing Address 1501 COMMERCE DR		FEC Identification Number C
City ELGIN	State IL	Zip Code 60123
Purpose of Disbursement LIST RENTAL		Amount of Each Disbursement this Period 8.50
Candidate Name	Category/ Type	Transaction ID : SB17.42
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2024 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) B. FRONTLINE STRATEGIES		Date of Disbursement M M / D D / Y Y Y Y 12 / 09 / 2024
Mailing Address 1501 COMMERCE DR		FEC Identification Number C
City ELGIN	State IL	Zip Code 60123
Purpose of Disbursement LIST RENTAL		Amount of Each Disbursement this Period 24.65
Candidate Name	Category/ Type	Transaction ID : SB17.43
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2024 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) C. FRONTLINE STRATEGIES		Date of Disbursement M M / D D / Y Y Y Y 12 / 16 / 2024
Mailing Address 1501 COMMERCE DR		FEC Identification Number C
City ELGIN	State IL	Zip Code 60123
Purpose of Disbursement LIST RENTAL		Amount of Each Disbursement this Period 451.92
Candidate Name	Category/ Type	Transaction ID : SB17.44
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2024 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	485.07
TOTAL This Period (last page this line number only).....▶	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 127 OF 164	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
RICK SCOTT FOR FLORIDA

Full Name (Last, First, Middle Initial) A. FRONTLINE STRATEGIES			Date of Disbursement M M / D D / Y Y Y Y 12 / 23 / 2024	
Mailing Address 1501 COMMERCE DR			FEC Identification Number C	
City ELGIN	State IL	Zip Code 60123	Amount of Each Disbursement this Period 200.27	
Purpose of Disbursement LIST RENTAL		Category/ Type	Transaction ID : SB17.45	
Candidate Name		<input type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2024 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) B. FRONTLINE STRATEGIES			Date of Disbursement M M / D D / Y Y Y Y 12 / 30 / 2024	
Mailing Address 1501 COMMERCE DR			FEC Identification Number C	
City ELGIN	State IL	Zip Code 60123	Amount of Each Disbursement this Period 5.95	
Purpose of Disbursement LIST RENTAL		Category/ Type	Transaction ID : SB17.46	
Candidate Name		<input type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2024 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) C. GOODSPEED GROUP LLC			Date of Disbursement M M / D D / Y Y Y Y 11 / 26 / 2024	
Mailing Address 1200 S ARLINGTON RIDGE RD #701			FEC Identification Number C	
City ARLINGTON	State VA	Zip Code 22202	Amount of Each Disbursement this Period 12000.00	
Purpose of Disbursement FINANCE CONSULTING		Category/ Type	Transaction ID : SB17.47	
Candidate Name		<input type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2024 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

SUBTOTAL of Disbursements This Page (optional).....▶	12206.22
TOTAL This Period (last page this line number only).....▶	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 128 OF 164	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
RICK SCOTT FOR FLORIDA

Full Name (Last, First, Middle Initial)
A. HICKORY DATA MANAGEMENT

Mailing Address 121 N WASHINGTON ST

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement LIST RENTAL

Candidate Name

Office Sought: House Senate President

Disbursement For: 2024 Primary General Other (specify) ▼

State: District:

Date of Disbursement: 12 / 03 / 2024

FEC Identification Number: C

Amount of Each Disbursement this Period: 119.00

Transaction ID : SB17.48

Memo Item

Full Name (Last, First, Middle Initial)
B. HICKORY DATA MANAGEMENT

Mailing Address 121 N WASHINGTON ST

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement LIST RENTAL

Candidate Name

Office Sought: House Senate President

Disbursement For: 2024 Primary General Other (specify) ▼

State: District:

Date of Disbursement: 12 / 09 / 2024

FEC Identification Number: C

Amount of Each Disbursement this Period: 93.90

Transaction ID : SB17.49

Memo Item

Full Name (Last, First, Middle Initial)
C. HICKORY DATA MANAGEMENT

Mailing Address 121 N WASHINGTON ST

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement LIST RENTAL

Candidate Name

Office Sought: House Senate President

Disbursement For: 2024 Primary General Other (specify) ▼

State: District:

Date of Disbursement: 12 / 23 / 2024

FEC Identification Number: C

Amount of Each Disbursement this Period: 327.25

Transaction ID : SB17.50

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶ 540.15

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 129 OF 164	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
RICK SCOTT FOR FLORIDA

Full Name (Last, First, Middle Initial)
A. HICKORY DATA MANAGEMENT

Mailing Address 121 N WASHINGTON ST

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement LIST RENTAL

Candidate Name

Office Sought: House Senate President Disbursement For: 2024 Primary General Other (specify) ▼

State: District:

Date of Disbursement: 12 / 30 / 2024

FEC Identification Number: C

Amount of Each Disbursement this Period: 97.75

Transaction ID : SB17.51

Memo Item

Full Name (Last, First, Middle Initial)
B. HOLTZMAN VOGEL JOSEFIK TORCHINSKY PLLC

Mailing Address 15405 JOHN MARSHALL HWY

City HAYMARKET State VA Zip Code 20169

Purpose of Disbursement LEGAL CONSULTING

Candidate Name

Office Sought: House Senate President Disbursement For: 2024 Primary General Other (specify) ▼

State: District:

Date of Disbursement: 12 / 05 / 2024

FEC Identification Number: C

Amount of Each Disbursement this Period: 10000.00

Transaction ID : SB17.52

Memo Item

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

Mailing Address 8171 MAPLE LAWN BLVD SUITE 300

City FULTON State MD Zip Code 20759

Purpose of Disbursement PAYROLL SVC/INSUR/TAXES

Candidate Name

Office Sought: House Senate President Disbursement For: 2024 Primary General Other (specify) ▼

State: District:

Date of Disbursement: 12 / 31 / 2024

FEC Identification Number: C

Amount of Each Disbursement this Period: 9613.09

Transaction ID : SB17.53

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶ 19710.84

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 130 OF 164	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
RICK SCOTT FOR FLORIDA

Full Name (Last, First, Middle Initial)

A. INSPERITY

Mailing Address 8171 MAPLE LAWN BLVD
SUITE 300

City FULTON State MD Zip Code 20759

Purpose of Disbursement PAYROLL SVC-INSUR-TAXES

Candidate Name

Office Sought: House Senate President

Disbursement For: 2024 Primary General Other (specify) ▼

State: District:

Date of Disbursement: 11 / 30 / 2024

FEC Identification Number: C

Amount of Each Disbursement this Period: 9208.92

Transaction ID : SB17.54

Memo Item

Full Name (Last, First, Middle Initial)

B. INSPERITY

Mailing Address 8171 MAPLE LAWN BLVD
SUITE 300

City FULTON State MD Zip Code 20759

Purpose of Disbursement PAYROLL SVC-INSUR-TAXES

Candidate Name

Office Sought: House Senate President

Disbursement For: 2024 Primary General Other (specify) ▼

State: District:

Date of Disbursement: 12 / 15 / 2024

FEC Identification Number: C

Amount of Each Disbursement this Period: 9208.92

Transaction ID : SB17.55

Memo Item

Full Name (Last, First, Middle Initial)

C. JTKE, LLC

Mailing Address 7705 MCCLURE DR

City TALLAHASSEE State FL Zip Code 32312

Purpose of Disbursement RESEARCH CONSULTING

Candidate Name

Office Sought: House Senate President

Disbursement For: 2024 Primary General Other (specify) ▼

State: District:

Date of Disbursement: 12 / 02 / 2024

FEC Identification Number: C

Amount of Each Disbursement this Period: 7000.00

Transaction ID : SB17.65

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶ 25417.84

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 131 OF 164			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
RICK SCOTT FOR FLORIDA

Full Name (Last, First, Middle Initial) A. MAWCO LLC		Date of Disbursement M M / D D / Y Y Y Y 12 / 03 / 2024
Mailing Address 918 WHIRLAWAY DR		FEC Identification Number C
City UNION	State KY	Zip Code 41091
Purpose of Disbursement LIST RENTAL		Amount of Each Disbursement this Period 168.70
Candidate Name	Category/ Type	Transaction ID : SB17.72
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2024 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) B. MAWCO LLC		Date of Disbursement M M / D D / Y Y Y Y 12 / 09 / 2024
Mailing Address 918 WHIRLAWAY DR		FEC Identification Number C
City UNION	State KY	Zip Code 41091
Purpose of Disbursement LIST RENTAL		Amount of Each Disbursement this Period 82.60
Candidate Name	Category/ Type	Transaction ID : SB17.73
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2024 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) C. MAWCO LLC		Date of Disbursement M M / D D / Y Y Y Y 12 / 16 / 2024
Mailing Address 918 WHIRLAWAY DR		FEC Identification Number C
City UNION	State KY	Zip Code 41091
Purpose of Disbursement LIST RENTAL		Amount of Each Disbursement this Period 59.50
Candidate Name	Category/ Type	Transaction ID : SB17.74
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2024 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	310.80
TOTAL This Period (last page this line number only).....▶	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)
 17 18 19a 19b
 20a 20b 20c 21

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NAME OF COMMITTEE (In Full)
RICK SCOTT FOR FLORIDA

Full Name (Last, First, Middle Initial) A. MAWCO LLC		Date of Disbursement M M / D D / Y Y Y Y 12 / 23 / 2024
Mailing Address 918 WHIRLAWAY DR		FEC Identification Number C
City UNION	State KY	Zip Code 41091
Purpose of Disbursement LIST RENTAL		Amount of Each Disbursement this Period 124.60
Candidate Name		Transaction ID : SB17.75
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2024 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) B. MAWCO LLC		Date of Disbursement M M / D D / Y Y Y Y 12 / 30 / 2024
Mailing Address 918 WHIRLAWAY DR		FEC Identification Number C
City UNION	State KY	Zip Code 41091
Purpose of Disbursement LIST RENTAL		Amount of Each Disbursement this Period 172.20
Candidate Name		Transaction ID : SB17.76
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2024 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) C. O2M DIGITAL		Date of Disbursement M M / D D / Y Y Y Y 12 / 03 / 2024
Mailing Address 539 W COMMERCE ST UNIT 4240		FEC Identification Number C
City DALLAS	State TX	Zip Code 75208
Purpose of Disbursement LIST RENTAL		Amount of Each Disbursement this Period 79.45
Candidate Name		Transaction ID : SB17.77
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2024 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	376.25
TOTAL This Period (last page this line number only).....▶	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 133 OF 164	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
RICK SCOTT FOR FLORIDA

Full Name (Last, First, Middle Initial)		Date of Disbursement	
A. O2M DIGITAL		M M / D D / Y Y Y Y 12 / 09 / 2024	
Mailing Address 539 W COMMERCE ST UNIT 4240		FEC Identification Number	
City DALLAS	State TX	Zip Code 75208	C
Purpose of Disbursement LIST RENTAL		Category/Type	Amount of Each Disbursement this Period
Candidate Name			45.14
Office Sought:	Disbursement For: 2024	Transaction ID : SB17.78	
<input type="checkbox"/> House	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	<input type="checkbox"/> Memo Item	
<input type="checkbox"/> Senate	<input type="checkbox"/> Other (specify) ▼		
<input type="checkbox"/> President			
State: District:			

Full Name (Last, First, Middle Initial)		Date of Disbursement	
B. O2M DIGITAL		M M / D D / Y Y Y Y 12 / 16 / 2024	
Mailing Address 539 W COMMERCE ST UNIT 4240		FEC Identification Number	
City DALLAS	State TX	Zip Code 75208	C
Purpose of Disbursement LIST RENTAL		Category/Type	Amount of Each Disbursement this Period
Candidate Name			7.62
Office Sought:	Disbursement For: 2024	Transaction ID : SB17.79	
<input type="checkbox"/> House	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	<input type="checkbox"/> Memo Item	
<input type="checkbox"/> Senate	<input type="checkbox"/> Other (specify) ▼		
<input type="checkbox"/> President			
State: District:			

Full Name (Last, First, Middle Initial)		Date of Disbursement	
C. O2M DIGITAL		M M / D D / Y Y Y Y 12 / 30 / 2024	
Mailing Address 539 W COMMERCE ST UNIT 4240		FEC Identification Number	
City DALLAS	State TX	Zip Code 75208	C
Purpose of Disbursement LIST RENTAL		Category/Type	Amount of Each Disbursement this Period
Candidate Name			5.91
Office Sought:	Disbursement For: 2024	Transaction ID : SB17.80	
<input type="checkbox"/> House	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	<input type="checkbox"/> Memo Item	
<input type="checkbox"/> Senate	<input type="checkbox"/> Other (specify) ▼		
<input type="checkbox"/> President			
State: District:			

SUBTOTAL of Disbursements This Page (optional).....▶	58.67
TOTAL This Period (last page this line number only).....▶	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 134 OF 164	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
RICK SCOTT FOR FLORIDA

Full Name (Last, First, Middle Initial) A. OLYMPIC MEDIA LLC			Date of Disbursement M M / D D / Y Y Y Y 12 / 03 / 2024	
Mailing Address 1881 N NASH ST UNIT 2301			FEC Identification Number C	
City ARLINGTON	State VA	Zip Code 22209	Amount of Each Disbursement this Period 130.90	
Purpose of Disbursement LIST RENTAL		Category/ Type	Transaction ID : SB17.81	
Candidate Name			<input type="checkbox"/> Memo Item	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2024 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) B. OLYMPIC MEDIA LLC			Date of Disbursement M M / D D / Y Y Y Y 12 / 09 / 2024	
Mailing Address 1881 N NASH ST UNIT 2301			FEC Identification Number C	
City ARLINGTON	State VA	Zip Code 22209	Amount of Each Disbursement this Period 43.35	
Purpose of Disbursement LIST RENTAL		Category/ Type	Transaction ID : SB17.82	
Candidate Name			<input type="checkbox"/> Memo Item	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2024 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) C. OLYMPIC MEDIA LLC			Date of Disbursement M M / D D / Y Y Y Y 12 / 16 / 2024	
Mailing Address 1881 N NASH ST UNIT 2301			FEC Identification Number C	
City ARLINGTON	State VA	Zip Code 22209	Amount of Each Disbursement this Period 46.34	
Purpose of Disbursement LIST RENTAL		Category/ Type	Transaction ID : SB17.83	
Candidate Name			<input type="checkbox"/> Memo Item	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2024 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

SUBTOTAL of Disbursements This Page (optional).....▶	220.59
TOTAL This Period (last page this line number only).....▶	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
 17 18 19a 19b
 20a 20b 20c 21

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NAME OF COMMITTEE (In Full)
RICK SCOTT FOR FLORIDA

Full Name (Last, First, Middle Initial) A. OLYMPIC MEDIA LLC		Date of Disbursement M M / D D / Y Y Y Y 12 / 23 / 2024
Mailing Address 1881 N NASH ST UNIT 2301		FEC Identification Number C
City ARLINGTON	State VA	Zip Code 22209
Purpose of Disbursement LIST RENTAL		Amount of Each Disbursement this Period 46.75
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2024 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB17.84
State: District:		<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) B. OLYMPIC MEDIA LLC		Date of Disbursement M M / D D / Y Y Y Y 12 / 30 / 2024
Mailing Address 1881 N NASH ST UNIT 2301		FEC Identification Number C
City ARLINGTON	State VA	Zip Code 22209
Purpose of Disbursement LIST RENTAL		Amount of Each Disbursement this Period 177.15
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2024 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB17.85
State: District:		<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) C. ONMESSAGE DIGITAL FUNDRAISING LLC		Date of Disbursement M M / D D / Y Y Y Y 12 / 16 / 2024
Mailing Address 716 GIDDINGS AVE, #41		FEC Identification Number C
City ANNAPOLIS	State MD	Zip Code 21401
Purpose of Disbursement DIGITAL FUNDRAISING		Amount of Each Disbursement this Period 4678.16
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2024 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB17.86
State: District:		<input type="checkbox"/> Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	4902.06
TOTAL This Period (last page this line number only).....▶	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 136 OF 164	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
RICK SCOTT FOR FLORIDA

Full Name (Last, First, Middle Initial) A. ONMESSAGE DIGITAL FUNDRAISING LLC			Date of Disbursement M M / D D / Y Y Y Y 12 / 03 / 2024	
Mailing Address 716 GIDDINGS AVE, #41			FEC Identification Number C	
City ANNAPOLIS	State MD	Zip Code 21401	Amount of Each Disbursement this Period 185.13	
Purpose of Disbursement LIST RENTAL		Category/ Type	Transaction ID : SB17.87	
Candidate Name			<input type="checkbox"/> Memo Item	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2024 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) B. ONMESSAGE DIGITAL FUNDRAISING LLC			Date of Disbursement M M / D D / Y Y Y Y 12 / 09 / 2024	
Mailing Address 716 GIDDINGS AVE, #41			FEC Identification Number C	
City ANNAPOLIS	State MD	Zip Code 21401	Amount of Each Disbursement this Period 432.17	
Purpose of Disbursement LIST RENTAL		Category/ Type	Transaction ID : SB17.88	
Candidate Name			<input type="checkbox"/> Memo Item	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2024 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) C. ONMESSAGE DIGITAL FUNDRAISING LLC			Date of Disbursement M M / D D / Y Y Y Y 12 / 16 / 2024	
Mailing Address 716 GIDDINGS AVE, #41			FEC Identification Number C	
City ANNAPOLIS	State MD	Zip Code 21401	Amount of Each Disbursement this Period 516.93	
Purpose of Disbursement LIST RENTAL		Category/ Type	Transaction ID : SB17.89	
Candidate Name			<input type="checkbox"/> Memo Item	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2024 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

SUBTOTAL of Disbursements This Page (optional).....▶	1134.23
TOTAL This Period (last page this line number only).....▶	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 137 OF 164	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
RICK SCOTT FOR FLORIDA

Full Name (Last, First, Middle Initial) A. ONMESSAGE DIGITAL FUNDRAISING LLC			Date of Disbursement M M / D D / Y Y Y Y 12 / 23 / 2024	
Mailing Address 716 GIDDINGS AVE, #41			FEC Identification Number C	
City ANNAPOLIS	State MD	Zip Code 21401	Amount of Each Disbursement this Period 452.62	
Purpose of Disbursement LIST RENTAL		Candidate Name	Transaction ID : SB17.90	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			Disbursement For: 2024 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Memo Item <input type="checkbox"/>
State:	District:			

Full Name (Last, First, Middle Initial) B. ONMESSAGE DIGITAL FUNDRAISING LLC			Date of Disbursement M M / D D / Y Y Y Y 12 / 30 / 2024	
Mailing Address 716 GIDDINGS AVE, #41			FEC Identification Number C	
City ANNAPOLIS	State MD	Zip Code 21401	Amount of Each Disbursement this Period 375.30	
Purpose of Disbursement LIST RENTAL		Candidate Name	Transaction ID : SB17.91	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			Disbursement For: 2024 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Memo Item <input type="checkbox"/>
State:	District:			

Full Name (Last, First, Middle Initial) C. ONMESSAGE INC			Date of Disbursement M M / D D / Y Y Y Y 12 / 03 / 2024	
Mailing Address 716 GIDDINGS AVE, #41			FEC Identification Number C	
City ANNAPOLIS	State MD	Zip Code 21401	Amount of Each Disbursement this Period 15000.00	
Purpose of Disbursement POLITICAL STRATEGY CONSULTING		Candidate Name	Transaction ID : SB17.92	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			Disbursement For: 2024 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Memo Item <input type="checkbox"/>
State:	District:			

SUBTOTAL of Disbursements This Page (optional).....▶	15827.92
TOTAL This Period (last page this line number only).....▶	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 138 OF 164	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
RICK SCOTT FOR FLORIDA

Full Name (Last, First, Middle Initial) A. RED FOG		Date of Disbursement M M / D D / Y Y Y Y 12 / 09 / 2024
Mailing Address 1209 ORANGE ST		FEC Identification Number C
City WILMINGTON	State DE	Zip Code 19801
Purpose of Disbursement LIST RENTAL	Category/ Type	
Candidate Name	Amount of Each Disbursement this Period 0.70	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2024 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB17.96
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. RED RIGHT LISTS LLC		Date of Disbursement M M / D D / Y Y Y Y 12 / 09 / 2024
Mailing Address 108 W 13TH ST		FEC Identification Number C
City WILMINGTON	State DE	Zip Code 19801
Purpose of Disbursement LIST RENTAL	Category/ Type	
Candidate Name	Amount of Each Disbursement this Period 20.00	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2024 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB17.97
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. RIGHT COUNTRY LISTS		Date of Disbursement M M / D D / Y Y Y Y 12 / 09 / 2024
Mailing Address 115 N ST ASAPH ST		FEC Identification Number C
City ALEXANDRIA	State VA	Zip Code 22314
Purpose of Disbursement LIST RENTAL	Category/ Type	
Candidate Name	Amount of Each Disbursement this Period 7.00	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2024 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB17.98
State: District:	<input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	27.70
TOTAL This Period (last page this line number only).....▶	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 139 OF 164	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
RICK SCOTT FOR FLORIDA

A. RIGHT COUNTRY LISTS

Full Name (Last, First, Middle Initial)

Mailing Address 115 N ST ASAPH ST

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement LIST RENTAL

Candidate Name

Office Sought: House Senate President

Disbursement For: 2024 Primary General Other (specify) ▼

State: District:

Date of Disbursement: 12 / 16 / 2024

FEC Identification Number: C

Amount of Each Disbursement this Period: 28.36

Transaction ID : SB17.99

Memo Item

B. RIGHT RAIL CO

Full Name (Last, First, Middle Initial)

Mailing Address 705 MELVIN AVE STE 105

City ANNAPOLIS State MD Zip Code 21401

Purpose of Disbursement LIST RENTAL

Candidate Name

Office Sought: House Senate President

Disbursement For: 2024 Primary General Other (specify) ▼

State: District:

Date of Disbursement: 12 / 03 / 2024

FEC Identification Number: C

Amount of Each Disbursement this Period: 530.16

Transaction ID : SB17.100

Memo Item

C. RIGHT RAIL CO

Full Name (Last, First, Middle Initial)

Mailing Address 705 MELVIN AVE STE 105

City ANNAPOLIS State MD Zip Code 21401

Purpose of Disbursement LIST RENTAL

Candidate Name

Office Sought: House Senate President

Disbursement For: 2024 Primary General Other (specify) ▼

State: District:

Date of Disbursement: 12 / 09 / 2024

FEC Identification Number: C

Amount of Each Disbursement this Period: 881.16

Transaction ID : SB17.101

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶ 1439.68

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 140 OF 164	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
RICK SCOTT FOR FLORIDA

Full Name (Last, First, Middle Initial) A. RIGHT RAIL CO		Date of Disbursement M M / D D / Y Y Y Y 12 / 16 / 2024
Mailing Address 705 MELVIN AVE STE 105		FEC Identification Number C
City ANNAPOLIS	State MD	Zip Code 21401
Purpose of Disbursement LIST RENTAL		Amount of Each Disbursement this Period 479.14
Candidate Name		Transaction ID : SB17.102
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2024 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) B. RIGHT RAIL CO		Date of Disbursement M M / D D / Y Y Y Y 12 / 23 / 2024
Mailing Address 705 MELVIN AVE STE 105		FEC Identification Number C
City ANNAPOLIS	State MD	Zip Code 21401
Purpose of Disbursement LIST RENTAL		Amount of Each Disbursement this Period 296.51
Candidate Name		Transaction ID : SB17.103
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2024 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) C. RIGHT RAIL CO		Date of Disbursement M M / D D / Y Y Y Y 12 / 30 / 2024
Mailing Address 705 MELVIN AVE STE 105		FEC Identification Number C
City ANNAPOLIS	State MD	Zip Code 21401
Purpose of Disbursement LIST RENTAL		Amount of Each Disbursement this Period 487.92
Candidate Name		Transaction ID : SB17.104
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2024 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	1263.57
TOTAL This Period (last page this line number only).....▶	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 141 OF 164	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
RICK SCOTT FOR FLORIDA

Full Name (Last, First, Middle Initial) A. SHIRAZ MEDIA		Date of Disbursement M M / D D / Y Y Y Y 12 / 09 / 2024
Mailing Address 25 LITTLE BEND		FEC Identification Number C
City BARRINGTON	State IL	Zip Code 60010
Purpose of Disbursement LIST RENTAL		Amount of Each Disbursement this Period 21.75
Candidate Name	Category/Type	Transaction ID : SB17.110
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2024 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) B. TWENTY MANOR PROJECTS		Date of Disbursement M M / D D / Y Y Y Y 12 / 03 / 2024
Mailing Address 4774 EUROPA DR		FEC Identification Number C
City NAPLES	State FL	Zip Code 34105
Purpose of Disbursement LIST RENTAL		Amount of Each Disbursement this Period 21.25
Candidate Name	Category/Type	Transaction ID : SB17.111
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2024 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) C. TWENTY MANOR PROJECTS		Date of Disbursement M M / D D / Y Y Y Y 12 / 23 / 2024
Mailing Address 4774 EUROPA DR		FEC Identification Number C
City NAPLES	State FL	Zip Code 34105
Purpose of Disbursement LIST RENTAL		Amount of Each Disbursement this Period 42.50
Candidate Name	Category/Type	Transaction ID : SB17.112
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2024 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	85.50
TOTAL This Period (last page this line number only).....▶	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 142 OF 164	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
RICK SCOTT FOR FLORIDA

Full Name (Last, First, Middle Initial) A. WARFIELD CREATIVE LLC			Date of Disbursement M M / D D / Y Y Y Y 12 / 02 / 2024	
Mailing Address 3122 ROKEBY RD			FEC Identification Number C	
City DELA PLANE	State VA	Zip Code 20144	Amount of Each Disbursement this Period 10000.00	
Purpose of Disbursement POLITICAL STRATEGY CONSULTING		Category/ Type	Transaction ID : SB17.113	
Candidate Name		<input type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2024 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) B. WELLS FARGO			Date of Disbursement M M / D D / Y Y Y Y 12 / 31 / 2024	
Mailing Address 420 MONTGOMERY ST			FEC Identification Number C	
City SAN FRANCISCO	State CA	Zip Code 94104	Amount of Each Disbursement this Period 74.42	
Purpose of Disbursement BANK FEE		Category/ Type	Transaction ID : SB17.114	
Candidate Name		<input type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2024 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) C. WINRED			Date of Disbursement M M / D D / Y Y Y Y 12 / 03 / 2024	
Mailing Address PO BOX 9891			FEC Identification Number C	
City ARLINGTON	State VA	Zip Code 22219	Amount of Each Disbursement this Period 160.61	
Purpose of Disbursement CREDIT CARD MERCHANT FEE		Category/ Type	Transaction ID : SB17.118	
Candidate Name		<input type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2024 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

SUBTOTAL of Disbursements This Page (optional).....▶	10235.03
TOTAL This Period (last page this line number only).....▶	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 143 OF 164			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
RICK SCOTT FOR FLORIDA

Full Name (Last, First, Middle Initial) A. WINRED		Date of Disbursement M M / D D / Y Y Y Y 12 / 09 / 2024
Mailing Address PO BOX 9891		FEC Identification Number C
City ARLINGTON	State VA	Zip Code 22219
Purpose of Disbursement CREDIT CARD MERCHANT FEE		Amount of Each Disbursement this Period 205.56
Candidate Name		Transaction ID : SB17.119
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2024 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) B. WINRED		Date of Disbursement M M / D D / Y Y Y Y 12 / 23 / 2024
Mailing Address PO BOX 9891		FEC Identification Number C
City ARLINGTON	State VA	Zip Code 22219
Purpose of Disbursement CREDIT CARD MERCHANT FEE		Amount of Each Disbursement this Period 851.81
Candidate Name		Transaction ID : SB17.120
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2024 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) C. WINRED		Date of Disbursement M M / D D / Y Y Y Y 12 / 30 / 2024
Mailing Address PO BOX 9891		FEC Identification Number C
City ARLINGTON	State VA	Zip Code 22219
Purpose of Disbursement CREDIT CARD MERCHANT FEE		Amount of Each Disbursement this Period 563.96
Candidate Name		Transaction ID : SB17.121
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2024 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	1621.33
TOTAL This Period (last page this line number only).....▶	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 144 OF 164			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
RICK SCOTT FOR FLORIDA

Full Name (Last, First, Middle Initial) A. WINRED		Date of Disbursement M M / D D / Y Y Y Y 12 / 16 / 2024
Mailing Address PO BOX 9891		FEC Identification Number C
City ARLINGTON	State VA	Zip Code 22219
Purpose of Disbursement CREDIT CARD MERCHANT FEE/PRINTING		Amount of Each Disbursement this Period 3196.23
Candidate Name		Transaction ID : SB17.122
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2024 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) B.		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		FEC Identification Number C
City	State	Zip Code
Purpose of Disbursement		Amount of Each Disbursement this Period
Candidate Name		<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C.		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		FEC Identification Number C
City	State	Zip Code
Purpose of Disbursement		Amount of Each Disbursement this Period
Candidate Name		<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	3196.23
TOTAL This Period (last page this line number only).....▶	369502.36

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: PAGE 145 OF 164
(check only one)
 17 18 19a 19b
 20a 20b 20c 21

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NAME OF COMMITTEE (In Full)
RICK SCOTT FOR FLORIDA

Full Name (Last, First, Middle Initial)
A. CONTRIBUTION REFUNDS, UNITEMIZED , , ,

Mailing Address UNITEMIZED

City UNITEMIZED State ZZ Zip Code 99999

Purpose of Disbursement VOID CONTRIBUTION REFUNDS

Candidate Name

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
12 / 23 / 2024

FEC Identification Number: C

Amount of Each Disbursement this Period: - 340.00

Transaction ID : SB20A.4

Memo Item UNCLEARED CHECKS DISGORGED TO US TREASURY

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

Mailing Address 445 GALLEON DR

City NAPLES State FL Zip Code 34102

Purpose of Disbursement CONTRIBUTION REFUND PRIMARY 2030

Candidate Name

Office Sought: House Senate President Disbursement For: 2030
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement: M M / D D / Y Y Y Y
12 / 23 / 2024

FEC Identification Number: C

Amount of Each Disbursement this Period: 3400.00

Transaction ID : SB20A.1

Memo Item

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

Mailing Address 9139 Tillinghast Drive

City TAMPA State FL Zip Code 33626

Purpose of Disbursement VOID CONTRIBUTION REFUND

Candidate Name

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
12 / 23 / 2024

FEC Identification Number: C

Amount of Each Disbursement this Period: - 1900.00

Transaction ID : SB20A.2

Memo Item UNCLEARED CHECKS DISGORGED TO US TREASURY

SUBTOTAL of Disbursements This Page (optional).....▶ 1160.00

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
 17 18 19a 19b
 20a 20b 20c 21

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NAME OF COMMITTEE (In Full)
RICK SCOTT FOR FLORIDA

Full Name (Last, First, Middle Initial) A. WILSON, RANSOM, , ,			Date of Disbursement M M / D D / Y Y Y Y 12 / 23 / 2024		
Mailing Address 1050 Park Avenue			FEC Identification Number C		
City NEW YORK	State NY	Zip Code 10028	Amount of Each Disbursement this Period - 720.00		
Purpose of Disbursement VOID CONTRIBUTION REFUND		Category/ Type	Transaction ID : SB20A.3		
Candidate Name		<input type="checkbox"/> Memo Item UNCLEARED CHECKS DISGORGED TO US TREASURY			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2024 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) B.			Date of Disbursement M M / D D / Y Y Y Y		
Mailing Address			FEC Identification Number C		
City	State	Zip Code	Amount of Each Disbursement this Period		
Purpose of Disbursement		Category/ Type	Memo Item		
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) C.			Date of Disbursement M M / D D / Y Y Y Y		
Mailing Address			FEC Identification Number C		
City	State	Zip Code	Amount of Each Disbursement this Period		
Purpose of Disbursement		Category/ Type	Memo Item		
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

SUBTOTAL of Disbursements This Page (optional).....▶	- 720.00
TOTAL This Period (last page this line number only).....▶	440.00

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)
17 18 19a 19b
20a 20b 20c 21

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NAME OF COMMITTEE (In Full)
RICK SCOTT FOR FLORIDA

Full Name (Last, First, Middle Initial)
A. US DEPT OF TREASURY

Mailing Address **ATTN AGENCY CASH BRANCH, AVERY 3G
BUREAU OF FISCAL SERVICE**

City **PARKERSBURG** State **WV** Zip Code **26106**

Purpose of Disbursement
DISGORGEMENT OF UNCLEARED CONTRIBUTION REFUNDS

Candidate Name

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
12 / 23 / 2024

FEC Identification Number
C

Amount of Each Disbursement this Period
2960.00

Transaction ID : SB21.1

Memo Item

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

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement
M M / D D / Y Y Y Y

FEC Identification Number
C

Amount of Each Disbursement this Period

Memo Item

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

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement
M M / D D / Y Y Y Y

FEC Identification Number
C

Amount of Each Disbursement this Period

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	2960.00
TOTAL This Period (last page this line number only).....▶	2960.00

SCHEDULE C (FEC Form 3) LOANS

NAME OF COMMITTEE (In Full) **Transaction ID : SC10.804**
RICK SCOTT FOR FLORIDA

LOAN SOURCE Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item			Election: 2024
SCOTT, RICK, , SEN,			<input checked="" type="checkbox"/> Primary CANDIDATE LOAN
Mailing Address P.O. BOX 130708			General
			<input type="checkbox"/> Other (specify) ▼
City TAMPA	State FL	ZIP Code 33681	<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 1000000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 1000000.00
---------------------------------------	------------------------------------	---

TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M M / D D / Y Y Y Y 06 / 10 / 2022	M M / D D / Y Y Y Y N/A	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

SUBTOTALS This Period This Page (optional).....▶	1000000.00
TOTALS This Period (last page in this line only).....▶	[]

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

SCHEDULE C (FEC Form 3) LOANS

NAME OF COMMITTEE (In Full) **Transaction ID : SC10.864**
RICK SCOTT FOR FLORIDA

LOAN SOURCE Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item		Election: 2024
SCOTT, RICK, , SEN,		<input checked="" type="checkbox"/> Primary CANDIDATE LOAN
Mailing Address P.O. BOX 130708		General
		<input type="checkbox"/> Other (specify) ▼
City TAMPA	State FL	ZIP Code 33681
		<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 3000000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 3000000.00
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TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M M / D D / Y Y Y Y 11 / 07 / 2022	M M / D D / Y Y Y Y N/A	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

SUBTOTALS This Period This Page (optional).....▶	3000000.00
TOTALS This Period (last page in this line only).....▶	

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

SCHEDULE C (FEC Form 3) LOANS

NAME OF COMMITTEE (In Full) **RICK SCOTT FOR FLORIDA** Transaction ID : **SC10.864_C_B_B**

LOAN SOURCE Full Name (Last, First, Middle Initial)		<input type="checkbox"/> Memo Item	Election: 2024
SCOTT, RICK, , SEN,			<input checked="" type="checkbox"/> Primary CANDIDATE LOAN
Mailing Address P.O. BOX 130708			<input type="checkbox"/> General
			<input type="checkbox"/> Other (specify) ▼
City TAMPA	State FL	ZIP Code 33681	<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
1400000.00	0.00	1400000.00

TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M M / D D / Y Y Y Y 10 / 18 / 2023	M M / D D / Y Y Y Y N/A	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

SUBTOTALS This Period This Page (optional).....▶	1400000.00
TOTALS This Period (last page in this line only).....▶	

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

SCHEDULE C (FEC Form 3) LOANS

NAME OF COMMITTEE (In Full) **RICK SCOTT FOR FLORIDA** Transaction ID : **SC10.864_C_B**

LOAN SOURCE Full Name (Last, First, Middle Initial)		<input type="checkbox"/> Memo Item	Election: 2024
SCOTT, RICK, , SEN,			<input checked="" type="checkbox"/> Primary CANDIDATE LOAN
Mailing Address P.O. BOX 130708			<input type="checkbox"/> General
			<input type="checkbox"/> Other (specify) ▼
City TAMPA	State FL	ZIP Code 33681	<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 700000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 700000.00
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TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M M / D D / Y Y Y Y 11 / 03 / 2023	M M / D D / Y Y Y Y N/A	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

SUBTOTALS This Period This Page (optional).....▶	700000.00
TOTALS This Period (last page in this line only).....▶	

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

SCHEDULE C (FEC Form 3) LOANS

NAME OF COMMITTEE (In Full) **RICK SCOTT FOR FLORIDA** Transaction ID : **SC10.864_C**

LOAN SOURCE Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item SCOTT, RICK, , SEN,		Election: 2024 <input checked="" type="checkbox"/> Primary CANDIDATE LOAN <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address P.O. BOX 130708		<input checked="" type="checkbox"/> Personal Funds of the Candidate
City TAMPA	State FL	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
531000.00	0.00	531000.00

TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M M / D D / Y Y Y Y 11 / 10 / 2023	M M / D D / Y Y Y Y N/A	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

SUBTOTALS This Period This Page (optional).....▶	531000.00
TOTALS This Period (last page in this line only).....▶	

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

SCHEDULE C (FEC Form 3) LOANS

NAME OF COMMITTEE (In Full) **RICK SCOTT FOR FLORIDA** Transaction ID : **SC10.864_B**

LOAN SOURCE Full Name (Last, First, Middle Initial)		<input type="checkbox"/> Memo Item	Election: 2024
SCOTT, RICK, , SEN,			<input checked="" type="checkbox"/> Primary CANDIDATE LOAN
Mailing Address P.O. BOX 130708			<input type="checkbox"/> General
			<input type="checkbox"/> Other (specify) ▼
City TAMPA	State FL	ZIP Code 33681	<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 209156.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 209156.00
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TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M M / D D / Y Y Y Y 11 / 16 / 2023	M M / D D / Y Y Y Y N/A	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

SUBTOTALS This Period This Page (optional).....▶	209156.00
TOTALS This Period (last page in this line only).....▶	

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

SCHEDULE C (FEC Form 3) LOANS

NAME OF COMMITTEE (In Full) **RICK SCOTT FOR FLORIDA** Transaction ID : **SC10.864_B_B**

LOAN SOURCE Full Name (Last, First, Middle Initial)		<input type="checkbox"/> Memo Item	Election: 2024
SCOTT, RICK, , SEN,			<input checked="" type="checkbox"/> Primary CANDIDATE LOAN
Mailing Address P.O. BOX 130708			<input type="checkbox"/> General
			<input type="checkbox"/> Other (specify) ▼
City TAMPA	State FL	ZIP Code 33681	<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 147567.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 147567.00
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TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M M / D D / Y Y Y Y 11 / 21 / 2023	M M / D D / Y Y Y Y N/A	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

SUBTOTALS This Period This Page (optional).....▶	147567.00
TOTALS This Period (last page in this line only).....▶	

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

SCHEDULE C (FEC Form 3) LOANS

NAME OF COMMITTEE (In Full) **RICK SCOTT FOR FLORIDA** Transaction ID : **SC10.1061**

LOAN SOURCE Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item SCOTT, RICK, , SEN,		Election: 2024 <input checked="" type="checkbox"/> Primary CANDIDATE LOAN <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address P.O. BOX 130708		<input checked="" type="checkbox"/> Personal Funds of the Candidate
City TAMPA	State FL	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
924000.00	0.00	924000.00

TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M M / D D / Y Y Y Y 04 / 04 / 2024	M M / D D / Y Y Y Y N/A	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

SUBTOTALS This Period This Page (optional).....▶	924000.00
TOTALS This Period (last page in this line only).....▶	

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

SCHEDULE C (FEC Form 3) LOANS

NAME OF COMMITTEE (In Full) **Transaction ID : SC10.1099**
RICK SCOTT FOR FLORIDA

LOAN SOURCE Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item		Election: 2024
SCOTT, RICK, , SEN,		<input checked="" type="checkbox"/> Primary CANDIDATE LOAN
Mailing Address P.O. BOX 130708		General
City TAMPA		<input type="checkbox"/> Other (specify) ▼
State FL	ZIP Code 33681	<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 934111.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 934111.00
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TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M M / D D / Y Y Y Y 04 / 15 / 2024	M M / D D / Y Y Y Y N/A	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

SUBTOTALS This Period This Page (optional).....▶	[] 934111.00
TOTALS This Period (last page in this line only).....▶	[]

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

SCHEDULE C (FEC Form 3) LOANS

NAME OF COMMITTEE (In Full) **Transaction ID : SC10.1100**
RICK SCOTT FOR FLORIDA

LOAN SOURCE Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item		Election: 2024
SCOTT, RICK, , SEN,		<input checked="" type="checkbox"/> Primary CANDIDATE LOAN
Mailing Address P.O. BOX 130708		General
		<input type="checkbox"/> Other (specify) ▼
City TAMPA	State FL	ZIP Code 33681
		<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 1418000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 1418000.00
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TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M M / D D / Y Y Y Y 04 / 29 / 2024	M M / D D / Y Y Y Y N/A	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

SUBTOTALS This Period This Page (optional).....▶	1418000.00
TOTALS This Period (last page in this line only).....▶	[]

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

SCHEDULE C (FEC Form 3) LOANS

NAME OF COMMITTEE (In Full) **Transaction ID : SC10.1120**
RICK SCOTT FOR FLORIDA

LOAN SOURCE Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item			Election: 2024
SCOTT, RICK, , SEN,			<input checked="" type="checkbox"/> Primary CANDIDATE LOAN
Mailing Address P.O. BOX 130708			<input type="checkbox"/> General
			<input type="checkbox"/> Other (specify) ▼
City TAMPA	State FL	ZIP Code 33681	<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 2300000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 2300000.00
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TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M M / D D / Y Y Y Y 06 / 13 / 2024	M M / D D / Y Y Y Y N/A	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

SUBTOTALS This Period This Page (optional).....▶	[] 2300000.00
TOTALS This Period (last page in this line only).....▶	[]

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

SCHEDULE C (FEC Form 3) LOANS

NAME OF COMMITTEE (In Full) **RICK SCOTT FOR FLORIDA** Transaction ID : **SC10.1172**

LOAN SOURCE Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item SCOTT, RICK, , SEN,		Election: 2024 <input checked="" type="checkbox"/> Primary CANDIDATE LOAN <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address P.O. BOX 130708		<input checked="" type="checkbox"/> Personal Funds of the Candidate
City TAMPA	State FL	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
850000.00	0.00	850000.00

TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M M / D D / Y Y Y Y 08 / 06 / 2024	M M / D D / Y Y Y Y N/A	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

SUBTOTALS This Period This Page (optional).....▶	850000.00
TOTALS This Period (last page in this line only).....▶	

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

SCHEDULE C (FEC Form 3) LOANS

NAME OF COMMITTEE (In Full) **RICK SCOTT FOR FLORIDA** Transaction ID : **SC10.1176**

LOAN SOURCE Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item SCOTT, RICK, , SEN,		Election: 2024 <input checked="" type="checkbox"/> Primary CANDIDATE LOAN <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address P.O. BOX 130708		<input checked="" type="checkbox"/> Personal Funds of the Candidate
City TAMPA	State FL	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
725000.00	0.00	725000.00

TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M M / D D / Y Y Y Y 08 / 12 / 2024	M M / D D / Y Y Y Y N/A	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>

SUBTOTALS This Period This Page (optional).....▶	725000.00
TOTALS This Period (last page in this line only).....▶	<input type="text"/>

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

SCHEDULE C (FEC Form 3) LOANS

NAME OF COMMITTEE (In Full) **Transaction ID : SC10.1195**
RICK SCOTT FOR FLORIDA

LOAN SOURCE Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item		Election: 2024
SCOTT, RICK, , SENATOR,		<input type="checkbox"/> Primary CANDIDATE LOAN
Mailing Address P.O. BOX 130708		<input checked="" type="checkbox"/> General
City TAMPA		<input type="checkbox"/> Other (specify) ▼
State FL	ZIP Code 33681	<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 2500000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 2500000.00
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TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M M / D D / Y Y Y Y 10 / 03 / 2024	M M / D D / Y Y Y Y N/A	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

SUBTOTALS This Period This Page (optional).....▶	2500000.00
TOTALS This Period (last page in this line only).....▶	[]

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

SCHEDULE C (FEC Form 3) LOANS

NAME OF COMMITTEE (In Full) **Transaction ID : SC10.1215**
RICK SCOTT FOR FLORIDA

LOAN SOURCE Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item		Election: 2024
SCOTT, RICK, , SENATOR,		<input type="checkbox"/> Primary CANDIDATE LOAN
Mailing Address P.O. BOX 130708		<input checked="" type="checkbox"/> General
City TAMPA		<input type="checkbox"/> Other (specify) ▼
State FL	ZIP Code 33681	<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 3000000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 3000000.00
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TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M M / D D / Y Y Y Y 10 / 11 / 2024	M M / D D / Y Y Y Y N/A	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

SUBTOTALS This Period This Page (optional).....▶	[] 3000000.00
TOTALS This Period (last page in this line only).....▶	[]

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

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **RICK SCOTT FOR FLORIDA** Transaction ID : **SC10.1219**

LOAN SOURCE Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item SCOTT, RICK, , SENATOR,		Election: 2024 <input type="checkbox"/> Primary CANDIDATE LOAN <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address P.O. BOX 130708		<input checked="" type="checkbox"/> Personal Funds of the Candidate
City TAMPA	State FL	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
3000000.00	0.00	3000000.00

TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M M / D D / Y Y Y Y 10 / 18 / 2024	M M / D D / Y Y Y Y N/A	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>

SUBTOTALS This Period This Page (optional).....▶	3000000.00
TOTALS This Period (last page in this line only).....▶	<input type="text"/>

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

SCHEDULE C (FEC Form 3) LOANS

NAME OF COMMITTEE (In Full) **RICK SCOTT FOR FLORIDA** Transaction ID : **SC10.1238**

LOAN SOURCE Full Name (Last, First, Middle Initial)		<input type="checkbox"/> Memo Item	Election: 2024
SCOTT, RICK, , SENATOR,			<input type="checkbox"/> Primary CANDIDATE LOADN
Mailing Address P.O. BOX 130708			<input checked="" type="checkbox"/> General
			<input type="checkbox"/> Other (specify) ▼
City TAMPA	State FL	ZIP Code 33681	<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 1500000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 1500000.00
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TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M M / D D / Y Y Y Y 10 / 28 / 2024	M M / D D / Y Y Y Y N/A	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

SUBTOTALS This Period This Page (optional).....▶	1500000.00
TOTALS This Period (last page in this line only).....▶	24138834.00

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