

FEC
FORM 3REPORT 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

Aaron 4 FL 6

ADDRESS (number and street)

1180 Spring Centre South Blvd

Suite 320

Check if different
than previously
reported. (ACC)

Altamonte Springs

FL

32714

CITY ▲

STATE ▲

ZIP CODE ▲

2. FEC IDENTIFICATION NUMBER ▼

C

C00893289

3. IS THIS
REPORTNEW
(N)AMENDED
(A)

STATE ▼ DISTRICT

FL

06

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

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

 Termination Report (TER)

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

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

Election on

 M M / D D / Y Y Y Yin the
State of

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

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

Election on

 M M / D D / Y Y Y Yin the
State of

5. Covering Period

 M 01 D 09 Y 2025

through

 M 03 D 13 Y 2025

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 Baker, Aaron, , ,

Signature of Treasurer

Baker, Aaron, , ,

Date

 M 03 D 14 Y 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
OnlyFEC FORM 3
(Revised 05/2016)

SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 03/2016)

Write or Type Committee Name

Aaron 4 FL 6

Report Covering the Period: From:

M M
01 /
 D D
09 /
 Y Y Y Y
2025

To:

M M
03 /
 D D
13 /
 Y Y Y Y
2025
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))
- (b) Total Contribution Refunds (from Line 20(d))
- (c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))

6732.42	21328.65
95.00	0.00
6637.42	21328.65

7. Net Operating Expenditures

- (a) Total Operating Expenditures (from Line 17)
- (b) Total Offsets to Operating Expenditures (from Line 14).....
- (c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))

15816.63	29760.86
0.00	0.00
15816.63	29760.86

8. Cash on Hand at Close of Reporting Period (from Line 27).....

2.55

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)

11029.13

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

POST-ELECTION DETAILED SUMMARY PAGE

Report of Receipts and Disbursements

FEC Form 3 (Revised 07/05)

- If the candidate participated in the general election, use this form for the 30-day Post-General report.
- If the candidate did NOT participate in the general election, use this form for the Year-end report covering through December 31 of the election year (due on January 31).

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

Write or Type Committee Name

Aaron 4 FL 6

Report Covering the Period: From:

M	M
01	

 /

D	D
09	

 /

Y	Y	Y	Y	Y
2025				

 To:

M	M
03	

 /

D	D
13	

 /

Y	Y	Y	Y	Y
2025				

I. RECEIPTS**COLUMN A**
Total this Period**COLUMN B**
Election Cycle Total as of**COLUMN C**
Total for

M	M
01	

 /

D	D
28	

 /

Y	Y	Y	Y	Y
2025				

(date of general election)

M	M
01	

 /

D	D
29	

 /

Y	Y	Y	Y	Y
2025				

(date after general election)

through

M	M
03	

 /

D	D
13	

 /

Y	Y	Y	Y	Y
2025				

(last day of reporting period)

11. CONTRIBUTIONS

(other than loans) FROM:

(a) Individuals/Persons Other than Political Committees

(i) Itemized (use Schedule A)

5167.03

18807.03

0.00

(ii) Unitemized

1505.39

2461.62

0.00

(iii) Total of contributions from individuals

6672.42

21268.65

0.00

(b) Political Party Committees

0.00

0.00

0.00

(c) Other Political Committees

0.00

0.00

0.00

POST-ELECTION DETAILED SUMMARY PAGE

Report of Receipts and Disbursements

FEC Form 3 (Revised 1/01)

COLUMN A Total this Period	COLUMN B Election Cycle Total as of * (date of general election) (* See page 5 for date)	COLUMN C Total for * (date after general election) through * (last day of reporting period) (* See page 5 for dates)
-------------------------------	---	---

(d) The Candidate

60.00	60.00	0.00
-------	-------	------

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

6732.42	21328.65	0.00
---------	----------	------

12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES

0.00	0.00	0.00
------	------	------

13. LOANS:

(a) Made or Guaranteed by the Candidate

1029.13	10000.00	1029.13
---------	----------	---------

(b) All Other Loans

0.00	0.00	0.00
------	------	------

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

1029.13	10000.00	1029.13
---------	----------	---------

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

0.00	0.00	0.00
------	------	------

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

0.00	0.00	0.00
------	------	------

16. TOTAL RECEIPTS (add 11(e), 12, 13(c), 14 and 15)

7761.55	31328.65	1029.13
---------	----------	---------

POST-ELECTION DETAILED SUMMARY PAGE

Report of Receipts and Disbursements

FEC Form 3 (Revised 1/01)

Write or Type Committee Name

Aaron 4 FL 6

Report Covering the Period:

From:

M M
01D D
09Y Y Y Y Y
2025

To:

M M
03D D
13Y Y Y Y
2025

II. DISBURSEMENTS

COLUMN A Total this Period	COLUMN B Election Cycle Total as of * (date of general election) (* See page 5 for date)	COLUMN C Total for * (date after general election) through * (last day of reporting period) (* See page 5 for dates)
17. OPERATING EXPENDITURES		
	15816.63	29760.86
		2580.40
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES		
	0.00	0.00
		0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate		
	0.00	0.00
		0.00
(b) Of All Other Loans		
	0.00	0.00
		0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and 19(b))		
	0.00	0.00
		0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees		
	95.00	0.00
		95.00
(b) Political Party Committees		
	0.00	0.00
		0.00

POST-ELECTION DETAILED SUMMARY PAGE

Report of Receipts and Disbursements

FEC Form 3 (Revised 1/01)

COLUMN A Total this Period	COLUMN B Election Cycle Total as of * (date of general election) (* See page 5 for date)	COLUMN C Total for * (date after general election) through * (last day of reporting period) (* See page 5 for dates)
-------------------------------	---	---

(c) Other Political Committees (such as PACs)

0.00	0.00	0.00
------	------	------

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

95.00	0.00	95.00
-------	------	-------

21. OTHER DISBURSEMENTS

0.00	0.00	0.00
------	------	------

22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d) and 21)

15911.63	29760.86	2675.40
----------	----------	---------

III. NET CONTRIBUTIONS (OTHER THAN LOANS)

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

6637.42	21328.65	- 95.00
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IV. NET OPERATING EXPENDITURES

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

15816.63	29760.86	2580.40
----------	----------	---------

V. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	8152.63
24. TOTAL RECEIPTS THIS PERIOD (from Line 16).....	7761.55
25. SUBTOTAL (add Line 23 and Line 24).....	15914.18
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	15911.63
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25)	2.55

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 20

(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)

Aaron 4 FL 6

Full Name (Last, First, Middle Initial) Boling, Roderic, , , A. Mailing Address 121 Stag Ridge Court		Date of Receipt M M / D D / Y Y Y Y 01 13 2025 Transaction ID : SA11AI.4157		
City Longwood		State FL	Zip Code 32779	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2082.03		
Name of Employer Retired		Occupation Retired		
Receipt For: 2025 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special-Primary		Election Cycle-to-Date ▼ 2082.03		
Full Name (Last, First, Middle Initial) Burke, Margaret, , , B. Mailing Address 140 Marlin Drive		Date of Receipt M M / D D / Y Y Y Y 01 13 2025 Transaction ID : SA11AI.4237		
City Ormond Beach		State FL	Zip Code 32176	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00		
Name of Employer Retired		Occupation Retired		
Receipt For: 2025 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special-Primary		Election Cycle-to-Date ▼ 250.00		
Full Name (Last, First, Middle Initial) Coonly, John, , , C. Mailing Address 300 West Avenue		Date of Receipt M M / D D / Y Y Y Y 01 16 2025 Transaction ID : SA11AI.4145		
City Austin		State TX	Zip Code 78701	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 125.00		
Name of Employer Retired		Occupation Retired		
Receipt For: 2025 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special-Primary		Election Cycle-to-Date ▼ 225.00		
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 8 OF 20

(check only one)

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

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NAME OF COMMITTEE (In Full)

Aaron 4 FL 6

A. Full Name (Last, First, Middle Initial) Coonly, John, , , Mailing Address 300 West Avenue City Austin State TX Zip Code 78701 FEC ID number of contributing federal political committee. C		Date of Receipt <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; text-align: center;">M M 01</td> <td style="width: 33%; text-align: center;">D D 18</td> <td style="width: 33%; text-align: center;">Y Y Y Y 2025</td> </tr> </table> Transaction ID : SA11AI.4136	M M 01	D D 18	Y Y Y Y 2025
M M 01	D D 18	Y Y Y Y 2025			
Name of Employer Retired		Amount of Each Receipt this Period <div style="border: 1px solid gray; padding: 2px; width: 100%;">150.00</div> <div style="display: flex; justify-content: space-between;"> □ Memo Item Monetary </div>			
Receipt For: 2025 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special-Primary		Election Cycle-to-Date ▼ <div style="border: 1px solid gray; padding: 2px; width: 100%;">375.00</div>			
Full Name (Last, First, Middle Initial) B. Coonly, John, , , Mailing Address 300 West Avenue City Austin State TX Zip Code 78701 FEC ID number of contributing federal political committee. C		Date of Receipt <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; text-align: center;">M M 01</td> <td style="width: 33%; text-align: center;">D D 20</td> <td style="width: 33%; text-align: center;">Y Y Y Y 2025</td> </tr> </table> Transaction ID : SA11AI.4120	M M 01	D D 20	Y Y Y Y 2025
M M 01	D D 20	Y Y Y Y 2025			
Name of Employer Retired		Amount of Each Receipt this Period <div style="border: 1px solid gray; padding: 2px; width: 100%;">125.00</div> <div style="display: flex; justify-content: space-between;"> □ Memo Item Monetary </div>			
Receipt For: 2025 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special-Primary		Election Cycle-to-Date ▼ <div style="border: 1px solid gray; padding: 2px; width: 100%;">500.00</div>			
Full Name (Last, First, Middle Initial) C. Peacock, Glen, , , Mailing Address 3617 Galway Lane City Ormond Beach State FL Zip Code 32174 FEC ID number of contributing federal political committee. C		Date of Receipt <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; text-align: center;">M M 01</td> <td style="width: 33%; text-align: center;">D D 13</td> <td style="width: 33%; text-align: center;">Y Y Y Y 2025</td> </tr> </table> Transaction ID : SA11AI.4239	M M 01	D D 13	Y Y Y Y 2025
M M 01	D D 13	Y Y Y Y 2025			
Name of Employer Retired		Amount of Each Receipt this Period <div style="border: 1px solid gray; padding: 2px; width: 100%;">335.00</div> <div style="display: flex; justify-content: space-between;"> □ Memo Item Donation </div>			
Receipt For: 2025 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special-Primary		Election Cycle-to-Date ▼ <div style="border: 1px solid gray; padding: 2px; width: 100%;">335.00</div>			
SUBTOTAL of Receipts This Page (optional)..... ►		<div style="border: 1px solid gray; padding: 2px; width: 100%;">610.00</div>			
TOTAL This Period (last page this line number only)		<div style="border: 1px solid gray; padding: 2px; width: 100%;">610.00</div>			

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 9 OF 20

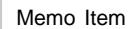
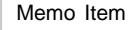
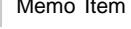
(check only one)

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

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NAME OF COMMITTEE (In Full)

Aaron 4 FL 6

Full Name (Last, First, Middle Initial) A. Saia, Paul, , , Mailing Address 8347 Spinel Lane		Date of Receipt M M / D D / Y Y Y Y 01 27 2025 Transaction ID : SA11AI.4112
City Melbourne State FL Zip Code 32940 FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period  100.00  Memo Item Monetary
Name of Employer Retired Occupation Retired Receipt For: 2025 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special-Primary		Election Cycle-to-Date ▼  204.10
Full Name (Last, First, Middle Initial) B. Turner, Thomas, , , Mailing Address 4024 Vermont Blvd		Date of Receipt M M / D D / Y Y Y Y 01 10 2025 Transaction ID : SA11AI.4236
City Elkton State FL Zip Code 32033 FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period  1000.00  Memo Item Donation
Name of Employer Retired Occupation Retired Receipt For: 2025 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special-Primary		Election Cycle-to-Date ▼  2000.00
Full Name (Last, First, Middle Initial) C. Turner, Thomas, , , Mailing Address 4024 Vermont Blvd		Date of Receipt M M / D D / Y Y Y Y 01 13 2025 Transaction ID : SA11AI.4234
City Elkton State FL Zip Code 32033 FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period  1000.00  Memo Item Donation
Name of Employer Retired Occupation Retired Receipt For: 2025 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special-Primary		Election Cycle-to-Date ▼  3000.00
SUBTOTAL of Receipts This Page (optional)..... ►		 2100.00
TOTAL This Period (last page this line number only)		 5167.03

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 10 OF 20

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

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NAME OF COMMITTEE (In Full)

Aaron 4 FL 6

Full Name (Last, First, Middle Initial) Baker, Aaron, , ,		Date of Receipt M M / D D / Y Y Y Y Y 01 13 2025		
A. Mailing Address 1180 Spring Centre South Blvd Suite 320		Transaction ID : SA11D.4350		
City Altamonte Springs		State	Zip Code	
		FL	32714	
FEC ID number of contributing federal political committee.		C H6FL06241		
Name of Employer Aaron Baker Construction		Occupation General Contractor		
Receipt For: 2025 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 10060.00		
Full Name (Last, First, Middle Initial) B.		Amount of Each Receipt this Period 60.00		
Mailing Address		<input type="checkbox"/> Memo Item		
City		State	Zip Code	
FEC ID number of contributing federal political committee.		C		
Name of Employer		Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼		
Full Name (Last, First, Middle Initial) C.		Amount of Each Receipt this Period 60.00		
Mailing Address		<input type="checkbox"/> Memo Item		
City		State	Zip Code	
FEC ID number of contributing federal political committee.		C		
Name of Employer		Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼		
SUBTOTAL of Receipts This Page (optional)..... ►		Amount of Each Receipt this Period 60.00		
TOTAL This Period (last page this line number only)		<input type="checkbox"/> Memo Item 60.00		

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

 Use separate schedule(s)
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 Detailed Summary Page

FOR LINE NUMBER: PAGE 11 OF 20

<input type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	11d
<input type="checkbox"/>	12	<input checked="" type="checkbox"/>	13a	<input type="checkbox"/>	13b	<input type="checkbox"/>	14
							15

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NAME OF COMMITTEE (In Full)

Aaron 4 FL 6

Full Name (Last, First, Middle Initial) Baker, Aaron, , , A. Mailing Address 1180 Spring Centre South Blvd Suite 320 City Altamonte Springs State FL Zip Code 32714		Date of Receipt <table border="1" style="margin-bottom: 5px;"> <tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td>02</td><td></td><td></td><td>13</td><td></td><td></td><td>2025</td><td></td><td></td><td></td></tr> </table> Transaction ID : SA13A.4346 Amount of Each Receipt this Period <table border="1" style="margin-bottom: 5px;"> <tr><td>700.00</td></tr> </table> <div style="display: flex; justify-content: space-between;"> <div style="flex: 1;"> <input type="checkbox"/> Memo Item </div> <div style="flex: 1;"> Loans for post-election expenses </div> </div>	M	M	/	D	D	/	Y	Y	Y	Y	02			13			2025				700.00
M	M	/	D	D	/	Y	Y	Y	Y														
02			13			2025																	
700.00																							
FEC ID number of contributing federal political committee. C H6FL06241																							
Name of Employer Aaron Baker Construction		Occupation General Contractor																					
Receipt For: 2025 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special-Primary		Election Cycle-to-Date ▼ <table border="1" style="margin-bottom: 5px;"> <tr><td>700.00</td></tr> </table>	700.00																				
700.00																							
Full Name (Last, First, Middle Initial) Baker, Aaron, , , B. Mailing Address 1180 Spring Centre South Blvd Suite 320 City Altamonte Springs State FL Zip Code 32714		Date of Receipt <table border="1" style="margin-bottom: 5px;"> <tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td>02</td><td></td><td></td><td>14</td><td></td><td></td><td>2025</td><td></td><td></td><td></td></tr> </table> Transaction ID : SA13A.4348 Amount of Each Receipt this Period <table border="1" style="margin-bottom: 5px;"> <tr><td>239.13</td></tr> </table> <div style="display: flex; justify-content: space-between;"> <div style="flex: 1;"> <input type="checkbox"/> Memo Item </div> <div style="flex: 1;"> Loans for post-election expenses </div> </div>	M	M	/	D	D	/	Y	Y	Y	Y	02			14			2025				239.13
M	M	/	D	D	/	Y	Y	Y	Y														
02			14			2025																	
239.13																							
FEC ID number of contributing federal political committee. C H6FL06241																							
Name of Employer Aaron Baker Construction		Occupation General Contractor																					
Receipt For: 2025 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special-Primary		Election Cycle-to-Date ▼ <table border="1" style="margin-bottom: 5px;"> <tr><td>939.13</td></tr> </table>	939.13																				
939.13																							
Full Name (Last, First, Middle Initial) Baker, Aaron, , , C. Mailing Address 1180 Spring Centre South Blvd Suite 320 City Altamonte Springs State FL Zip Code 32714		Date of Receipt <table border="1" style="margin-bottom: 5px;"> <tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td>03</td><td></td><td></td><td>03</td><td></td><td></td><td>2025</td><td></td><td></td><td></td></tr> </table> Transaction ID : SA13A.4349 Amount of Each Receipt this Period <table border="1" style="margin-bottom: 5px;"> <tr><td>90.00</td></tr> </table> <div style="display: flex; justify-content: space-between;"> <div style="flex: 1;"> <input type="checkbox"/> Memo Item </div> <div style="flex: 1;"> Loans to cover donor refund </div> </div>	M	M	/	D	D	/	Y	Y	Y	Y	03			03			2025				90.00
M	M	/	D	D	/	Y	Y	Y	Y														
03			03			2025																	
90.00																							
FEC ID number of contributing federal political committee. C H6FL06241																							
Name of Employer Aaron Baker Construction		Occupation General Contractor																					
Receipt For: 2025 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special-Primary		Election Cycle-to-Date ▼ <table border="1" style="margin-bottom: 5px;"> <tr><td>1029.13</td></tr> </table>	1029.13																				
1029.13																							
SUBTOTAL of Receipts This Page (optional)..... ►		<table border="1" style="margin-bottom: 5px;"> <tr><td>1029.13</td></tr> </table>	1029.13																				
1029.13																							
TOTAL This Period (last page this line number only)		<table border="1" style="margin-bottom: 5px;"> <tr><td>1029.13</td></tr> </table>	1029.13																				
1029.13																							

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)

Aaron 4 FL 6

Full Name (Last, First, Middle Initial)

A. AGE Graphics

Mailing Address 678 Collins Road

City Little Hocking State OH Zip Code 45742

Purpose of Disbursement
Campaign Materials

006

Candidate Name
Aaron 4 FL 6

Category/
Type

Office Sought:

House

Senate

President

Disbursement For: 2025

Primary

General

Other (specify) ▾

Special-Primary

State: FL District: 06

Date of Disbursement

M M 01 / D D 09 / Y Y Y Y Y 2025

FEC Identification Number

C C00893289

Amount of Each Disbursement this Period

3085.00

Transaction ID : SB17.4273

Memo Item

Full Name (Last, First, Middle Initial)

B. Classic Car Museum

Mailing Address 4730 Highway 1 South

City St Augustine State FL Zip Code 32086

Purpose of Disbursement
Campaign Event

007

Candidate Name
Aaron 4 FL 6

Category/
Type

Office Sought:

House

Senate

President

Disbursement For: 2025

Primary

General

Other (specify) ▾

Special-Primary

State: FL District: 06

Date of Disbursement

M M 01 / D D 13 / Y Y Y Y Y 2025

FEC Identification Number

C C00893289

Amount of Each Disbursement this Period

600.00

Transaction ID : SB17.4311

Memo Item

Full Name (Last, First, Middle Initial)

C. Classic Car Museum

Mailing Address 4730 Highway 1 South

City St Augustine State FL Zip Code 32086

Purpose of Disbursement
Campaign Event

007

Candidate Name
Aaron 4 FL 6

Category/
Type

Office Sought:

House

Senate

President

Disbursement For: 2025

Primary

General

Other (specify) ▾

Special-Primary

State: FL District: 06

Date of Disbursement

M M 01 / D D 24 / Y Y Y Y Y 2025

FEC Identification Number

C C00893289

Amount of Each Disbursement this Period

571.50

Transaction ID : SB17.4314

Memo Item

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

4256.50

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)

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

PAGE 13 OF 20

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)
Aaron 4 FL 6

Full Name (Last, First, Middle Initial)

A. Facebook

Mailing Address 1 Hacker Way			Date of Disbursement <table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>01</td><td></td><td></td><td>09</td><td></td><td></td><td>2025</td><td></td><td></td><td></td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	01			09			2025			
M	M	/	D	D	/	Y	Y	Y	Y														
01			09			2025																	
City Menlo Park		State CA	Zip Code 94025																				
Purpose of Disbursement Social Media Advertising			Category/ Type 004																				
Candidate Name Aaron 4 FL 6																							
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2025 <table border="1"><tr><td><input type="checkbox"/> Primary</td><td><input type="checkbox"/> General</td></tr><tr><td><input checked="" type="checkbox"/> Other (specify) ▾</td><td></td></tr></table>	<input type="checkbox"/> Primary	<input type="checkbox"/> General	<input checked="" type="checkbox"/> Other (specify) ▾		Special-Primary																	
<input type="checkbox"/> Primary	<input type="checkbox"/> General																						
<input checked="" type="checkbox"/> Other (specify) ▾																							
State: FL District: 06																							

Full Name (Last, First, Middle Initial)

B. Google Advertising

Mailing Address 1600 Amphitheatre Parkway			Date of Disbursement <table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>01</td><td></td><td></td><td>13</td><td></td><td></td><td>2025</td><td></td><td></td><td></td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	01			13			2025			
M	M	/	D	D	/	Y	Y	Y	Y														
01			13			2025																	
City Mountain View		State CA	Zip Code 94043																				
Purpose of Disbursement Advertising Social Media			Category/ Type 004																				
Candidate Name Aaron 4 FL 6																							
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2025 <table border="1"><tr><td><input type="checkbox"/> Primary</td><td><input type="checkbox"/> General</td></tr><tr><td><input checked="" type="checkbox"/> Other (specify) ▾</td><td></td></tr></table>	<input type="checkbox"/> Primary	<input type="checkbox"/> General	<input checked="" type="checkbox"/> Other (specify) ▾		Special-Primary																	
<input type="checkbox"/> Primary	<input type="checkbox"/> General																						
<input checked="" type="checkbox"/> Other (specify) ▾																							
State: FL District: 06																							

Full Name (Last, First, Middle Initial)

C. Greenstone Digital

Mailing Address 1180 Spring Centre South Blvd Suite 220			Date of Disbursement <table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>02</td><td></td><td></td><td>13</td><td></td><td></td><td>2025</td><td></td><td></td><td></td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	02			13			2025			
M	M	/	D	D	/	Y	Y	Y	Y														
02			13			2025																	
City Altamonte Springs		State FL	Zip Code 32714																				
Purpose of Disbursement Digital Marketing			Category/ Type 004																				
Candidate Name Aaron 4 FL 6																							
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2025 <table border="1"><tr><td><input type="checkbox"/> Primary</td><td><input type="checkbox"/> General</td></tr><tr><td><input checked="" type="checkbox"/> Other (specify) ▾</td><td></td></tr></table>	<input type="checkbox"/> Primary	<input type="checkbox"/> General	<input checked="" type="checkbox"/> Other (specify) ▾		Special-Primary																	
<input type="checkbox"/> Primary	<input type="checkbox"/> General																						
<input checked="" type="checkbox"/> Other (specify) ▾																							
State: FL District: 06																							

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

9	9	9	9
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 3800.00

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

9	9	9	9
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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

PAGE 14 OF 20

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NAME OF COMMITTEE (In Full)

Aaron 4 FL 6

Full Name (Last, First, Middle Initial)

A. Hampton Inn Lady Lake

Mailing Address 11727 NE 63rd Drive

City The Villages State FL Zip Code 32162

Purpose of Disbursement
Travel

002

Candidate Name
Aaron 4 FL 6

Category/
Type

Office Sought: House

Senate

President

Disbursement For: 2025

Primary

General

Other (specify) ▾

Special-Primary

State: FL District: 06

Date of Disbursement

M M 02 / D D 14 / Y Y Y Y Y 2025

FEC Identification Number

C C00893289

Amount of Each Disbursement this Period

239.14

Transaction ID : SB17.4336

Memo Item

Full Name (Last, First, Middle Initial)

B. The Observer

Mailing Address 50 Leanni Way

City Palm Coast State FL Zip Code 32137

Purpose of Disbursement
Advertising

004

Candidate Name
Aaron 4 FL 6

Category/
Type

Office Sought: House

Senate

President

Disbursement For: 2025

Primary

General

Other (specify) ▾

Special-Primary

State: FL District: 06

Date of Disbursement

M M 01 / D D 21 / Y Y Y Y Y 2025

FEC Identification Number

C C00893289

Amount of Each Disbursement this Period

994.00

Transaction ID : SB17.4306

Memo Item

Full Name (Last, First, Middle Initial)

C. The Political Group

Mailing Address P.O. Box 29693

City San Antonio State TX Zip Code 78229

Purpose of Disbursement
Phone Text Campaign

003

Candidate Name
Aaron 4 FL 6

Category/
Type

Office Sought: House

Senate

President

Disbursement For: 2025

Primary

General

Other (specify) ▾

Special-Primary

State: FL District: 06

Date of Disbursement

M M 01 / D D 16 / Y Y Y Y Y 2025

FEC Identification Number

C C00893289

Amount of Each Disbursement this Period

2500.00

Transaction ID : SB17.4281

Memo Item

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

3733.14

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)

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

PAGE 15 OF 20

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NAME OF COMMITTEE (In Full)

Aaron 4 FL 6

Full Name (Last, First, Middle Initial)

A. Turner, Thomas, , ,

Mailing Address 4024 Vermont Blvd

City Elkton State FL Zip Code 32033

Purpose of Disbursement
Graphics Design

001

Candidate Name
Aaron 4 FL 6

Category/
Type

Office Sought: House

Senate

Disbursement For: 2025

Primary

General

Other (specify) ▾

Special-Primary

State: FL District: 06

Full Name (Last, First, Middle Initial)

B. Village News Advertising

Mailing Address P.O. Box 1141

City Lady Lake State FL Zip Code 32158

Purpose of Disbursement
Advertising

004

Candidate Name
Aaron 4 FL 6

Category/
Type

Office Sought: House

Senate

Disbursement For: 2025

Primary

General

Other (specify) ▾

Special-Primary

State: FL District: 06

Full Name (Last, First, Middle Initial)

C. We The People

Mailing Address 2771 Monument Road
Ste 29-213

City Jacksonville State FL Zip Code 32225

Purpose of Disbursement
Fundraising event

003

Candidate Name
Aaron 4 FL 6

Category/
Type

Office Sought: House

Senate

Disbursement For: 2025

Primary

General

Other (specify) ▾

Special-Primary

State: FL District: 06

Full Name (Last, First, Middle Initial)

Date of Disbursement

M M 01 / D D 16 / Y Y Y Y Y 2025

FEC Identification Number

C C00893289

Amount of Each Disbursement this Period

600.00

Transaction ID : SB17.4283

Memo Item

Date of Disbursement

M M 01 / D D 13 / Y Y Y Y Y 2025

FEC Identification Number

C C00893289

Amount of Each Disbursement this Period

650.00

Transaction ID : SB17.4271

Memo Item

Date of Disbursement

M M 01 / D D 21 / Y Y Y Y Y 2025

FEC Identification Number

C C00893289

Amount of Each Disbursement this Period

500.00

Transaction ID : SB17.4304

Memo Item

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

1750.00

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

PAGE 16 OF 20

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NAME OF COMMITTEE (In Full)
Aaron 4 FL 6

Full Name (Last, First, Middle Initial)

A. WinRed

Mailing Address 4250 Fairfax Drive, Ste 600

City
Arlington

State
VA

Zip Code
22203

Purpose of Disbursement
WinRed Transaction Fees

003

Candidate Name
Aaron 4 FL 6

Category/
Type

Office Sought: House
Senate
President

Disbursement For: 2025

Primary General
 Other (specify) ▼

Special-Primary

State: FL District: 06

Date of Disbursement

M 02 / D 13 / Y 2025

FEC Identification Number

C C00893289

Amount of Each Disbursement this Period

541.26

Transaction ID : SB17.4220

Memo Item

Full Name (Last, First, Middle Initial)

B. WinRight Strategies LLC

Mailing Address 6810 N. State Road 7

City
Coconut Creek

State
FL

Zip Code
33073

Purpose of Disbursement
Fundraising

003

Candidate Name
Aaron 4 FL 6

Category/
Type

Office Sought: House
Senate
President

Disbursement For: 2025

Primary General
 Other (specify) ▼

Special-Primary

State: FL District: 06

Date of Disbursement

M 01 / D 23 / Y 2025

FEC Identification Number

C C00893289

Amount of Each Disbursement this Period

405.85

Transaction ID : SB17.4315

Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: House
Senate
President

Disbursement For:

Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M / D / Y

FEC Identification Number

C

Amount of Each Disbursement this Period

947.11

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

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

14486.75

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

PAGE 17 OF 20

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

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4345

Aaron 4 FL 6

LOAN SOURCE Full Name (Last, First, Middle Initial)			<input type="checkbox"/> Memo Item	Election: 2025
Baker, Aaron, , ,				<input type="checkbox"/> Primary
Mailing Address 1180 Spring Centre South Blvd Suite 320				<input type="checkbox"/> General
City Altamonte Springs				<input checked="" type="checkbox"/> Other (specify) ▼
State FL				Special-Primary
ZIP Code 32714				
Original Amount of Loan <input type="text" value="10000.00"/>		Cumulative Payment To Date <input type="text" value="0.00"/>		Balance Outstanding at Close of This Period <input type="text" value="10000.00"/>
TERMS		Date Incurred <input type="text" value="M M / D D / Y Y Y Y"/> 12 / 18 / 2024	Date Due <input type="text" value="M M / D D / Y Y Y Y"/> / 3/28/2025	Interest Rate (If none, enter 0) <input type="text" value="0.00"/> % (apr)
Secured: <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 <input type="text"/> State <input type="text"/> ZIP Code <input type="text"/>			Amount Guaranteed Outstanding: <input type="text"/>	
2. Full Name (Last, First, Middle Initial)			Name of Employer	
Mailing Address			Occupation	
City <input type="text"/> State <input type="text"/> ZIP Code <input type="text"/>			Amount Guaranteed Outstanding: <input type="text"/>	
3. Full Name (Last, First, Middle Initial)			Name of Employer	
Mailing Address			Occupation	
City <input type="text"/> State <input type="text"/> ZIP Code <input type="text"/>			Amount Guaranteed Outstanding: <input type="text"/>	
4. Full Name (Last, First, Middle Initial)			Name of Employer	
Mailing Address			Occupation	
City <input type="text"/> State <input type="text"/> ZIP Code <input type="text"/>			Amount Guaranteed Outstanding: <input type="text"/>	

SUBTOTALS This Period This Page (optional).....► **TOTALS** This Period (last page in this line only)►

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

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

PAGE 18 OF 20

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

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4346

Aaron 4 FL 6

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

Baker, Aaron, , ,

Mailing Address

1180 Spring Centre South Blvd
Suite 320

Election: 2025

 Primary General Other (specify) ▼

Special-Primary

City

Altamonte Springs

State

FL

ZIP Code

32714

 Personal Funds of the Candidate

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

700.00

0.00

700.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M
02D D
13Y Y Y Y
2025

M M

D D

Y Y Y Y
3/28/2025

0.00

% (apr)

 Yes No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

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

700.00

TOTALS This Period (last page in this line only)Carry outstanding balance only to **LINE 3, Schedule D**, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

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

 PAGE 19 OF 20
 FOR LINE NUMBER:
 (check only one)

<input checked="" type="checkbox"/> 13a
<input type="checkbox"/> 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4348

Aaron 4 FL 6

LOAN SOURCE Full Name (Last, First, Middle Initial)			<input type="checkbox"/> Memo Item	Election: 2025
Baker, Aaron, , ,			<input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special-Primary	
Mailing Address 1180 Spring Centre South Blvd Suite 320				
City Altamonte Springs	State FL	ZIP Code 32714	<input checked="" type="checkbox"/> Personal Funds of the Candidate	
Original Amount of Loan		Cumulative Payment To Date	Balance Outstanding at Close of This Period	
<input type="text" value="239.13"/>		<input type="text" value="0.00"/>	<input type="text" value="239.13"/>	
TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
<input type="text" value="M 02"/> <input type="text" value="M 14"/> <input type="text" value="Y 2025"/>	<input type="text" value="M 00"/> <input type="text" value="D 00"/> <input type="text" value="Y 3/28/2025"/>	<input type="text" value="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).....►

<input type="text" value="239.13"/>

TOTALS This Period (last page in this line only)►

<input type="text" value="239.13"/>

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

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

PAGE 20 OF 20

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

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4349

Aaron 4 FL 6

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

Baker, Aaron, , ,

Mailing Address

1180 Spring Centre South Blvd
Suite 320

City

Altamonte Springs

State

FL

ZIP Code

32714

Election: 2025

 Primary General Other (specify) ▼

Special-Primary

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

90.00

0.00

90.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M
03D D
03Y Y Y Y
2025

M M

D D

Y Y Y Y
3/28/2025

0.00

% (apr)

 Yes No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

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

90.00

TOTALS This Period (last page in this line only)

11029.13

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