

**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.

1 2 F E 4 M 5

Aaron 4 FL 6

ADDRESS (number and street)

1180 Spring Centre South Blvd

Suite 320

Altamonte Springs

FL

32714

☐ Check if different
than previously
reported. (ACC)

CITY ▲

STATE ▲

ZIP CODE ▲

2. **FEC IDENTIFICATION NUMBER ▼**

C C00893289

3. IS THIS
REPORT☐ NEW
(N)

OR

☐ 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 Y

in the
State of(c) 30-Day **POST**-Election Report for the:☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M /

D D /

Y Y Y Y

in the
State of

5. Covering Period

M M /

D D /

Y Y Y Y

through

M M /

D D /

Y Y Y Y

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 M /

D D /

Y Y Y Y

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

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

SUMMARY PAGE
of Receipts and Disbursements

FEC Form 3 (Revised 03/2016)

Write or Type Committee Name

Aaron 4 FL 6

Report Covering the Period:

From:

MM / DD / YYYY
01 / 09 / 2025

To:

MM / DD / YYYY
03 / 13 / 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))	6732.42	21328.65
(b) Total Contribution Refunds (from Line 20(d))	95.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	6637.42	21328.65
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	15816.63	29760.86
(b) Total Offsets to Operating Expenditures (from Line 14)	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))	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: 01 / 09 / 2025 To: 03 / 13 / 2025

I. RECEIPTS

COLUMN A Total this Period	COLUMN B Election Cycle Total as of 01 / 28 / 2025 (date of general election)	COLUMN C Total for 01 / 29 / 2025 (date after general election) through 03 / 13 / 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:

01

09

2025

To:

03

13

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

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.....

24. TOTAL RECIEPTS THIS PERIOD (from Line 16).....

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

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

27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25)

8152.63

7761.55

15914.18

15911.63

2.55

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

PAGE 7 OF 20

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

Aaron 4 FL 6

Full Name (Last, First, Middle Initial)

Boling, Roderic, , ,

A.

Mailing Address 121 Stag Ridge Court

City

Longwood

State

FL

Zip Code

32779

FEC ID number of contributing
federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For: 2025

☐ Primary ☐ General☒ Other (specify) ▼

Special-Primary

Election Cycle-to-Date ▼

2082.03

Date of Receipt

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

Transaction ID : SA11AI.4157

Amount of Each Receipt this Period

2082.03

☐ Memo Item

Monetary

B.

Full Name (Last, First, Middle Initial)

Burke, Margaret, , ,

Mailing Address 140 Marlin Drive

City

Ormond Beach

State

FL

Zip Code

32176

FEC ID number of contributing
federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For: 2025

☐ Primary ☐ General☒ Other (specify) ▼

Special-Primary

Election Cycle-to-Date ▼

250.00

Date of Receipt

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

Transaction ID : SA11AI.4237

Amount of Each Receipt this Period

250.00

☐ Memo Item

Donation

C.

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

Name of Employer

Retired

Occupation

Retired

Receipt For: 2025

☐ Primary ☐ General☒ Other (specify) ▼

Special-Primary

Election Cycle-to-Date ▼

225.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	6		2	0	2	5

Transaction ID : SA11AI.4145

Amount of Each Receipt this Period

125.00

☐ Memo Item

Montary

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

2457.03

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

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

PAGE 8 OF 20

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

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NAME OF COMMITTEE (In Full)

Aaron 4 FL 6

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

Name of Employer

Retired

Occupation

Retired

Receipt For: 2025

☐ Primary ☐ General
☒ Other (specify) ▼

Special-Primary

Election Cycle-to-Date ▼

375.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	8		2	0	2	5

Transaction ID : SA11AI.4136

Amount of Each Receipt this Period

150.00

☐ Memo Item
Monetary

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

Name of Employer

Retired

Occupation

Retired

Receipt For: 2025

☐ Primary ☐ General
☒ Other (specify) ▼

Special-Primary

Election Cycle-to-Date ▼

500.00

Date of Receipt

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

Transaction ID : SA11AI.4120

Amount of Each Receipt this Period

125.00

☐ Memo Item
Monetary

Full Name (Last, First, Middle Initial)

Peacock, Glen, , ,

Mailing Address 3617 Galway Lane

City

Ormond Beach

State

FL

Zip Code

32174

FEC ID number of contributing
federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For: 2025

☐ Primary ☐ General
☒ Other (specify) ▼

Special-Primary

Election Cycle-to-Date ▼

335.00

Date of Receipt

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

Transaction ID : SA11AI.4239

Amount of Each Receipt this Period

335.00

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

610.00

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

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

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

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NAME OF COMMITTEE (In Full)

Aaron 4 FL 6

Full Name (Last, First, Middle Initial)

Saia, Paul, , ,

A.

Mailing Address 8347 Spinel Lane

City

Melbourne

State

FL

Zip Code

32940

FEC ID number of contributing
federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For: 2025

☐ Primary☐ General☒ Other (specify) ▼

Special-Primary

Election Cycle-to-Date ▼

204.10

Date of Receipt

M M / D D / Y Y Y Y Y
01 / 27 / 2025

Transaction ID : SA11AI.4112

Amount of Each Receipt this Period

100.00

☐ Memo Item

Monetary

B.

Full Name (Last, First, Middle Initial)

Turner, Thomas, , ,

Mailing Address 4024 Vermont Blvd

City

Elkton

State

FL

Zip Code

32033

FEC ID number of contributing
federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For: 2025

☐ Primary☐ General☒ Other (specify) ▼

Special-Primary

Election Cycle-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y
01 / 10 / 2025

Transaction ID : SA11AI.4236

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Donation

C.

Full Name (Last, First, Middle Initial)

Turner, Thomas, , ,

Mailing Address 4024 Vermont Blvd

City

Elkton

State

FL

Zip Code

32033

FEC ID number of contributing
federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For: 2025

☐ Primary☐ General☒ Other (specify) ▼

Special-Primary

Election Cycle-to-Date ▼

3000.00

Date of Receipt

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

Transaction ID : SA11AI.4234

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Donation

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 RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 10 OF 20

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

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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

FEC ID number of contributing
federal political committee.

C H6FL06241

Name of Employer

Aaron Baker Construction

Occupation

General Contractor

Receipt For: 2025

☐ Primary ☐ General
☒ Other (specify) ▼

Special-Primary

Election Cycle-to-Date ▼

10060.00

Date of Receipt

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

Transaction ID : SA11D.4350

Amount of Each Receipt this Period

60.00

☐ Memo Item
Monetary

B.

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.

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)..... ▶

60.00

60.00

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 11 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, , ,

A.

Mailing Address 1180 Spring Centre South Blvd
Suite 320

City
Altamonte Springs

State
FL

Zip Code
32714

FEC ID number of contributing
federal political committee.

C H6FL06241

Name of Employer
Aaron Baker Construction

Occupation
General Contractor

Receipt For: 2025

☐ Primary ☐ General
☒ Other (specify) ▼

Special-Primary

Election Cycle-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 13 / 2025

Transaction ID : SA13A.4346

Amount of Each Receipt this Period

700.00

☐ Memo Item

Loans for post-election expenses

B.

Full Name (Last, First, Middle Initial)

Baker, Aaron, , ,

Mailing Address 1180 Spring Centre South Blvd
Suite 320

City
Altamonte Springs

State
FL

Zip Code
32714

FEC ID number of contributing
federal political committee.

C H6FL06241

Name of Employer
Aaron Baker Construction

Occupation
General Contractor

Receipt For: 2025

☐ Primary ☐ General
☒ Other (specify) ▼

Special-Primary

Election Cycle-to-Date ▼

939.13

Date of Receipt

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

Transaction ID : SA13A.4348

Amount of Each Receipt this Period

239.13

☐ Memo Item

Loans for post-election expenses

C.

Full Name (Last, First, Middle Initial)

Baker, Aaron, , ,

Mailing Address 1180 Spring Centre South Blvd
Suite 320

City
Altamonte Springs

State
FL

Zip Code
32714

FEC ID number of contributing
federal political committee.

C H6FL06241

Name of Employer
Aaron Baker Construction

Occupation
General Contractor

Receipt For: 2025

☐ Primary ☐ General
☒ Other (specify) ▼

Special-Primary

Election Cycle-to-Date ▼

1029.13

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 03 / 2025

Transaction ID : SA13A.4349

Amount of Each Receipt this Period

90.00

☐ Memo Item

Loans to cover donor refund

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

1029.13

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

1029.13

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

PAGE 12 OF 20

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 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

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	9		2	0	2	5

City
Little HockingState
OHZip Code
45742

FEC Identification Number

C C00893289Purpose of Disbursement
Campaign Materials

006

Amount of Each Disbursement this Period

3085.00

Transaction ID : SB17.4273

☐ Memo ItemCandidate Name
Aaron 4 FL 6Category/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2025

☐ Primary ☐ General
☒ Other (specify) ▼

Special-Primary

State: FL

District: 06

Full Name (Last, First, Middle Initial)

B. Classic Car Museum

Mailing Address 4730 Highway 1 South

Date of Disbursement

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

City
St AugustineState
FLZip Code
32086

FEC Identification Number

C C00893289Purpose of Disbursement
Campaign Event

007

Amount of Each Disbursement this Period

600.00

Transaction ID : SB17.4311

☐ Memo ItemCandidate Name
Aaron 4 FL 6Category/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2025

☐ Primary ☐ General
☒ Other (specify) ▼

Special-Primary

State: FL

District: 06

Full Name (Last, First, Middle Initial)

C. Classic Car Museum

Mailing Address 4730 Highway 1 South

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	4		2	0	2	5

City
St AugustineState
FLZip Code
32086

FEC Identification Number

C C00893289Purpose of Disbursement
Campaign Event

007

Amount of Each Disbursement this Period

571.50

Transaction ID : SB17.4314

☐ Memo ItemCandidate Name
Aaron 4 FL 6Category/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2025

☐ Primary ☐ General
☒ Other (specify) ▼

Special-Primary

State: FL

District: 06

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

4256.50

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

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

PAGE 13 OF 20

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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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

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	9		2	0	2	5

City
Menlo ParkState
CAZip Code
94025

FEC Identification Number

C C00893289Purpose of Disbursement
Social Media Advertising

004

Amount of Each Disbursement this Period

1000.00

Transaction ID : SB17.4279

☐ Memo ItemCandidate Name
Aaron 4 FL 6Category/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2025

☐ Primary ☐ General
☒ Other (specify) ▼

State: FL District: 06

Special-Primary

Full Name (Last, First, Middle Initial)

B. Google Advertising

Mailing Address 1600 Amphitheatre Parkway

Date of Disbursement

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

City
Mountain ViewState
CAZip Code
94043

FEC Identification Number

C C00893289Purpose of Disbursement
Advertising Social Media

004

Amount of Each Disbursement this Period

1000.00

Transaction ID : SB17.4276

☐ Memo ItemCandidate Name
Aaron 4 FL 6Category/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2025

☐ Primary ☐ General
☒ Other (specify) ▼

State: FL District: 06

Special-Primary

Full Name (Last, First, Middle Initial)

C. Greenstone DigitalMailing Address 1180 Spring Centre South Blvd
Suite 220

Date of Disbursement

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

City
Altamonte SpringsState
FLZip Code
32714

FEC Identification Number

C C00893289Purpose of Disbursement
Digital Marketing

004

Amount of Each Disbursement this Period

1800.00

Transaction ID : SB17.4333

☐ Memo ItemCandidate Name
Aaron 4 FL 6Category/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2025

☐ Primary ☐ General
☒ Other (specify) ▼

State: FL District: 06

Special-Primary

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

3800.00

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 PageFOR LINE NUMBER:
(check only one)

PAGE 14 OF 20

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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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

Date of Disbursement

M M	D D	Y Y Y Y
02	14	2025

City
The VillagesState
FLZip Code
32162Purpose of Disbursement
Travel

002

FEC Identification Number

C C00893289

Candidate Name
Aaron 4 FL 6Category/
Type

Amount of Each Disbursement this Period

239.14

Transaction ID : SB17.4336

☐ Memo Item

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2025

☐ Primary ☐ General
☒ Other (specify) ▼

State: FL

District: 06

Special-Primary

Full Name (Last, First, Middle Initial)

B. The Observer

Mailing Address 50 Leanni Way

Date of Disbursement

M M	D D	Y Y Y Y
01	21	2025

City
Palm CoastState
FLZip Code
32137Purpose of Disbursement
Advertising

004

FEC Identification Number

C C00893289

Candidate Name
Aaron 4 FL 6Category/
Type

Amount of Each Disbursement this Period

994.00

Transaction ID : SB17.4306

☐ Memo Item

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2025

☐ Primary ☐ General
☒ Other (specify) ▼

State: FL

District: 06

Special-Primary

Full Name (Last, First, Middle Initial)

C. The Political Group

Mailing Address P.O. Box 29693

Date of Disbursement

M M	D D	Y Y Y Y
01	16	2025

City
San AntonioState
TXZip Code
78229Purpose of Disbursement
Phone Text Campaign

003

FEC Identification Number

C C00893289

Candidate Name
Aaron 4 FL 6Category/
Type

Amount of Each Disbursement this Period

2500.00

Transaction ID : SB17.4281

☐ Memo Item

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2025

☐ Primary ☐ General
☒ Other (specify) ▼

State: FL

District: 06

Special-Primary

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

3733.14

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

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

PAGE 15 OF 20

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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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

Date of Disbursement

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

City
ElktonState
FLZip Code
32033Purpose of Disbursement
Graphics Design

001

FEC Identification Number

C C00893289

Candidate Name
Aaron 4 FL 6Category/
Type

Amount of Each Disbursement this Period

600.00

Transaction ID : SB17.4283

☐ Memo Item

Office Sought:

☒ House
☐ Senate
☐ President

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

Date of Disbursement

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

City
Lady LakeState
FLZip Code
32158Purpose of Disbursement
Advertising

004

FEC Identification Number

C C00893289

Candidate Name
Aaron 4 FL 6Category/
Type

Amount of Each Disbursement this Period

650.00

Transaction ID : SB17.4271

☐ Memo Item

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2025

☐ Primary ☐ General
☒ Other (specify) ▼

Special-Primary

State: FL

District: 06

Full Name (Last, First, Middle Initial)

C. We The PeopleMailing Address 2771 Monument Road
Ste 29-213

Date of Disbursement

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

City
JacksonvilleState
FLZip Code
32225Purpose of Disbursement
Fundraising event

003

FEC Identification Number

C C00893289

Candidate Name
Aaron 4 FL 6Category/
Type

Amount of Each Disbursement this Period

500.00

Transaction ID : SB17.4304

☐ Memo Item

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2025

☐ Primary ☐ General
☒ Other (specify) ▼

Special-Primary

State: FL

District: 06

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

1750.00

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

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

PAGE 16 OF 20

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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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
ArlingtonState
VAZip Code
22203Purpose of Disbursement
WinRed Transaction Fees

003

Candidate Name
Aaron 4 FL 6Category/
TypeOffice Sought: ☒ House
☐ Senate
☐ President
State: FL District: 06Disbursement For: 2025
☐ Primary ☐ General
☒ Other (specify) ▼
Special-Primary

Date of Disbursement

M M / D D / Y Y Y Y
02 / 13 / 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 CreekState
FLZip Code
33073Purpose of Disbursement
Fundraising

003

Candidate Name
Aaron 4 FL 6Category/
TypeOffice Sought: ☒ House
☐ Senate
☐ President
State: FL District: 06Disbursement For: 2025
☐ Primary ☐ General
☒ Other (specify) ▼
Special-Primary

Date of Disbursement

M M / D D / Y Y Y Y
01 / 23 / 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/
TypeOffice Sought: ☐ House
☐ Senate
☐ President
State: District:Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y

FEC Identification Number

C

Amount of Each Disbursement this Period

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

947.11

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

14486.75

SCHEDULE C (FEC Form 3)
LOANSUse 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)☐ Memo Item

Election: 2025

Baker, Aaron, , ,

☐ Primary☐ General☒ Other (specify) ▼

Special-Primary

Mailing Address

1180 Spring Centre South Blvd
Suite 320

City

Altamonte Springs

State

FL

ZIP Code

32714

☒ Personal Funds of the Candidate

Original Amount of Loan

10000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

10000.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
12 18 / 2024M 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).....▶

10000.00

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

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

SCHEDULE C (FEC Form 3)
LOANS

PAGE 18 OF 20

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

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4346

Aaron 4 FL 6

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

Election: 2025

Baker, Aaron, , ,

☐ Primary☐ General☒ Other (specify) ▼

Special-Primary

Mailing Address

1180 Spring Centre South Blvd
Suite 320

City

Altamonte Springs

State

FL

ZIP Code

32714

☒ Personal Funds of the Candidate

Original Amount of Loan

700.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

700.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
02 13 / 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)
LOANSUse separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 19 OF 20

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

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4348

Aaron 4 FL 6

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

Election: 2025

Baker, Aaron, , ,

☐ Primary☐ General☒ Other (specify) ▼

Special-Primary

Mailing Address

1180 Spring Centre South Blvd
Suite 320

City

Altamonte Springs

State

FL

ZIP Code

32714

☒ Personal Funds of the Candidate

Original Amount of Loan

239.13

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

239.13

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
02 14 / 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).....▶

239.13

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

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

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

PAGE 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

Election: 2025

Baker, Aaron, , ,

☐ Primary☐ General☒ Other (specify) ▼

Special-Primary

Mailing Address

1180 Spring Centre South Blvd
Suite 320

City

Altamonte Springs

State

FL

ZIP Code

32714

☒ Personal Funds of the Candidate

Original Amount of Loan

90.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

90.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
03 03 / 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.