

**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

Chalifoux for Congress

ADDRESS (number and street)

1254 S John Young Pkwy

Check if different
than previously
reported. (ACC)

Kissimmee

FL

34741-6301

CITY ▲

STATE ▲

ZIP CODE ▲

2. **FEC IDENTIFICATION NUMBER ▼**

C C00869727

3. IS THIS
REPORTNEW
(N)

OR

AMENDED
(A)

STATE ▼ DISTRICT

FL

09

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
08 / 20 / 2024in the
State of

FL

(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
07 / 01 / 2024

through

M M / D D / Y Y Y Y
07 / 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

Amill, Dagnes, , ,

Signature of Treasurer

Amill, Dagnes, , ,

Date

M M / D D / Y Y Y Y
08 / 05 / 2024

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

Chalifoux for Congress

Report Covering the Period: From: 07 / 01 / 2024 To: 07 / 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))	2221.00	77376.63
(b) Total Contribution Refunds (from Line 20(d))	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	2221.00	77376.63
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	77601.23	228851.18
(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))	77601.23	228851.18
8. Cash on Hand at Close of Reporting Period (from Line 27)	1853525.45	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	12970.43	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	2005000.00	

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

Chalifoux for Congress

Report Covering the Period:

From:

MM / DD / YYYY
07 / 01 / 2024

To:

MM / DD / YYYY
07 / 31 / 2024**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).....

1761.00

73841.98

(ii) Unitemized

460.00

3430.55

(iii) TOTAL of contributions
from individuals ▶

2221.00

77272.53

(b) Political Party Committees.....

0.00

0.00

(c) Other Political Committees
(such as PACs)

0.00

0.00

(d) The Candidate

0.00

104.10

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

2221.00

77376.63

12. TRANSFERS FROM OTHER
AUTHORIZED COMMITTEES

0.00

0.00

13. LOANS:

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

0.00

2005000.00

(b) All Other Loans.....

0.00

0.00

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

0.00

2005000.00

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

0.00

0.00

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

0.00

0.00

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

2221.00

2082376.63

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.....	77601.23	228851.18
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	77601.23	228851.18

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	1928905.68
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	2221.00
25. SUBTOTAL (add Line 23 and Line 24).....	1931126.68
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	77601.23
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	1853525.45

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

PAGE 5 OF 14

☒ 11a	☐ 11b	☐ 11c	☐ 11d	☐ 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)

Chalifoux for Congress

Full Name (Last, First, Middle Initial)

Couture, Rene, A, ,

A.

Mailing Address 306 Missouri Ave

City

Saint Cloud

State

FL

Zip Code

34769-2242

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self employed

Occupation

Business Owner

Receipt For: 2024



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	5		2	0	2	4

Transaction ID : AA4E369D70A51498081B

Amount of Each Receipt this Period

500.00



Memo Item

Contribution

B.

Full Name (Last, First, Middle Initial)

Lucchesi, GARY, , ,

Mailing Address 3427 Fernwood Drive

City

Kissimmee

State

FL

Zip Code

34741

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 ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	7		2	0	2	4

Transaction ID : A31C9C6B041F44623AB6

Amount of Each Receipt this Period

250.00



Memo Item

C.

Full Name (Last, First, Middle Initial)

DIERCKSEN, WILLIAM (Bill), , ,

Mailing Address 1239 Cambria Bend

City

Poinciana

State

FL

Zip Code

34759

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 ▼

553.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	9		2	0	2	4

Transaction ID : ABA176A9F14F7470093C

Amount of Each Receipt this Period

101.00



Memo Item

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

851.00

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)

PAGE 6 OF 14

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

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NAME OF COMMITTEE (In Full)

Chalifoux for Congress

Full Name (Last, First, Middle Initial)

Tomlinson, Brian, , ,

A.

Mailing Address 510 Smokerise Blvd

City

Longwood

State

FL

Zip Code

32779

FEC ID number of contributing
federal political committee.

C

Name of Employer

Lumbra Risk Advisors, LLC

Occupation

Producer

Receipt For: 2024

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	3		2	0	2	4

Transaction ID : AB90557B6EEAB4937B9E

Amount of Each Receipt this Period

500.00

☐ Memo Item

B.

Full Name (Last, First, Middle Initial)

Byers, Thomas, , ,

Mailing Address 4772 Arrow Road

City

Orlando

State

FL

Zip Code

32812

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 ▼

210.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	5		2	0	2	4

Transaction ID : A3E8AD6E1D44D4BA6B77

Amount of Each Receipt this Period

110.00

☐ Memo Item

C.

Full Name (Last, First, Middle Initial)

White, Thomas, , ,

Mailing Address 6136 Waterfield Way

City

Saint Cloud

State

FL

Zip Code

34771-8845

FEC ID number of contributing
federal political committee.

C

Name of Employer

BankFlorida

Occupation

Market President

Receipt For: 2024

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	5		2	0	2	4

Transaction ID : ADE1B864E608F4ABBA9D

Amount of Each Receipt this Period

300.00

☐ Memo Item

Contribution

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

910.00

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

1761.00

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

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

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NAME OF COMMITTEE (In Full)

Chalifoux for Congress

Full Name (Last, First, Middle Initial)

A. Postmaster

Mailing Address 1415 W Oak St

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	2		2	0	2	4

City
KissimmeeState
FLZip Code
34741-4025

FEC Identification Number

C

Purpose of Disbursement
Postage

001

Amount of Each Disbursement this Period

204.00

Transaction ID : B5C42BE48533845D79DE

☐ Memo Item

Candidate Name

Category/
Type

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☒	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Full Name (Last, First, Middle Initial)

B. Consolidated Global Inc

Mailing Address PO Box 690804

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	3		2	0	2	4

City
OrlandoState
FLZip Code
32869-0804

FEC Identification Number

C

Purpose of Disbursement
Consulting

001

Amount of Each Disbursement this Period

14575.00

Transaction ID : B66ACECF431E04A3FBF5

☐ Memo Item

Candidate Name

Category/
Type

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☒	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Full Name (Last, First, Middle Initial)

C. Jordan, Reginald, , ,Mailing Address 5471 Vineland Rd
Apt 7210

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	3		2	0	2	4

City
OrlandoState
FLZip Code
32811

FEC Identification Number

C

Purpose of Disbursement
Website

004

Amount of Each Disbursement this Period

500.00

Transaction ID : B9561297A781D44D6B24

☐ Memo Item

Candidate Name

Category/
Type

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☒	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

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

15279.00

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 8 OF 14

☒ 17	☐ 18	☐ 19a	☐ 19b
20a	20b	20c	21

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NAME OF COMMITTEE (In Full)

Chalifoux for Congress

Full Name (Last, First, Middle Initial)

A. Mr Rotella, LLC

Mailing Address 7101 Sand Lake Road

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		03		2024

City
OrlandoState
FLZip Code
32819

FEC Identification Number

C

Purpose of Disbursement
Communications

004

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

500.00

Transaction ID : B9006FDB494ED47B3BCF

☐ Memo Item

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☒	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Full Name (Last, First, Middle Initial)

B. Aristotle International Inc

Mailing Address 205 Pennsylvania Avenue Southeast

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		06		2024

City
WashingtonState
DCZip Code
20003-1164

FEC Identification Number

C

Purpose of Disbursement
Software

001

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

650.00

Transaction ID : B8D8BC0A7E12A41CE87B

☐ Memo Item

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☒	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Full Name (Last, First, Middle Initial)

C. Mobilize The Message

Mailing Address 490 Hanover Port Ln

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		08		2024

City
Fort Walton BeachState
FLZip Code
32547-5700

FEC Identification Number

C

Purpose of Disbursement
Solicitation

003

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

49500.00

Transaction ID : BD08FBCB4090C41C592E

☐ Memo Item

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☒	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

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

50650.00

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 9 OF 14

☒ 17	☐ 18	☐ 19a	☐ 19b
20a	20b	20c	21

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NAME OF COMMITTEE (In Full)

Chalifoux for Congress

Full Name (Last, First, Middle Initial)

A. Chalifoux, Tammy, , ,

Mailing Address 14108 Snead Cir

City
OrlandoState
FLZip Code
32837Purpose of Disbursement
Event

007

Candidate Name

Category/
Type

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☒	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	9		2	0	2	4

FEC Identification Number

C

Amount of Each Disbursement this Period

597.14

Transaction ID : B17B51C921C8546A99BF

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. MBI

Mailing Address 710 W New Hampshire Ave

City
DelandState
FLZip Code
32720-7231Purpose of Disbursement
Materials

006

Candidate Name

Category/
Type

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☒	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	1		2	0	2	4

FEC Identification Number

C

Amount of Each Disbursement this Period

1075.00

Transaction ID : BF39FD4C5B55D466EAB4

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Consolidated Global Inc

Mailing Address PO Box 690804

City
OrlandoState
FLZip Code
32869-0804Purpose of Disbursement
Materials

006

Candidate Name

Category/
Type

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☒	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	2		2	0	2	4

FEC Identification Number

C

Amount of Each Disbursement this Period

3727.17

Transaction ID : BD842930A11734D378C8

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

5399.31

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 10 OF 14

☒ 17	☐ 18	☐ 19a	☐ 19b
20a	20b	20c	21

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NAME OF COMMITTEE (In Full)

Chalifoux for Congress

Full Name (Last, First, Middle Initial)

A. MBI

Mailing Address 710 W New Hampshire Ave

City
DelandState
FLZip Code
32720-7231Purpose of Disbursement
Materials

006

Candidate Name

Category/
Type

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☒	Primary	☐ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	2		2	0	2	4

FEC Identification Number

C

Amount of Each Disbursement this Period

6247.92

Transaction ID : BBB1AAC87EFE24E7C958

☐ Memo Item

Full Name (Last, First, Middle Initial)

B.

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	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

Category/
Type

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).....▶

6247.92

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

77576.23

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

PAGE 11 OF 14

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

NAME OF COMMITTEE (In Full)

Transaction ID : C91B3E98C6EBC48CAA1D

Chalifoux for Congress

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

Election: 2024

☒ Primary☐ General☐ Other (specify) ▼

Chalifoux, Thomas, Eugene, Col., Jr.

Mailing Address

14108 Snead Circle

City

Orlando

State

FL

ZIP Code

32837-7031

☒ Personal Funds of the Candidate

Original Amount of Loan

1005000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

1005000.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
03 / 26 / 2024

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

None

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).....▶

1005000.00

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 12 OF 14

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

NAME OF COMMITTEE (In Full)

Transaction ID : C1B772B2B5C924014BBF

Chalifoux for Congress

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

Election: 2024

☒ Primary☐ General☐ Other (specify) ▼

Chalifoux, Thomas, Eugene, Col., Jr.

Mailing Address

14108 Snead Circle

City

Orlando

State

FL

ZIP Code

32837-7031

☒ 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 / 24 / 2024

M M / D D / Y Y Y Y

D D / Y Y Y Y

None

4.24 % (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).....▶

1000000.00

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

2005000.00

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

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

PAGE 13 OF 14

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

NAME OF COMMITTEE (In Full)

Chalifoux for Congress

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

Chalifoux, Thomas, Eugene, Col., Jr.

Nature of Debt (Purpose):

Interest

Mailing Address 14108 Snead Circle

City

Orlando

State

FL

Zip Code

32837-7031

Outstanding Balance Beginning This Period

2326.64

Transaction ID : DF5E9419161D44B9BB34

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2326.64

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

Chalifoux, Thomas, Eugene, Col., Jr.

Nature of Debt (Purpose):

Interest

Mailing Address 14108 Snead Circle

City

Orlando

State

FL

Zip Code

32837-7031

Outstanding Balance Beginning This Period

3349.74

Transaction ID : DF538F1973B764104944

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

3349.74

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

Chalifoux, Thomas, Eugene, Col., Jr.

Nature of Debt (Purpose):

Interest

Mailing Address 14108 Snead Circle

City

Orlando

State

FL

Zip Code

32837-7031

Outstanding Balance Beginning This Period

3397.51

Transaction ID : D39618555E19D489B8F7

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

3397.51

1) **SUBTOTALS** This Period This Page (optional)

9073.89

2) **TOTALS** This Period (last page this line number only)3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only)4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

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

PAGE 14 OF 14

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

NAME OF COMMITTEE (In Full)

Chalifoux for Congress

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

Chalifoux, Thomas, Eugene, Col., Jr.

Nature of Debt (Purpose):

Interest

Mailing Address 14108 Snead Circle

City

Orlando

State

FL

Zip Code

32837-7031

Outstanding Balance Beginning This Period

3896.54

Transaction ID : DCD79BD6F8367442F9C9

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

3896.54

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

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

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

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

1) **SUBTOTALS** This Period This Page (optional)

3896.54

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

12970.43

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

0.00

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

12970.43