

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. **12FE4M5**  
**Reform Government**

ADDRESS (number and street) **610 S. Boulevard**  
 Check if different than previously reported. (ACC) **Tampa FL 33606**

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲  
**C C00575456** 3. IS THIS REPORT  NEW (N) OR  AMENDED (A)

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)  
 July 31 Mid-Year Report (Non-election Year Only) (MY)  
 Termination Report (TER)  
(b) Monthly Report Due On:  
 Feb 20 (M2)  May 20 (M5)  Aug 20 (M8)  Nov 20 (M11) (Non-Election Year Only)  
 Mar 20 (M3)  Jun 20 (M6)  Sep 20 (M9)  Dec 20 (M12) (Non-Election Year Only)  
 Apr 20 (M4)  Jul 20 (M7)  Oct 20 (M10)  Jan 31 (YE)  
(c) 12-Day PRE-Election Report for the:  
 Primary (12P)  General (12G)  Runoff (12R)  
 Convention (12C)  Special (12S)  
Election on  /  /  in the State of   
(d) 30-Day POST-Election Report for the:  
 General (30G)  Runoff (30R)  Special (30S)  
Election on  /  /  in the State of

5. Covering Period  /  /  2025 through  /  /  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 **Watkins, Nancy, H.,**

Signature of Treasurer **Watkins, Nancy, H.,** Date  /  /  2026

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

SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

Reform Government

Report Covering the Period: From: 07 / 01 / 2025 To: 12 / 31 / 2025

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2025		63633.37
(b) Cash on Hand at Beginning of Reporting Period.....	60980.87	
(c) Total Receipts (from Line 19) .....	0.00	0.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	60980.87	63633.37
7. Total Disbursements (from Line 31).....	16585.17	19237.67
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	44395.70	44395.70
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

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

DETAILED SUMMARY PAGE  
of Receipts

Write or Type Committee Name

Reform Government

Report Covering the Period: From: MM / DD / YYYY 07 / 01 / 2025 To: MM / DD / YYYY 12 / 31 / 2025

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	0.00	0.00
(ii) Unitemized .....	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	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 Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	0.00	0.00
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	0.00	0.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	0.00	0.00

**DETAILED SUMMARY PAGE**  
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	585.17	1237.67
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	585.17	1237.67
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. 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 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements (Including Non-Federal Donations).....	16000.00	18000.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) .....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	16585.17	19237.67
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	16585.17	19237.67

**DETAILED SUMMARY PAGE**  
of Disbursements

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Page 5

<b>III. Net Contributions/ Operating Expenditures</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	0.00	0.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	0.00	0.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	585.17	1237.67
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	585.17	1237.67

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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)  
**Reform Government**

Full Name (Last, First, Middle Initial) <b>A. Robert Watkins &amp; Company, P.A.</b>		Date of Disbursement MM / DD / YYYY 07 / 02 / 2025	
Mailing Address 610 S. Boulevard		FEC Identification Number C [ ] <b>Transaction ID : SB21B.4791</b>	
City Tampa	State FL	Zip Code 33606	Amount of Each Disbursement this Period [ ] 85.00 [ ]
Purpose of Disbursement accounting services		Category/ Type [ ]	Memo Item <input type="checkbox"/>
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) <b>B. Robert Watkins &amp; Company, P.A.</b>		Date of Disbursement MM / DD / YYYY 08 / 05 / 2025	
Mailing Address 610 S. Boulevard		FEC Identification Number C [ ] <b>Transaction ID : SB21B.4792</b>	
City Tampa	State FL	Zip Code 33606	Amount of Each Disbursement this Period [ ] 115.00 [ ]
Purpose of Disbursement accounting services		Category/ Type [ ]	Memo Item <input type="checkbox"/>
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) <b>C. Robert Watkins &amp; Company, P.A.</b>		Date of Disbursement MM / DD / YYYY 09 / 04 / 2025	
Mailing Address 610 S. Boulevard		FEC Identification Number C [ ] <b>Transaction ID : SB21B.4795</b>	
City Tampa	State FL	Zip Code 33606	Amount of Each Disbursement this Period [ ] 53.24 [ ]
Purpose of Disbursement accounting services		Category/ Type [ ]	Memo Item <input type="checkbox"/>
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

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

253.24

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

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Reform Government**

Full Name (Last, First, Middle Initial) <b>A. Robert Watkins &amp; Company, P.A.</b>			Date of Disbursement MM / DD / YYYY 10 / 09 / 2025		
Mailing Address 610 S. Boulevard			FEC Identification Number <b>C</b> <b>Transaction ID : SB21B.4798</b> Amount of Each Disbursement this Period 65.00		
City Tampa	State FL	Zip Code 33606			
Purpose of Disbursement accounting services			Memo Item <input type="checkbox"/>		
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) <b>B. Robert Watkins &amp; Company, P.A.</b>			Date of Disbursement MM / DD / YYYY 11 / 12 / 2025		
Mailing Address 610 S. Boulevard			FEC Identification Number <b>C</b> <b>Transaction ID : SB21B.4803</b> Amount of Each Disbursement this Period 153.24		
City Tampa	State FL	Zip Code 33606			
Purpose of Disbursement accounting services			Memo Item <input type="checkbox"/>		
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) <b>C. Robert Watkins &amp; Company, P.A.</b>			Date of Disbursement MM / DD / YYYY 12 / 09 / 2025		
Mailing Address 610 S. Boulevard			FEC Identification Number <b>C</b> <b>Transaction ID : SB21B.4807</b> Amount of Each Disbursement this Period 113.69		
City Tampa	State FL	Zip Code 33606			
Purpose of Disbursement accounting services			Memo Item <input type="checkbox"/>		
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	331.93
<b>TOTAL</b> This Period (last page this line number only).....▶	585.17

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Reform Government**

**A. Adam Brandon Campaign**

Full Name (Last, First, Middle Initial)

Mailing Address 3832-10 Baymeadows Road #127

City Jacksonville State FL Zip Code 32217

Purpose of Disbursement non-federal contribution

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2027  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 08 / 18 / 2025

FEC Identification Number: C

Transaction ID : SB29.4793

Amount of Each Disbursement this Period: 1000.00

Memo Item

**B. Ava Frankel Campaign**

Full Name (Last, First, Middle Initial)

Mailing Address 70 La Gorce Circle

City Miami Beach State FL Zip Code 33141

Purpose of Disbursement non-federal contribution

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2026  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 10 / 15 / 2025

FEC Identification Number: C

Transaction ID : SB29.4799

Amount of Each Disbursement this Period: 1000.00

Memo Item

**C. Blaise Ingolia Campaign**

Full Name (Last, First, Middle Initial)

Mailing Address 610 S. Boulevard

City Tampa State FL Zip Code 33606

Purpose of Disbursement non-federal contribution

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 09 / 08 / 2025

FEC Identification Number: C

Transaction ID : SB29.4797

Amount of Each Disbursement this Period: 3000.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 5000.00

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

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Reform Government**

Full Name (Last, First, Middle Initial) <b>A. Emilio T. Gonzalez Campaign</b>		Date of Disbursement MM / DD / YYYY 11 / 12 / 2025	
Mailing Address 228 S.W. 30th Road		FEC Identification Number C [ ] <b>Transaction ID : SB29.4805</b>	
City Miami	State FL	Zip Code 33129	Amount of Each Disbursement this Period [ ] 1000.00
Purpose of Disbursement non-federal contribution		Category/ Type [ ]	Memo Item <input type="checkbox"/>
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: [ ]	District: [ ]		

Full Name (Last, First, Middle Initial) <b>B. Venture PAC</b>		Date of Disbursement MM / DD / YYYY 11 / 12 / 2025	
Mailing Address 1400 Village Square Blvd. Suite 3-251		FEC Identification Number C [ ] <b>Transaction ID : SB29.4802</b>	
City Tallahassee	State FL	Zip Code 32312	Amount of Each Disbursement this Period [ ] 10000.00
Purpose of Disbursement non-federal contribution		Category/ Type [ ]	Memo Item <input type="checkbox"/>
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: [ ]	District: [ ]		

Full Name (Last, First, Middle Initial) <b>C.</b>		Date of Disbursement MM / DD / YYYY [ ] / [ ] / [ ]	
Mailing Address		FEC Identification Number C [ ]	
City	State	Zip Code	Amount of Each Disbursement this Period [ ]
Purpose of Disbursement		Category/ Type [ ]	Memo Item <input type="checkbox"/>
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: [ ]	District: [ ]		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[ ] 11000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	[ ] 16000.00