

**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

Committee to Elect Alan Grayson

ADDRESS (number and street)

4460 Willow Cove Ct



Check if different than previously reported. (ACC)

Orlando

FL

32835-2558

CITY ▲

STATE ▲

ZIP CODE ▲

2. FEC IDENTIFICATION NUMBER ▼

C C00424713

3. IS THIS REPORT



NEW (N)

OR



AMENDED (A)

STATE ▼ DISTRICT

FL

00

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

04

D D / Y Y Y Y

01

Y Y Y Y

2023

through

M M / D D / Y Y Y Y

06

D D / Y Y Y Y

30

Y Y Y Y

2023

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

Grayson, Star, , ,

Type or Print Name of Treasurer

Signature of Treasurer

Grayson, Star, , ,

[Electronically Filed]

Date

M M / D D / Y Y Y Y

07

D D / Y Y Y Y

14

Y Y Y Y

2023

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 05/2016)

PAGE 2 / 272

Write or Type Committee Name

Committee to Elect Alan Grayson

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	1		2	0	2	3

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	6		3	0		2	0	2	3

	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))....	2458.13	7411.67
(b) Total Contribution Refunds (from Line 20(d))	0.00	95.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	2458.13	7316.67
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	45924.76	119096.19
(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))	45924.76	119096.19
8. Cash on Hand at Close of Reporting Period (from Line 27)	67620.61	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	6980.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	3525507.14	

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 05/2016)

PAGE 3 / 272

Write or Type Committee Name

Committee to Elect Alan Grayson

Report Covering the Period:

From:

MM / DD / YYYY
04 / 01 / 2023

To:

MM / DD / YYYY
06 / 30 / 2023**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).....

85.33

85.33

(ii) Unitemized.....

2372.80

7326.34

(iii) TOTAL of contributions
from individuals ▶

2458.13

7411.67

(b) Political Party Committees.....

0.00

0.00

(c) Other Political Committees
(such as PACs).....

0.00

0.00

(d) The Candidate.....

0.00

0.00

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

2458.13

7411.67

12. TRANSFERS FROM OTHER
AUTHORIZED COMMITTEES

0.00

0.00

13. LOANS:

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

106133.02

159479.32

(b) All Other Loans.....

0.00

0.00

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

106133.02

159479.32

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

0.00

0.00

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

0.22

0.35

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

108591.37

166891.34

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3 (Revised 05/2016)

PAGE 4 / 272

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	45924.76	119096.19
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	95.00
(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	95.00
21. OTHER DISBURSEMENTS	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	45924.76	119191.19

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	4954.00
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	108591.37
25. SUBTOTAL (add Line 23 and Line 24).....	113545.37
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	45924.76
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	67620.61

FEC MISCELLANEOUS TEXT RELATED TO A REPORT, SCHEDULE OR ITEMIZATION

Form/Schedule: F3N

Transaction ID :

Individuals with addresses outside the US are eligible to make political donations in federal elections.

Form/Schedule:

Transaction ID:

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 272

☒ 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)

Committee to Elect Alan Grayson

Full Name (Last, First, Middle Initial)

A. Allman, Esther, , ,

Mailing Address 984 N Butternut Cir

City
FrankfortState
ILZip Code
60423-2106FEC ID number of contributing
federal political committee.

C

Name of Employer
Not employedOccupation
Not employed

Receipt For: 2024

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

216.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 11 2023

Transaction ID : A1D0B72D76E264CC8BAC

Amount of Each Receipt this Period

27.00

☐ Memo Item
Earmark: ActBlue (non-directed)

Full Name (Last, First, Middle Initial)

B. ActBlue

Mailing Address 14 Arrow St
Ste 11City
CambridgeState
MAZip Code
02138-5106FEC ID number of contributing
federal political committee.

C C00401224

Name of Employer

Occupation

Receipt For: 2024

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

7411.67

Date of Receipt

M M / D D / Y Y Y Y Y
06 11 2023

Transaction ID : A0C2FB580414B46E6951

Amount of Each Receipt this Period

27.00

☒ Memo Item
IntermediaryTotal Earmarked through conduit. PAC limit not
affected.

Full Name (Last, First, Middle Initial)

C. Ashton, Jerry, , ,

Mailing Address 245 E 19th St

City
New YorkState
NYZip Code
10003-2639FEC ID number of contributing
federal political committee.

C

Name of Employer
RIP Medical DebtOccupation
Veteran Advocate Medical Debt

Receipt For: 2024

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

214.35

Date of Receipt

M M / D D / Y Y Y Y Y
06 05 2023

Transaction ID : AFA32B72FAD34483083F

Amount of Each Receipt this Period

25.00

☐ Memo Item
Earmark: ActBlue (non-directed)

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

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

52.00

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 272

☒ 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)

Committee to Elect Alan Grayson

Full Name (Last, First, Middle Initial)

ActBlue

A.

Mailing Address 14 Arrow St

Ste 11

City

Cambridge

State

MA

Zip Code

02138-5106

FEC ID number of contributing
federal political committee.

C

C00401224

Name of Employer

Occupation

Receipt For: 2024

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

7411.67

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
06		05		2023

Transaction ID : AD8360B63A5B1473598A

Amount of Each Receipt this Period

25.00

☒ Memo Item
IntermediaryTotal Earmarked through conduit. PAC limit not
affected.

Full Name (Last, First, Middle Initial)

Lessne, Dana, , ,

B.

Mailing Address 12617 Broleman Rd

City

Orlando

State

FL

Zip Code

32832

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

self

Counselor

Receipt For: 2024

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

233.31

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
06		04		2023

Transaction ID : ABF578BE5F16A4BF8A1F

Amount of Each Receipt this Period

33.33

☐ Memo Item
Earmark: ActBlue (non-directed)

Full Name (Last, First, Middle Initial)

ActBlue

C.

Mailing Address 14 Arrow St

Ste 11

City

Cambridge

State

MA

Zip Code

02138-5106

FEC ID number of contributing
federal political committee.

C

C00401224

Name of Employer

Occupation

Receipt For: 2024

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

7411.67

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
06		04		2023

Transaction ID : A849715B0649A4DC9AC4

Amount of Each Receipt this Period

33.33

☒ Memo Item
IntermediaryTotal Earmarked through conduit. PAC limit not
affected.

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

33.33

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

85.33

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 272

☐ 11a	☐ 11b	☐ 11c	☐ 11d	☐ 15
☐ 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)

Committee to Elect Alan Grayson

Full Name (Last, First, Middle Initial)

Grayson, Alan Mark, , ,

Mailing Address 4460 Willow Cove Ct

City

Orlando

State

FL

Zip Code

32835-2558

FEC ID number of contributing
federal political committee.

C S2FL00581

Name of Employer
SelfOccupation
Candidate

Receipt For: 2024

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

53588.05

Date of Receipt

M M / D D / Y Y Y Y Y
04 01 2023

Transaction ID : ABA90F0E35E01452B8F1

Amount of Each Receipt this Period

241.75

☐ Memo Item
Loan received from personal funds

Full Name (Last, First, Middle Initial)

Grayson, Alan Mark, , ,

Mailing Address 4460 Willow Cove Ct

City

Orlando

State

FL

Zip Code

32835-2558

FEC ID number of contributing
federal political committee.

C S2FL00581

Name of Employer
SelfOccupation
Candidate

Receipt For: 2024

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

53728.05

Date of Receipt

M M / D D / Y Y Y Y Y
04 04 2023

Transaction ID : ACF21C0D4579E4CA28FF

Amount of Each Receipt this Period

140.00

☐ Memo Item
Loan made from personal funds

Full Name (Last, First, Middle Initial)

Grayson, Alan Mark, , ,

Mailing Address 4460 Willow Cove Ct

City

Orlando

State

FL

Zip Code

32835-2558

FEC ID number of contributing
federal political committee.

C S2FL00581

Name of Employer
SelfOccupation
Candidate

Receipt For: 2024

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

54211.05

Date of Receipt

M M / D D / Y Y Y Y Y
04 09 2023

Transaction ID : A850F389755F34900A3A

Amount of Each Receipt this Period

483.00

☐ Memo Item
Loan received from personal funds

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

864.75

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 9 OF 272

☐ 11a	☐ 11b	☐ 11c	☐ 11d	☐ 15
☐ 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)

Committee to Elect Alan Grayson

Full Name (Last, First, Middle Initial)

Grayson, Alan Mark, , ,

Mailing Address 4460 Willow Cove Ct

City

Orlando

State

FL

Zip Code

32835-2558

FEC ID number of contributing
federal political committee.

C S2FL00581

Name of Employer
SelfOccupation
Candidate

Receipt For: 2024

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

55453.05

Date of Receipt

M M	/	D D	/	Y Y Y Y
04	/	10	/	2023

Transaction ID : A14D594BFA8474D6A9E7

Amount of Each Receipt this Period

181.00

☐ Memo Item
Loan received from personal funds

Full Name (Last, First, Middle Initial)

Grayson, Alan Mark, , ,

Mailing Address 4460 Willow Cove Ct

City

Orlando

State

FL

Zip Code

32835-2558

FEC ID number of contributing
federal political committee.

C S2FL00581

Name of Employer
SelfOccupation
Candidate

Receipt For: 2024

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

55453.05

Date of Receipt

M M	/	D D	/	Y Y Y Y
04	/	10	/	2023

Transaction ID : AC4088984538740E2855

Amount of Each Receipt this Period

1061.00

☐ Memo Item
Loan received from personal funds

Full Name (Last, First, Middle Initial)

Grayson, Alan Mark, , ,

Mailing Address 4460 Willow Cove Ct

City

Orlando

State

FL

Zip Code

32835-2558

FEC ID number of contributing
federal political committee.

C S2FL00581

Name of Employer
SelfOccupation
Candidate

Receipt For: 2024

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

56285.05

Date of Receipt

M M	/	D D	/	Y Y Y Y
04	/	15	/	2023

Transaction ID : AEE2190BBCCEC46B5900

Amount of Each Receipt this Period

832.00

☐ Memo Item
Loan made from personal funds

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

2074.00

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 10 OF 272

☐ 11a	☐ 11b	☐ 11c	☐ 11d	☐ 15
☐ 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)

Committee to Elect Alan Grayson

Full Name (Last, First, Middle Initial)

Grayson, Alan Mark, , ,

Mailing Address 4460 Willow Cove Ct

City

Orlando

State

FL

Zip Code

32835-2558

FEC ID number of contributing
federal political committee.

C S2FL00581

Name of Employer
SelfOccupation
Candidate

Receipt For: 2024

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

57192.05

Date of Receipt

M M / D D / Y Y Y Y Y
04 18 2023

Transaction ID : AD50876AC1ED94164A42

Amount of Each Receipt this Period

907.00

☐ Memo Item
Loan received from personal funds

Full Name (Last, First, Middle Initial)

Grayson, Alan Mark, , ,

Mailing Address 4460 Willow Cove Ct

City

Orlando

State

FL

Zip Code

32835-2558

FEC ID number of contributing
federal political committee.

C S2FL00581

Name of Employer
SelfOccupation
Candidate

Receipt For: 2024

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

57767.05

Date of Receipt

M M / D D / Y Y Y Y Y
04 19 2023

Transaction ID : A92DBE48D77DB4D2A805

Amount of Each Receipt this Period

575.00

☐ Memo Item
Loan received from personal funds

Full Name (Last, First, Middle Initial)

Grayson, Alan Mark, , ,

Mailing Address 4460 Willow Cove Ct

City

Orlando

State

FL

Zip Code

32835-2558

FEC ID number of contributing
federal political committee.

C S2FL00581

Name of Employer
SelfOccupation
Candidate

Receipt For: 2024

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

59613.05

Date of Receipt

M M / D D / Y Y Y Y Y
04 22 2023

Transaction ID : A71A73A28A8594E2BB58

Amount of Each Receipt this Period

1846.00

☐ Memo Item
Loan received from personal funds

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

3328.00

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 11 OF 272

☐ 11a	☐ 11b	☐ 11c	☐ 11d	☐ 15
☐ 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)

Committee to Elect Alan Grayson

Full Name (Last, First, Middle Initial)

Grayson, Alan Mark, , ,

Mailing Address 4460 Willow Cove Ct

City

Orlando

State

FL

Zip Code

32835-2558

FEC ID number of contributing
federal political committee.

C S2FL00581

Name of Employer
SelfOccupation
Candidate

Receipt For: 2024

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

60825.24

Date of Receipt

M M / D D / Y Y Y Y Y
04 23 2023

Transaction ID : AF1E403A9615B45E2B68

Amount of Each Receipt this Period

501.00

☐ Memo Item

Loan received from personal funds

Full Name (Last, First, Middle Initial)

Grayson, Alan Mark, , ,

Mailing Address 4460 Willow Cove Ct

City

Orlando

State

FL

Zip Code

32835-2558

FEC ID number of contributing
federal political committee.

C S2FL00581

Name of Employer
SelfOccupation
Candidate

Receipt For: 2024

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

60825.24

Date of Receipt

M M / D D / Y Y Y Y Y
04 23 2023

Transaction ID : A1B993C799BD1471F8C8

Amount of Each Receipt this Period

711.19

☐ Memo Item

Loan received from personal funds

Full Name (Last, First, Middle Initial)

Grayson, Alan Mark, , ,

Mailing Address 4460 Willow Cove Ct

City

Orlando

State

FL

Zip Code

32835-2558

FEC ID number of contributing
federal political committee.

C S2FL00581

Name of Employer
SelfOccupation
Candidate

Receipt For: 2024

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

64488.24

Date of Receipt

M M / D D / Y Y Y Y Y
04 27 2023

Transaction ID : AF69B182C82D340BC87C

Amount of Each Receipt this Period

2730.00

☐ Memo Item

Loan made from personal funds

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

3942.19

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 12 OF 272

☐ 11a	☐ 11b	☐ 11c	☐ 11d	☐ 15
☐ 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)

Committee to Elect Alan Grayson

Full Name (Last, First, Middle Initial)

Grayson, Alan Mark, , ,

Mailing Address 4460 Willow Cove Ct

City

Orlando

State

FL

Zip Code

32835-2558

FEC ID number of contributing
federal political committee.

C S2FL00581

Name of Employer
SelfOccupation
Candidate

Receipt For: 2024

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

64488.24

Date of Receipt

M M	/	D D	/	Y Y Y Y
04	/	27	/	2023

Transaction ID : A279175611CC341E286F

Amount of Each Receipt this Period

341.00

☐ Memo Item
Loan made from personal funds

Full Name (Last, First, Middle Initial)

Grayson, Alan Mark, , ,

Mailing Address 4460 Willow Cove Ct

City

Orlando

State

FL

Zip Code

32835-2558

FEC ID number of contributing
federal political committee.

C S2FL00581

Name of Employer
SelfOccupation
Candidate

Receipt For: 2024

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

64488.24

Date of Receipt

M M	/	D D	/	Y Y Y Y
04	/	27	/	2023

Transaction ID : A9FE0F35AD1AC456C8E0

Amount of Each Receipt this Period

296.00

☐ Memo Item
Loan made from personal funds

Full Name (Last, First, Middle Initial)

Grayson, Alan Mark, , ,

Mailing Address 4460 Willow Cove Ct

City

Orlando

State

FL

Zip Code

32835-2558

FEC ID number of contributing
federal political committee.

C S2FL00581

Name of Employer
SelfOccupation
Candidate

Receipt For: 2024

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

64488.24

Date of Receipt

M M	/	D D	/	Y Y Y Y
04	/	27	/	2023

Transaction ID : AD6D22CCA63FA46DF915

Amount of Each Receipt this Period

296.00

☐ Memo Item
Loan made from personal funds

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

933.00

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 13 OF 272

☐ 11a	☐ 11b	☐ 11c	☐ 11d	☐ 15
☐ 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)

Committee to Elect Alan Grayson

Full Name (Last, First, Middle Initial)

Grayson, Alan Mark, , ,

Mailing Address 4460 Willow Cove Ct

City

Orlando

State

FL

Zip Code

32835-2558

FEC ID number of contributing
federal political committee.

C S2FL00581

Name of Employer
SelfOccupation
Candidate

Receipt For: 2024

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

64661.24

Date of Receipt

M M / D D / Y Y Y Y Y
05 03 2023

Transaction ID : A1B9281FEAEBE487EAD5

Amount of Each Receipt this Period

173.00

☐ Memo Item
Loan made from personal funds

Full Name (Last, First, Middle Initial)

Grayson, Alan Mark, , ,

Mailing Address 4460 Willow Cove Ct

City

Orlando

State

FL

Zip Code

32835-2558

FEC ID number of contributing
federal political committee.

C S2FL00581

Name of Employer
SelfOccupation
Candidate

Receipt For: 2024

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

64931.32

Date of Receipt

M M / D D / Y Y Y Y Y
05 04 2023

Transaction ID : A28F4664E34CF49D69DE

Amount of Each Receipt this Period

270.08

☐ Memo Item
Loan received from personal funds

Full Name (Last, First, Middle Initial)

Grayson, Alan Mark, , ,

Mailing Address 4460 Willow Cove Ct

City

Orlando

State

FL

Zip Code

32835-2558

FEC ID number of contributing
federal political committee.

C S2FL00581

Name of Employer
SelfOccupation
Candidate

Receipt For: 2024

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

66036.32

Date of Receipt

M M / D D / Y Y Y Y Y
05 05 2023

Transaction ID : A7A815CD2A9094E539A1

Amount of Each Receipt this Period

1105.00

☐ Memo Item
Loan received from personal funds

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

1548.08

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 14 OF 272

☐ 11a	☐ 11b	☐ 11c	☐ 11d	☐ 15
☐ 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)

Committee to Elect Alan Grayson

Full Name (Last, First, Middle Initial)

Grayson, Alan Mark, , ,

Mailing Address 4460 Willow Cove Ct

City

Orlando

State

FL

Zip Code

32835-2558

FEC ID number of contributing
federal political committee.

C S2FL00581

Name of Employer
SelfOccupation
Candidate

Receipt For: 2024

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

66577.32

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	7		2	0	2	3

Transaction ID : A0563CAD280CE4B3F9A8

Amount of Each Receipt this Period

541.00

☐ Memo Item
Loan received from personal funds

Full Name (Last, First, Middle Initial)

Grayson, Alan Mark, , ,

Mailing Address 4460 Willow Cove Ct

City

Orlando

State

FL

Zip Code

32835-2558

FEC ID number of contributing
federal political committee.

C S2FL00581

Name of Employer
SelfOccupation
Candidate

Receipt For: 2024

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

67100.32

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	8		2	0	2	3

Transaction ID : A817DF0A5A24A4A2C9DF

Amount of Each Receipt this Period

523.00

☐ Memo Item
Loan received from personal funds

Full Name (Last, First, Middle Initial)

Grayson, Alan Mark, , ,

Mailing Address 4460 Willow Cove Ct

City

Orlando

State

FL

Zip Code

32835-2558

FEC ID number of contributing
federal political committee.

C S2FL00581

Name of Employer
SelfOccupation
Candidate

Receipt For: 2024

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

67506.32

Date of Receipt

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

Transaction ID : A849858B68403440C9FD

Amount of Each Receipt this Period

232.00

☐ Memo Item
Loan received from personal funds

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

1296.00

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 15 OF 272

☐ 11a	☐ 11b	☐ 11c	☐ 11d	☐ 15
☐ 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)

Committee to Elect Alan Grayson

Full Name (Last, First, Middle Initial)

Grayson, Alan Mark, , ,

Mailing Address 4460 Willow Cove Ct

City

Orlando

State

FL

Zip Code

32835-2558

FEC ID number of contributing
federal political committee.

C S2FL00581

Name of Employer

Self

Occupation

Candidate

Receipt For: 2024

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

67506.32

Date of Receipt

M M / D D / Y Y Y Y Y
05 10 2023

Transaction ID : AD8C692AD99D0469C898

Amount of Each Receipt this Period

174.00

☐ Memo Item

Loan received from personal funds

Full Name (Last, First, Middle Initial)

Grayson, Alan Mark, , ,

Mailing Address 4460 Willow Cove Ct

City

Orlando

State

FL

Zip Code

32835-2558

FEC ID number of contributing
federal political committee.

C S2FL00581

Name of Employer

Self

Occupation

Candidate

Receipt For: 2024

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

68325.32

Date of Receipt

M M / D D / Y Y Y Y Y
05 11 2023

Transaction ID : AAE9FEE7CD2184278B08

Amount of Each Receipt this Period

819.00

☐ Memo Item

Loan received from personal funds

Full Name (Last, First, Middle Initial)

Grayson, Alan Mark, , ,

Mailing Address 4460 Willow Cove Ct

City

Orlando

State

FL

Zip Code

32835-2558

FEC ID number of contributing
federal political committee.

C S2FL00581

Name of Employer

Self

Occupation

Candidate

Receipt For: 2024

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

69209.32

Date of Receipt

M M / D D / Y Y Y Y Y
05 15 2023

Transaction ID : A68BD79E8854A4537BA0

Amount of Each Receipt this Period

884.00

☐ Memo Item

Loan made from personal funds

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

1877.00

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 16 OF 272

☐ 11a	☐ 11b	☐ 11c	☐ 11d	☐ 15
☐ 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)

Committee to Elect Alan Grayson

Full Name (Last, First, Middle Initial)

Grayson, Alan Mark, , ,

Mailing Address 4460 Willow Cove Ct

City

Orlando

State

FL

Zip Code

32835-2558

FEC ID number of contributing
federal political committee.

C S2FL00581

Name of Employer
SelfOccupation
Candidate

Receipt For: 2024

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

74330.68

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	8		2	0	2	3

Transaction ID : AA67C2994F2704A4D9C6

Amount of Each Receipt this Period

2030.16

☐ Memo Item

Loan received from personal funds

Full Name (Last, First, Middle Initial)

Grayson, Alan Mark, , ,

Mailing Address 4460 Willow Cove Ct

City

Orlando

State

FL

Zip Code

32835-2558

FEC ID number of contributing
federal political committee.

C S2FL00581

Name of Employer
SelfOccupation
Candidate

Receipt For: 2024

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

74330.68

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	8		2	0	2	3

Transaction ID : A0B13B7670C794D87822

Amount of Each Receipt this Period

964.00

☐ Memo Item

Loan received from personal funds

Full Name (Last, First, Middle Initial)

Grayson, Alan Mark, , ,

Mailing Address 4460 Willow Cove Ct

City

Orlando

State

FL

Zip Code

32835-2558

FEC ID number of contributing
federal political committee.

C S2FL00581

Name of Employer
SelfOccupation
Candidate

Receipt For: 2024

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

74330.68

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	8		2	0	2	3

Transaction ID : AD40E3AB2CE4D44A29C7

Amount of Each Receipt this Period

1545.20

☐ Memo Item

Loan received from personal funds

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

4539.36

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 17 OF 272

☐ 11a	☐ 11b	☐ 11c	☐ 11d	☐ 15
☐ 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)

Committee to Elect Alan Grayson

Full Name (Last, First, Middle Initial)

Grayson, Alan Mark, , ,

Mailing Address 4460 Willow Cove Ct

City

Orlando

State

FL

Zip Code

32835-2558

FEC ID number of contributing
federal political committee.

C S2FL00581

Name of Employer
SelfOccupation
Candidate

Receipt For: 2024

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

74330.68

Date of Receipt

M M / D D / Y Y Y Y Y
05 18 2023

Transaction ID : AE21DDFD194A24C8A817

Amount of Each Receipt this Period

582.00

☐ Memo Item
Loan received from personal funds

Full Name (Last, First, Middle Initial)

Grayson, Alan Mark, , ,

Mailing Address 4460 Willow Cove Ct

City

Orlando

State

FL

Zip Code

32835-2558

FEC ID number of contributing
federal political committee.

C S2FL00581

Name of Employer
SelfOccupation
Candidate

Receipt For: 2024

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

74836.68

Date of Receipt

M M / D D / Y Y Y Y Y
05 20 2023

Transaction ID : ACA732BDA49034BA6978

Amount of Each Receipt this Period

506.00

☐ Memo Item
Loan made from personal funds

Full Name (Last, First, Middle Initial)

Grayson, Alan Mark, , ,

Mailing Address 4460 Willow Cove Ct

City

Orlando

State

FL

Zip Code

32835-2558

FEC ID number of contributing
federal political committee.

C S2FL00581

Name of Employer
SelfOccupation
Candidate

Receipt For: 2024

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

77485.68

Date of Receipt

M M / D D / Y Y Y Y Y
05 27 2023

Transaction ID : A0B1792F78EE64B22816

Amount of Each Receipt this Period

2649.00

☐ Memo Item
Loan made from personal funds

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

3737.00

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 18 OF 272

☐ 11a	☐ 11b	☐ 11c	☐ 11d	☐ 15
☐ 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)

Committee to Elect Alan Grayson

Full Name (Last, First, Middle Initial)

Grayson, Alan Mark, , ,

Mailing Address 4460 Willow Cove Ct

City

Orlando

State

FL

Zip Code

32835-2558

FEC ID number of contributing
federal political committee.

C S2FL00581

Name of Employer
SelfOccupation
Candidate

Receipt For: 2024

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

77779.68

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 28 / 2023

Transaction ID : AEE0D50DA6B074E55916

Amount of Each Receipt this Period

294.00

☐ Memo Item

Loan made from personal funds

Full Name (Last, First, Middle Initial)

Grayson, Alan Mark, , ,

Mailing Address 4460 Willow Cove Ct

City

Orlando

State

FL

Zip Code

32835-2558

FEC ID number of contributing
federal political committee.

C S2FL00581

Name of Employer
SelfOccupation
Candidate

Receipt For: 2024

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

78109.68

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 29 / 2023

Transaction ID : A9F0ABF62E00C41BDBE5

Amount of Each Receipt this Period

330.00

☐ Memo Item

Loan made from personal funds

Full Name (Last, First, Middle Initial)

Grayson, Alan Mark, , ,

Mailing Address 4460 Willow Cove Ct

City

Orlando

State

FL

Zip Code

32835-2558

FEC ID number of contributing
federal political committee.

C S2FL00581

Name of Employer
SelfOccupation
Candidate

Receipt For: 2024

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

78499.58

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 03 / 2023

Transaction ID : ABCFEAB1D4565452386D

Amount of Each Receipt this Period

246.90

☐ Memo Item

Loan received from personal funds

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

870.90

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 19 OF 272

☐ 11a	☐ 11b	☐ 11c	☐ 11d	☐ 15
☐ 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)

Committee to Elect Alan Grayson

Full Name (Last, First, Middle Initial)

Grayson, Alan Mark, , ,

Mailing Address 4460 Willow Cove Ct

City

Orlando

State

FL

Zip Code

32835-2558

FEC ID number of contributing
federal political committee.

C S2FL00581

Name of Employer
SelfOccupation
Candidate

Receipt For: 2024

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

78499.58

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
06	/	03	/	2023

Transaction ID : A59652372A251491CA16

Amount of Each Receipt this Period

143.00

☐ Memo Item
Loan made from personal funds

Full Name (Last, First, Middle Initial)

Grayson, Alan Mark, , ,

Mailing Address 4460 Willow Cove Ct

City

Orlando

State

FL

Zip Code

32835-2558

FEC ID number of contributing
federal political committee.

C S2FL00581

Name of Employer
SelfOccupation
Candidate

Receipt For: 2024

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

79919.58

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
06	/	05	/	2023

Transaction ID : AD6C044952BA8484D964

Amount of Each Receipt this Period

1420.00

☐ Memo Item
Loan received from personal funds

Full Name (Last, First, Middle Initial)

Grayson, Alan Mark, , ,

Mailing Address 4460 Willow Cove Ct

City

Orlando

State

FL

Zip Code

32835-2558

FEC ID number of contributing
federal political committee.

C S2FL00581

Name of Employer
SelfOccupation
Candidate

Receipt For: 2024

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

82227.58

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
06	/	07	/	2023

Transaction ID : A47360E6B4AAB4DE7A0B

Amount of Each Receipt this Period

534.00

☐ Memo Item
Loan received from personal funds

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

2097.00

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 20 OF 272

☐ 11a	☐ 11b	☐ 11c	☐ 11d	☐ 15
☐ 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)

Committee to Elect Alan Grayson

Full Name (Last, First, Middle Initial)

Grayson, Alan Mark, , ,

Mailing Address 4460 Willow Cove Ct

City

Orlando

State

FL

Zip Code

32835-2558

FEC ID number of contributing
federal political committee.

C S2FL00581

Name of Employer
SelfOccupation
Candidate

Receipt For: 2024

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

82227.58

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	7		2	0	2	3

Transaction ID : AFFC8F67D0BD94F48AA3

Amount of Each Receipt this Period

1774.00

☐ Memo Item
Loan received from personal funds

Full Name (Last, First, Middle Initial)

Grayson, Alan Mark, , ,

Mailing Address 4460 Willow Cove Ct

City

Orlando

State

FL

Zip Code

32835-2558

FEC ID number of contributing
federal political committee.

C S2FL00581

Name of Employer
SelfOccupation
Candidate

Receipt For: 2024

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

82734.58

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	8		2	0	2	3

Transaction ID : A9A1619180B6F4ECB8CD

Amount of Each Receipt this Period

507.00

☐ Memo Item
Loan received from personal funds

Full Name (Last, First, Middle Initial)

Grayson, Alan Mark, , ,

Mailing Address 4460 Willow Cove Ct

City

Orlando

State

FL

Zip Code

32835-2558

FEC ID number of contributing
federal political committee.

C S2FL00581

Name of Employer
SelfOccupation
Candidate

Receipt For: 2024

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

147734.58

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	9		2	0	2	3

Transaction ID : A713FBB0300424813ACC

Amount of Each Receipt this Period

65000.00

☐ Memo Item
Loan received from personal funds

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

67281.00

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 21 OF 272

☐ 11a	☐ 11b	☐ 11c	☐ 11d	☐ 15
☐ 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)

Committee to Elect Alan Grayson

Full Name (Last, First, Middle Initial)

Grayson, Alan Mark, , ,

Mailing Address 4460 Willow Cove Ct

City

Orlando

State

FL

Zip Code

32835-2558

FEC ID number of contributing
federal political committee.

C S2FL00581

Name of Employer
SelfOccupation
Candidate

Receipt For: 2024

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

150511.58

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
06	/	11	/	2023

Transaction ID : A238F5E4F4A4C42369FA

Amount of Each Receipt this Period

803.00

☐ Memo Item
Loan received from personal funds

Full Name (Last, First, Middle Initial)

Grayson, Alan Mark, , ,

Mailing Address 4460 Willow Cove Ct

City

Orlando

State

FL

Zip Code

32835-2558

FEC ID number of contributing
federal political committee.

C S2FL00581

Name of Employer
SelfOccupation
Candidate

Receipt For: 2024

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

150511.58

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
06	/	11	/	2023

Transaction ID : AB8BE660E859346C38AF

Amount of Each Receipt this Period

987.00

☐ Memo Item
Loan received from personal funds

Full Name (Last, First, Middle Initial)

Grayson, Alan Mark, , ,

Mailing Address 4460 Willow Cove Ct

City

Orlando

State

FL

Zip Code

32835-2558

FEC ID number of contributing
federal political committee.

C S2FL00581

Name of Employer
SelfOccupation
Candidate

Receipt For: 2024

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

150511.58

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
06	/	11	/	2023

Transaction ID : AC5B6160C3097470B9F1

Amount of Each Receipt this Period

987.00

☐ Memo Item
Loan received from personal funds

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

2777.00

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 22 OF 272

☐ 11a	☐ 11b	☐ 11c	☐ 11d	☐ 15
☐ 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)

Committee to Elect Alan Grayson

Full Name (Last, First, Middle Initial)

Grayson, Alan Mark, , ,

Mailing Address 4460 Willow Cove Ct

City

Orlando

State

FL

Zip Code

32835-2558

FEC ID number of contributing
federal political committee.

C S2FL00581

Name of Employer
SelfOccupation
Candidate

Receipt For: 2024

☒

Primary

☐

General

☐

Other (specify) ▼

Election Cycle-to-Date ▼

151383.58

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 15 2023

Transaction ID : A82275F0405344EE9BC7

Amount of Each Receipt this Period

872.00

☐

Memo Item

Loan made from personal funds

Full Name (Last, First, Middle Initial)

Grayson, Alan Mark, , ,

Mailing Address 4460 Willow Cove Ct

City

Orlando

State

FL

Zip Code

32835-2558

FEC ID number of contributing
federal political committee.

C S2FL00581

Name of Employer
SelfOccupation
Candidate

Receipt For: 2024

☒

Primary

☐

General

☐

Other (specify) ▼

Election Cycle-to-Date ▼

153413.74

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 18 2023

Transaction ID : AD9C67427B39348A3B84

Amount of Each Receipt this Period

2030.16

☐

Memo Item

Loan received from personal friends

Full Name (Last, First, Middle Initial)

Grayson, Alan Mark, , ,

Mailing Address 4460 Willow Cove Ct

City

Orlando

State

FL

Zip Code

32835-2558

FEC ID number of contributing
federal political committee.

C S2FL00581

Name of Employer
SelfOccupation
Candidate

Receipt For: 2024

☒

Primary

☐

General

☐

Other (specify) ▼

Election Cycle-to-Date ▼

154900.74

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 20 2023

Transaction ID : A74B69D6BF83F4C0BAAB

Amount of Each Receipt this Period

564.00

☐

Memo Item

Loan received from personal funds

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

3466.16

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 23 OF 272

☐ 11a	☐ 11b	☐ 11c	☐ 11d	☐ 15
☐ 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)

Committee to Elect Alan Grayson

Full Name (Last, First, Middle Initial)

Grayson, Alan Mark, , ,

Mailing Address 4460 Willow Cove Ct

City

Orlando

State

FL

Zip Code

32835-2558

FEC ID number of contributing
federal political committee.

C S2FL00581

Name of Employer
SelfOccupation
Candidate

Receipt For: 2024

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

154900.74

Date of Receipt

M M / D D / Y Y Y Y Y
06 20 2023

Transaction ID : AA3E7616DFE4B413A9F7

Amount of Each Receipt this Period

923.00

☐ Memo Item
Loan received from personal funds

Full Name (Last, First, Middle Initial)

Grayson, Alan Mark, , ,

Mailing Address 4460 Willow Cove Ct

City

Orlando

State

FL

Zip Code

32835-2558

FEC ID number of contributing
federal political committee.

C S2FL00581

Name of Employer
SelfOccupation
Candidate

Receipt For: 2024

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

155605.32

Date of Receipt

M M / D D / Y Y Y Y Y
06 22 2023

Transaction ID : A52481826537B4D4384A

Amount of Each Receipt this Period

704.58

☐ Memo Item
Loan received from personal funds

Full Name (Last, First, Middle Initial)

Grayson, Alan Mark, , ,

Mailing Address 4460 Willow Cove Ct

City

Orlando

State

FL

Zip Code

32835-2558

FEC ID number of contributing
federal political committee.

C S2FL00581

Name of Employer
SelfOccupation
Candidate

Receipt For: 2024

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

156111.32

Date of Receipt

M M / D D / Y Y Y Y Y
06 23 2023

Transaction ID : AF8A82C569A55480F807

Amount of Each Receipt this Period

506.00

☐ Memo Item
Loans made from personal funds

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

2133.58

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 24 OF 272

☐ 11a	☐ 11b	☐ 11c	☐ 11d	☐ 15
☐ 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)

Committee to Elect Alan Grayson

Full Name (Last, First, Middle Initial)

Grayson, Alan Mark, , ,

Mailing Address 4460 Willow Cove Ct

City

Orlando

State

FL

Zip Code

32835-2558

FEC ID number of contributing
federal political committee.

C S2FL00581

Name of Employer
SelfOccupation
Candidate

Receipt For: 2024

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

156488.32

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	2	6	/	2	0	2	3

Transaction ID : A5202AFB840D24329A9D

Amount of Each Receipt this Period

377.00

☐ Memo Item

Loan made from personal funds

Full Name (Last, First, Middle Initial)

Grayson, Alan Mark, , ,

Mailing Address 4460 Willow Cove Ct

City

Orlando

State

FL

Zip Code

32835-2558

FEC ID number of contributing
federal political committee.

C S2FL00581

Name of Employer
SelfOccupation
Candidate

Receipt For: 2024

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

159186.32

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	2	7	/	2	0	2	3

Transaction ID : A78FF664A672A4429B79

Amount of Each Receipt this Period

2698.00

☐ Memo Item

Loan made from personal funds

Full Name (Last, First, Middle Initial)

Grayson, Alan Mark, , ,

Mailing Address 4460 Willow Cove Ct

City

Orlando

State

FL

Zip Code

32835-2558

FEC ID number of contributing
federal political committee.

C S2FL00581

Name of Employer
SelfOccupation
Candidate

Receipt For: 2024

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

159479.32

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	2	9	/	2	0	2	3

Transaction ID : A27F46D02F8864A92B8B

Amount of Each Receipt this Period

293.00

☐ Memo Item

Loan made from personal funds

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

3368.00

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

106133.02

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

PAGE 25 OF 272

☒ 17	☐ 18	☐ 19a	☐ 19b
20a	20b	20c	21

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

NAME OF COMMITTEE (In Full)

Committee to Elect Alan Grayson

Full Name (Last, First, Middle Initial)

A. Aadvantage MastercardMailing Address Barclays
PO Box 13337City
PhiladelphiaState
PAZip Code
19101-3337Purpose of Disbursement
Bank fees

001

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	4		0	1		2	0	2	3

FEC Identification Number

C

Amount of Each Disbursement this Period

99.00

Transaction ID : BA24274B6F14E4B9D8F3

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Aadvantage MastercardMailing Address Barclays
PO Box 13337City
PhiladelphiaState
PAZip Code
19101-3337Purpose of Disbursement
Interest Expense

001

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	4		0	1		2	0	2	3

FEC Identification Number

C

Amount of Each Disbursement this Period

168.10

Transaction ID : BC5524B1CC129446BBCF

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Aadvantage MastercardMailing Address Barclays
PO Box 13337City
PhiladelphiaState
PAZip Code
19101-3337Purpose of Disbursement
Interest expense

001

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	5		0	4		2	0	2	3

FEC Identification Number

C

Amount of Each Disbursement this Period

195.41

Transaction ID : B5E3F31D9370B4FED9DD

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

462.51

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 26 OF 272

☒ 17	☐ 18	☐ 19a	☐ 19b
20a	20b	20c	21

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

NAME OF COMMITTEE (In Full)

Committee to Elect Alan Grayson

Full Name (Last, First, Middle Initial)

A. Aadvantage MastercardMailing Address Barclays
PO Box 13337City
PhiladelphiaState
PAZip Code
19101-3337Purpose of Disbursement
Principal Repayment - digital advertising

001

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	5		0	4		2	0	2	3

FEC Identification Number

C

Amount of Each Disbursement this Period

74.67

Transaction ID : B439FEFD55C484385865

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Aadvantage MastercardMailing Address Barclays
PO Box 13337City
PhiladelphiaState
PAZip Code
19101-3337Purpose of Disbursement
Principal repayment: digital advertising

001

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	6		0	3		2	0	2	3

FEC Identification Number

C

Amount of Each Disbursement this Period

61.13

Transaction ID : B973AB7AF6F6142FDA62

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Aadvantage MastercardMailing Address Barclays
PO Box 13337City
PhiladelphiaState
PAZip Code
19101-3337Purpose of Disbursement
Bank fees

001

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	6		0	3		2	0	2	3

FEC Identification Number

C

Amount of Each Disbursement this Period

29.00

Transaction ID : BC9B18C47DB254AA2A00

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

164.80

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 27 OF 272

☒ 17	☐ 18	☐ 19a	☐ 19b
20a	20b	20c	21

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

NAME OF COMMITTEE (In Full)

Committee to Elect Alan Grayson

Full Name (Last, First, Middle Initial)

A. Aadvantage MastercardMailing Address Barclays
PO Box 13337City
PhiladelphiaState
PAZip Code
19101-3337Purpose of Disbursement
Interest expense

001

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	6		0	3		2	0	2	3

FEC Identification Number

C

Amount of Each Disbursement this Period

156.77

Transaction ID : BDB24D19946624157BAD

☐ Memo Item**B. ActBlue**Mailing Address 14 Arrow St
Ste 11City
CambridgeState
MAZip Code
02138-5106Purpose of Disbursement
Credit card processing fees

003

Candidate Name

ActBlue

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	6		3	0		2	0	2	3

FEC Identification Number

C C00401224

Amount of Each Disbursement this Period

0.60

Transaction ID : BE29B7CB538FB4E7B91E

☐ Memo Item**C. ActBlue**Mailing Address 14 Arrow St
Ste 11City
CambridgeState
MAZip Code
02138-5106Purpose of Disbursement
Bankcard processing fees

003

Candidate Name

ActBlue

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	6		3	0		2	0	2	3

FEC Identification Number

C C00401224

Amount of Each Disbursement this Period

97.25

Transaction ID : BBB37B7EAB288472ABF6

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

254.62

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 28 OF 272

☒ 17	☐ 18	☐ 19a	☐ 19b
20a	20b	20c	21

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

NAME OF COMMITTEE (In Full)

Committee to Elect Alan Grayson

Full Name (Last, First, Middle Initial)

A. Alliant Visa

Mailing Address PO Box 1666

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	9		2	0	2	3

City
Des PlainesState
ILZip Code
60017-1666

FEC Identification Number

C

Purpose of Disbursement
Principal repayment - printing

001

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

315.23

Transaction ID : BEA4E210B7EC640E8832

☐ Memo Item

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☒	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Full Name (Last, First, Middle Initial)

B. Alliant Visa

Mailing Address PO Box 1666

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	7		2	0	2	3

City
Des PlainesState
ILZip Code
60017-1666

FEC Identification Number

C

Purpose of Disbursement
Interest expense

001

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

240.50

Transaction ID : BD776CAC444654B15A24

☐ Memo Item

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☒	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Full Name (Last, First, Middle Initial)

C. Alliant Visa

Mailing Address PO Box 1666

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	7		2	0	2	3

City
Des PlainesState
ILZip Code
60017-1666

FEC Identification Number

C

Purpose of Disbursement
Principal pmt - printing

001

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

300.41

Transaction ID : BDBEBFA633851453B833

☐ Memo Item

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☒	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

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

856.14

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 29 OF 272

☒ 17	☐ 18	☐ 19a	☐ 19b
20a	20b	20c	21

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

NAME OF COMMITTEE (In Full)

Committee to Elect Alan Grayson

Full Name (Last, First, Middle Initial)

A. Alliant Visa

Mailing Address PO Box 1666

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	7		2	0	2	3

City
Des PlainesState
ILZip Code
60017-1666

FEC Identification Number

C

Purpose of Disbursement
Interest expense

001

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

236.64

Transaction ID : B3F3BD3565F3F4EF9BA8

☐ Memo Item

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☒	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Full Name (Last, First, Middle Initial)

B. Alliant Visa

Mailing Address PO Box 1666

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	7		2	0	2	3

City
Des PlainesState
ILZip Code
60017-1666

FEC Identification Number

C

Purpose of Disbursement
Principal prnt - printing

001

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

297.36

Transaction ID : BCEEB5B42155A444D9C1

☐ Memo Item

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☒	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Full Name (Last, First, Middle Initial)

C. American Express Blue Bus+

Mailing Address PO Box 650448

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	0		2	0	2	3

City
DallasState
TXZip Code
75265

FEC Identification Number

C

Purpose of Disbursement
Bank fees

001

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

0.33

Transaction ID : B1DAA8C31678B4D5A951

☐ Memo Item

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☒	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

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

534.33

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 30 OF 272

☒ 17	☐ 18	☐ 19a	☐ 19b
20a	20b	20c	21

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

NAME OF COMMITTEE (In Full)

Committee to Elect Alan Grayson

Full Name (Last, First, Middle Initial)

A. American Express Blue Bus+

Mailing Address PO Box 650448

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		10		2023

City
DallasState
TXZip Code
75265

FEC Identification Number

C

Purpose of Disbursement
Principal pmt -

001

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

958.69

Transaction ID : BC251D6E3B8BD4E25B38

☐ Memo Item

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☒	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Full Name (Last, First, Middle Initial)

B. American Express Blue Bus+

Mailing Address PO Box 650448

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		10		2023

City
DallasState
TXZip Code
75265

FEC Identification Number

C

Purpose of Disbursement
Interest expense

001

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

191.98

Transaction ID : B23E6237D01A542EDBFC

☐ Memo Item

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☒	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Full Name (Last, First, Middle Initial)

C. American Express Blue Bus+

Mailing Address PO Box 650448

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		10		2023

City
DallasState
TXZip Code
75265

FEC Identification Number

C

Purpose of Disbursement
Bank fees

001

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

0.33

Transaction ID : B3BE29DE97AA049FC88E

☐ Memo Item

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☒	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

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

1151.00

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 31 OF 272

☒ 17	☐ 18	☐ 19a	☐ 19b
20a	20b	20c	21

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

NAME OF COMMITTEE (In Full)

Committee to Elect Alan Grayson

Full Name (Last, First, Middle Initial)

A. American Express Blue Bus+

Mailing Address PO Box 650448

Date of Disbursement

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

City
DallasState
TXZip Code
75265

FEC Identification Number

C

Purpose of Disbursement
Interest expense

001

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

96.59

Transaction ID : BF294800B99F44A29AEF

☐ Memo Item

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☒	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Full Name (Last, First, Middle Initial)

B. American Express Blue Bus+

Mailing Address PO Box 650448

Date of Disbursement

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

City
DallasState
TXZip Code
75265

FEC Identification Number

C

Purpose of Disbursement
Principal prnt - solicitation

001

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

135.08

Transaction ID : B41AA3CB9EEB74E8CB92

☐ Memo Item

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☒	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Full Name (Last, First, Middle Initial)

C. American Express Blue Bus+

Mailing Address PO Box 650448

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	1		2	0	2	3

City
DallasState
TXZip Code
75265

FEC Identification Number

C

Purpose of Disbursement
Interest expense

001

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

107.83

Transaction ID : BC4B6710479204EA3A6B

☐ Memo Item

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☒	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

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

339.50

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 32 OF 272

☒ 17	☐ 18	☐ 19a	☐ 19b
20a	20b	20c	21

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

NAME OF COMMITTEE (In Full)

Committee to Elect Alan Grayson

Full Name (Last, First, Middle Initial)

A. American Express Blue Bus+

Mailing Address PO Box 650448

City
DallasState
TXZip Code
75265Purpose of Disbursement
Principal pmt - solicitation

001

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	6		1	1		2	0	2	3

FEC Identification Number

C

Amount of Each Disbursement this Period

879.17

Transaction ID : B73D43B388AA54B0D86A

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. American Express Business Green

Mailing Address PO Box 650448

City
DallasState
TXZip Code
75265-0448Purpose of Disbursement
Credit Card: See Below

001

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	4		0	9		2	0	2	3

FEC Identification Number

C

Amount of Each Disbursement this Period

477.81

Transaction ID : BA2F4FD7AE73D4A57BFD

☐ Memo Item

Full Name (Last, First, Middle Initial)

c. Public Storage

Mailing Address 1510 Spring Hill Road

City
Mc LeanState
VAZip Code
22102-3011Purpose of Disbursement
Storage Expense

001

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	4		0	9		2	0	2	3

FEC Identification Number

C

Amount of Each Disbursement this Period

261.16

Transaction ID : BB35E055FFDCB4B82B45

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

1356.98

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 33 OF 272

☒ 17	☐ 18	☐ 19a	☐ 19b
20a	20b	20c	21

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

NAME OF COMMITTEE (In Full)

Committee to Elect Alan Grayson

Full Name (Last, First, Middle Initial)

A. American Express Business Green

Mailing Address PO Box 650448

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		07		2023

City
DallasState
TXZip Code
75265-0448

FEC Identification Number

C

Purpose of Disbursement
Credit Card: See Below

001

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

275.15

Transaction ID : BCA50D319B4D740E0A44

☐ Memo Item

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☒	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Full Name (Last, First, Middle Initial)

B. Public Storage

Mailing Address 1510 Spring Hill Road

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		07		2023

City
Mc LeanState
VAZip Code
22102-3011

FEC Identification Number

C

Purpose of Disbursement
Storage Expense

001

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

261.16

Transaction ID : B72D2AD4C36604E1EB0F

☒ Memo Item

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☒	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Full Name (Last, First, Middle Initial)

C. American Express Business Green

Mailing Address PO Box 650448

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		07		2023

City
DallasState
TXZip Code
75265-0448

FEC Identification Number

C

Purpose of Disbursement
Credit Card: See Below

001

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

445.04

Transaction ID : B8EF51A208F77446A91C

☐ Memo Item

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☒	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

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

720.19

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 34 OF 272

☒ 17	☐ 18	☐ 19a	☐ 19b
20a	20b	20c	21

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

NAME OF COMMITTEE (In Full)

Committee to Elect Alan Grayson

Full Name (Last, First, Middle Initial)

A. Godaddy.comMailing Address 14455 N Hayden Road
Suite 226City
ScottsdaleState
AZZip Code
85260-6993Purpose of Disbursement
Website domain names and sites

001

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	6		0	7		2	0	2	3

FEC Identification Number

C

Amount of Each Disbursement this Period

159.94

Transaction ID : BEAD95566B1234496A40

☒ Memo Item

Full Name (Last, First, Middle Initial)

B. Public Storage

Mailing Address 1510 Spring Hill Road

City
Mc LeanState
VAZip Code
22102-3011Purpose of Disbursement
Storage Expense

001

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	6		0	7		2	0	2	3

FEC Identification Number

C

Amount of Each Disbursement this Period

261.16

Transaction ID : BFCCC9BD2B1084A87864

☒ Memo Item

Full Name (Last, First, Middle Initial)

C. American Express Business Platinum

Mailing Address PO Box 650448

City
DallasState
TXZip Code
75265-0448Purpose of Disbursement
Interest expense

001

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	4		1	0		2	0	2	3

FEC Identification Number

C

Amount of Each Disbursement this Period

112.20

Transaction ID : B11D84F56A2664E459F9

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

112.20

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 35 OF 272

☒ 17	☐ 18	☐ 19a	☐ 19b
20a	20b	20c	21

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

NAME OF COMMITTEE (In Full)

Committee to Elect Alan Grayson

Full Name (Last, First, Middle Initial)

A. American Express Business Platinum

Mailing Address PO Box 650448

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		10		2023

City
DallasState
TXZip Code
75265-0448

FEC Identification Number

C

Purpose of Disbursement
Principal Pmt - print ads

001

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

68.80

Transaction ID : BD2A0CCC35EE0437EBC8

☐ Memo Item

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☒	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Full Name (Last, First, Middle Initial)

B. American Express Business Platinum

Mailing Address PO Box 650448

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		10		2023

City
DallasState
TXZip Code
75265-0448

FEC Identification Number

C

Purpose of Disbursement
Interest expense

001

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

105.99

Transaction ID : B4A0C6C55E9C340949E6

☐ Memo Item

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☒	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Full Name (Last, First, Middle Initial)

C. American Express Business Platinum

Mailing Address PO Box 650448

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		10		2023

City
DallasState
TXZip Code
75265-0448

FEC Identification Number

C

Purpose of Disbursement
Principal Pmt - print ads

001

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

68.01

Transaction ID : BAEBD6D653E77444F8E3

☐ Memo Item

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☒	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

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

242.80

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 36 OF 272

☒ 17	☐ 18	☐ 19a	☐ 19b
20a	20b	20c	21

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

NAME OF COMMITTEE (In Full)

Committee to Elect Alan Grayson

Full Name (Last, First, Middle Initial)

A. American Express Business Platinum

Mailing Address PO Box 650448

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	1		2	0	2	3

City
DallasState
TXZip Code
75265-0448

FEC Identification Number

C

Purpose of Disbursement
Interest expense

001

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

117.73

Transaction ID : B69347A28910745D1AF6

☐ Memo Item

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☒	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Full Name (Last, First, Middle Initial)

B. American Express Business Platinum

Mailing Address PO Box 650448

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	1		2	0	2	3

City
DallasState
TXZip Code
75265-0448

FEC Identification Number

C

Purpose of Disbursement
Principal repayment - print media

001

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

869.27

Transaction ID : B2FB7658CDE2F44D3B94

☐ Memo Item

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☒	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Full Name (Last, First, Middle Initial)

C. American Express Gold 2

Mailing Address PO Box 650448

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	5		2	0	2	3

City
DallasState
TXZip Code
75265-0448

FEC Identification Number

C

Purpose of Disbursement
Interest expense

001

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

591.31

Transaction ID : BE708CA1C9E984623877

☐ Memo Item

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☒	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

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

1578.31

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 37 OF 272

☒ 17	☐ 18	☐ 19a	☐ 19b
20a	20b	20c	21

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

NAME OF COMMITTEE (In Full)

Committee to Elect Alan Grayson

Full Name (Last, First, Middle Initial)

A. American Express Gold 2

Mailing Address PO Box 650448

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	5		2	0	2	3

City
DallasState
TXZip Code
75265-0448

FEC Identification Number

C

Purpose of Disbursement
principal pmt - digital ad

003

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

523.69

Transaction ID : B3620A2F4365A485999A

☐ Memo Item

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☒	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Full Name (Last, First, Middle Initial)

B. American Express Gold 2

Mailing Address PO Box 650448

Date of Disbursement

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

City
DallasState
TXZip Code
75265-0448

FEC Identification Number

C

Purpose of Disbursement
Interest expense

001

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

607.95

Transaction ID : B0BCEE39667BB410BBBE

☐ Memo Item

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☒	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Full Name (Last, First, Middle Initial)

C. American Express Gold 2

Mailing Address PO Box 650448

Date of Disbursement

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

City
DallasState
TXZip Code
75265-0448

FEC Identification Number

C

Purpose of Disbursement
Principal pmt - digital ads

003

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

497.05

Transaction ID : B21F8B96BD1474CBEB74

☐ Memo Item

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☒	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

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

1628.69

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 38 OF 272

☒ 17	☐ 18	☐ 19a	☐ 19b
20a	20b	20c	21

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

NAME OF COMMITTEE (In Full)

Committee to Elect Alan Grayson

Full Name (Last, First, Middle Initial)

A. American Express Gold 2

Mailing Address PO Box 650448

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	5		2	0	2	3

City
DallasState
TXZip Code
75265-0448

FEC Identification Number

C

Purpose of Disbursement
Bank fees

001

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

345.00

Transaction ID : B5EDFAAC57F4C4E50AEF

☐ Memo Item

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☒	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Full Name (Last, First, Middle Initial)

B. American Express Gold 2

Mailing Address PO Box 650448

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	5		2	0	2	3

City
DallasState
TXZip Code
75265-0448

FEC Identification Number

C

Purpose of Disbursement
Interest expense

003

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

603.99

Transaction ID : B0EAB43C84E7A4687A5D

☐ Memo Item

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☒	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Full Name (Last, First, Middle Initial)

C. American Express Gold 2

Mailing Address PO Box 650448

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	5		2	0	2	3

City
DallasState
TXZip Code
75265-0448

FEC Identification Number

C

Purpose of Disbursement
principal pmt - digital ad

003

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

471.01

Transaction ID : BC7190862BADA4792960

☐ Memo Item

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☒	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

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

1420.00

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 39 OF 272

☒ 17	☐ 18	☐ 19a	☐ 19b
20a	20b	20c	21

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

NAME OF COMMITTEE (In Full)

Committee to Elect Alan Grayson

Full Name (Last, First, Middle Initial)

A. American Express Skye Blue

Mailing Address PO Box 6031

City
Carol StreamState
ILZip Code
60197-6031Purpose of Disbursement
Principal pmt

001

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	5		0	3		2	0	2	3

FEC Identification Number

C

Amount of Each Disbursement this Period

49.23

Transaction ID : B43AFE46144874633983

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. American Express Skye Blue

Mailing Address PO Box 6031

City
Carol StreamState
ILZip Code
60197-6031Purpose of Disbursement
Bank fees

001

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	5		0	3		2	0	2	3

FEC Identification Number

C

Amount of Each Disbursement this Period

39.00

Transaction ID : BFAE423A2E132456FB61

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. American Express Skye Blue

Mailing Address PO Box 6031

City
Carol StreamState
ILZip Code
60197-6031Purpose of Disbursement
Interest expense

001

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	5		0	3		2	0	2	3

FEC Identification Number

C

Amount of Each Disbursement this Period

84.77

Transaction ID : BF3472F5C3486401D9A1

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

173.00

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 40 OF 272

☒ 17	☐ 18	☐ 19a	☐ 19b
20a	20b	20c	21

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

NAME OF COMMITTEE (In Full)

Committee to Elect Alan Grayson

Full Name (Last, First, Middle Initial)

A. Bank Of America - AirFrance

Mailing Address PO Box 851001

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	8		2	0	2	3

City
DallasState
TXZip Code
75285-1001

FEC Identification Number

C

Purpose of Disbursement
Interest expense

001

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

561.09

Transaction ID : BBB13A3A6024A4B5EA97

☐ Memo Item

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☒	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Full Name (Last, First, Middle Initial)

B. Bank Of America - AirFrance

Mailing Address PO Box 851001

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	8		2	0	2	3

City
DallasState
TXZip Code
75285-1001

FEC Identification Number

C

Purpose of Disbursement
Principal repayment - fundraising

001

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

345.91

Transaction ID : BE2F2B2D15508477E9CE

☐ Memo Item

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☒	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Full Name (Last, First, Middle Initial)

C. Bank Of America - AirFrance

Mailing Address PO Box 851001

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	8		2	0	2	3

City
DallasState
TXZip Code
75285-1001

FEC Identification Number

C

Purpose of Disbursement
Interest expense

001

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

622.50

Transaction ID : B2932DB857BE546D2871

☐ Memo Item

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☒	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

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

1529.50

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 41 OF 272

☒ 17	☐ 18	☐ 19a	☐ 19b
20a	20b	20c	21

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

NAME OF COMMITTEE (In Full)

Committee to Elect Alan Grayson

Full Name (Last, First, Middle Initial)

A. Bank Of America - AirFrance

Mailing Address PO Box 851001

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	8		2	0	2	3

City
DallasState
TXZip Code
75285-1001

FEC Identification Number

C

Purpose of Disbursement
Principal repayment - fundraising

001

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

341.50

Transaction ID : B55EC30EDABF74B65A5A

☐ Memo Item

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☒	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Full Name (Last, First, Middle Initial)

B. Bank Of America - AirFrance

Mailing Address PO Box 851001

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	0		2	0	2	3

City
DallasState
TXZip Code
75285-1001

FEC Identification Number

C

Purpose of Disbursement
Interest expense

001

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

590.11

Transaction ID : B25B2AE9E17964C90823

☐ Memo Item

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☒	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Full Name (Last, First, Middle Initial)

C. Bank Of America - AirFrance

Mailing Address PO Box 851001

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	0		2	0	2	3

City
DallasState
TXZip Code
75285-1001

FEC Identification Number

C

Purpose of Disbursement
Principal pmt - fundraising

001

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

332.89

Transaction ID : B727D15CBF1B54D6BB6E

☐ Memo Item

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☒	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

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

1264.50

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 42 OF 272

☒ 17	☐ 18	☐ 19a	☐ 19b
20a	20b	20c	21

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

NAME OF COMMITTEE (In Full)

Committee to Elect Alan Grayson

Full Name (Last, First, Middle Initial)

A. Bank Of America Free Spirit

Mailing Address PO Box 851001

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	9		2	0	2	3

City
DallasState
TXZip Code
75285-1001

FEC Identification Number

C

Purpose of Disbursement
Interest expense

001

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

334.14

Transaction ID : BD03786C148D34E5BBFD

☐ Memo Item

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☒	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Full Name (Last, First, Middle Initial)

B. Bank Of America Free Spirit

Mailing Address PO Box 851001

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	9		2	0	2	3

City
DallasState
TXZip Code
75285-1001

FEC Identification Number

C

Purpose of Disbursement
Principal repayment - billboards

001

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

212.87

Transaction ID : BFFA331C2D21C485B887

☐ Memo Item

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☒	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Full Name (Last, First, Middle Initial)

C. Bank Of America Free Spirit

Mailing Address PO Box 851001

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	9		2	0	2	3

City
DallasState
TXZip Code
75285-1001

FEC Identification Number

C

Purpose of Disbursement
Bank fees

001

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

28.00

Transaction ID : BB19ABCE5EB234961B69

☐ Memo Item

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☒	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

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

575.01

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 43 OF 272

☒ 17	☐ 18	☐ 19a	☐ 19b
20a	20b	20c	21

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

NAME OF COMMITTEE (In Full)

Committee to Elect Alan Grayson

Full Name (Last, First, Middle Initial)

A. Bank Of America Free Spirit

Mailing Address PO Box 851001

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		18		2023

City
DallasState
TXZip Code
75285-1001

FEC Identification Number

C

Purpose of Disbursement
Interest expense

001

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

370.89

Transaction ID : B0694018194264D2B92E

☐ Memo Item

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☒	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Full Name (Last, First, Middle Initial)

B. Bank Of America Free Spirit

Mailing Address PO Box 851001

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		18		2023

City
DallasState
TXZip Code
75285-1001

FEC Identification Number

C

Purpose of Disbursement
Principal prnt - billboards

001

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

211.11

Transaction ID : B81A395BB3C1C4D7FBFC

☐ Memo Item

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☒	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Full Name (Last, First, Middle Initial)

c. Bank Of America Free Spirit

Mailing Address PO Box 851001

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		20		2023

City
DallasState
TXZip Code
75285-1001

FEC Identification Number

C

Purpose of Disbursement
Interest expense

001

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

355.07

Transaction ID : BB0185027223448BE9E8

☐ Memo Item

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☒	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

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

937.07

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 44 OF 272

☒ 17	☐ 18	☐ 19a	☐ 19b
20a	20b	20c	21

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

NAME OF COMMITTEE (In Full)

Committee to Elect Alan Grayson

Full Name (Last, First, Middle Initial)

A. Bank Of America Free Spirit

Mailing Address PO Box 851001

City
DallasState
TXZip Code
75285-1001Purpose of Disbursement
Principal pmt - billboards

001

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	6		2	0		2	0	2	3

FEC Identification Number

C

Amount of Each Disbursement this Period

208.93

Transaction ID : B9BB507436918428C96E

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Bank of America Virgin Atlantic

Mailing Address PO Box 660710

City
DallasState
TXZip Code
75266-3240Purpose of Disbursement
Interest expense

001

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	4		0	9		2	0	2	3

FEC Identification Number

C

Amount of Each Disbursement this Period

280.77

Transaction ID : B355B6CE598EC47EFA86

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Bank of America Virgin Atlantic

Mailing Address PO Box 660710

City
DallasState
TXZip Code
75266-3240Purpose of Disbursement
Principal pmt - billboards

001

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	4		0	9		2	0	2	3

FEC Identification Number

C

Amount of Each Disbursement this Period

202.23

Transaction ID : B0726158C5BE94943A19

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

691.93

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 45 OF 272

☒ 17	☐ 18	☐ 19a	☐ 19b
20a	20b	20c	21

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

NAME OF COMMITTEE (In Full)

Committee to Elect Alan Grayson

Full Name (Last, First, Middle Initial)

A. Bank of America Virgin Atlantic

Mailing Address PO Box 660710

City
DallasState
TXZip Code
75266-3240Purpose of Disbursement
Interest expense

001

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	5		0	8		2	0	2	3

FEC Identification Number

C

Amount of Each Disbursement this Period

312.37

Transaction ID : B251624D36DE54B85A4B

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Bank of America Virgin Atlantic

Mailing Address PO Box 660710

City
DallasState
TXZip Code
75266-3240Purpose of Disbursement
Principal prnt - billboards

001

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	5		0	8		2	0	2	3

FEC Identification Number

C

Amount of Each Disbursement this Period

210.63

Transaction ID : B5E3275E444F44B97878

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Bank of America Virgin Atlantic

Mailing Address PO Box 660710

City
DallasState
TXZip Code
75266-3240Purpose of Disbursement
Interest expense

001

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	6		0	8		2	0	2	3

FEC Identification Number

C

Amount of Each Disbursement this Period

299.35

Transaction ID : B2A9D77E0B0B748FD9DE

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

822.35

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 46 OF 272

☒ 17	☐ 18	☐ 19a	☐ 19b
20a	20b	20c	21

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

NAME OF COMMITTEE (In Full)

Committee to Elect Alan Grayson

Full Name (Last, First, Middle Initial)

A. Bank of America Virgin Atlantic

Mailing Address PO Box 660710

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		08		2023

City
DallasState
TXZip Code
75266-3240

FEC Identification Number

C

Purpose of Disbursement
Principal pmt - billboards

001

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

207.65

Transaction ID : B6B7C4FBFAFF64243A89

☐ Memo Item

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☒	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Full Name (Last, First, Middle Initial)

B. Bankcard USA Merchant Fees

Mailing Address 280 Fore Street

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		03		2023

City
PortlandState
MEZip Code
04101-4177

FEC Identification Number

C

Purpose of Disbursement
Bankcard service fee

001

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

42.95

Transaction ID : BE6206C7AD7954A0A84D

☐ Memo Item

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☒	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Full Name (Last, First, Middle Initial)

C. Bankcard USA Merchant Fees

Mailing Address 280 Fore Street

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		02		2023

City
PortlandState
MEZip Code
04101-4177

FEC Identification Number

C

Purpose of Disbursement
Bankcard processing fee

001

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

42.95

Transaction ID : BDC9F304A273D458AA92

☐ Memo Item

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☒	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

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

293.55

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 47 OF 272

☒ 17	☐ 18	☐ 19a	☐ 19b
20a	20b	20c	21

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

NAME OF COMMITTEE (In Full)

Committee to Elect Alan Grayson

Full Name (Last, First, Middle Initial)

A. Bankcard USA Merchant Fees

Mailing Address 280 Fore Street

City
PortlandState
MEZip Code
04101-4177Purpose of Disbursement
Bankcard processing fee

001

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	6		0	2		2	0	2	3

FEC Identification Number

C

Amount of Each Disbursement this Period

42.95

Transaction ID : BBA57815B3F0F44EBAF3

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Chase Amazon Visa

Mailing Address PO Box 6294

City
Carol StreamState
ILZip Code
60197-6294Purpose of Disbursement
Principal pmt

001

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	4		1	5		2	0	2	3

FEC Identification Number

C

Amount of Each Disbursement this Period

28.00

Transaction ID : B8BA567BF55A14C03825

☐ Memo Item

Full Name (Last, First, Middle Initial)

c. Chase Amazon Visa

Mailing Address PO Box 6294

City
Carol StreamState
ILZip Code
60197-6294Purpose of Disbursement
Principal pmt

001

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	4		1	5		2	0	2	3

FEC Identification Number

C

Amount of Each Disbursement this Period

493.57

Transaction ID : B5A62B98DABED4C6DB47

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

564.52

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 48 OF 272

☒ 17	☐ 18	☐ 19a	☐ 19b
20a	20b	20c	21

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

NAME OF COMMITTEE (In Full)

Committee to Elect Alan Grayson

Full Name (Last, First, Middle Initial)

A. Chase Amazon Visa

Mailing Address PO Box 6294

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	5		2	0	2	3

City
Carol StreamState
ILZip Code
60197-6294

FEC Identification Number

C

Purpose of Disbursement
Principal pmt

001

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

310.43

Transaction ID : B7E71850511BE4178B61

☐ Memo Item

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☒	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Full Name (Last, First, Middle Initial)

B. Chase Amazon Visa

Mailing Address PO Box 6294

Date of Disbursement

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

City
Carol StreamState
ILZip Code
60197-6294

FEC Identification Number

C

Purpose of Disbursement
Principal pmt

001

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

548.62

Transaction ID : B4FFCA7E9A9A14FA1BFA

☐ Memo Item

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☒	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Full Name (Last, First, Middle Initial)

C. Chase Amazon Visa

Mailing Address PO Box 6294

Date of Disbursement

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

City
Carol StreamState
ILZip Code
60197-6294

FEC Identification Number

C

Purpose of Disbursement
Principal pmt

001

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

335.28

Transaction ID : BA922A0EB77DD46659D3

☐ Memo Item

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☒	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

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

1194.33

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 49 OF 272

☒ 17	☐ 18	☐ 19a	☐ 19b
20a	20b	20c	21

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

NAME OF COMMITTEE (In Full)

Committee to Elect Alan Grayson

Full Name (Last, First, Middle Initial)

A. Chase Amazon Visa

Mailing Address PO Box 6294

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	5		2	0	2	3

City
Carol StreamState
ILZip Code
60197-6294

FEC Identification Number

C

Purpose of Disbursement
Principal pmt

001

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

28.00

Transaction ID : B1E3A105E3DFD4E539C0

☐ Memo Item

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☒	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Full Name (Last, First, Middle Initial)

B. Chase Amazon Visa

Mailing Address PO Box 6294

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	5		2	0	2	3

City
Carol StreamState
ILZip Code
60197-6294

FEC Identification Number

C

Purpose of Disbursement
Principal pmt

001

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

407.37

Transaction ID : B03DF228A962F41C786E

☐ Memo Item

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☒	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Full Name (Last, First, Middle Initial)

C. Chase Amazon Visa

Mailing Address PO Box 6294

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	5		2	0	2	3

City
Carol StreamState
ILZip Code
60197-6294

FEC Identification Number

C

Purpose of Disbursement
Principal pmt

001

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

436.63

Transaction ID : B3BC29CB60FA2475B898

☐ Memo Item

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☒	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

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

872.00

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 50 OF 272

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

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

NAME OF COMMITTEE (In Full)

Committee to Elect Alan Grayson

Full Name (Last, First, Middle Initial)

A. Chase BA Visa - Skye

Mailing Address PO Box 1423

City
CharlotteState
NCZip Code
28201-1423Purpose of Disbursement
Interest charges

001

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☐ Primary ☒ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

205.71

Transaction ID : BCBCD20BB45B7428988A

☒ Memo Item

Full Name (Last, First, Middle Initial)

B. Chase BA Visa - Skye

Mailing Address PO Box 1423

City
CharlotteState
NCZip Code
28201-1423Purpose of Disbursement
Credit card fees

001

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☐ Primary ☒ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

29.00

Transaction ID : B8507980EA90B488696B

☒ Memo Item

Full Name (Last, First, Middle Initial)

c. Chase BA Visa - Skye

Mailing Address PO Box 1423

City
CharlotteState
NCZip Code
28201-1423Purpose of Disbursement
Credit card principal

001

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☐ Primary ☒ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

95.29

Transaction ID : B1C2132C4794946BDB25

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

0.00

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

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

PAGE 51 OF 272

☒ 17	☐ 18	☐ 19a	☐ 19b
20a	20b	20c	21

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

NAME OF COMMITTEE (In Full)

Committee to Elect Alan Grayson

Full Name (Last, First, Middle Initial)

A. Chase BA Visa - Skye

Mailing Address PO Box 1423

Date of Disbursement

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

City
CharlotteState
NCZip Code
28201-1423

FEC Identification Number

C

Purpose of Disbursement
Interest expense

001

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

218.62

Transaction ID : B538E0B163D2C4706A78

☐ Memo Item

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☒	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Full Name (Last, First, Middle Initial)

B. Chase BA Visa - Skye

Mailing Address PO Box 1423

Date of Disbursement

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

City
CharlotteState
NCZip Code
28201-1423

FEC Identification Number

C

Purpose of Disbursement
Principal prnt - digital advertising

001

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

122.38

Transaction ID : B6D612FD834A74194807

☐ Memo Item

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☒	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Full Name (Last, First, Middle Initial)

c. Chase BA Visa - Skye

Mailing Address PO Box 1423

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	9		2	0	2	3

City
CharlotteState
NCZip Code
28201-1423

FEC Identification Number

C

Purpose of Disbursement
Interest expense

001

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

209.09

Transaction ID : B5ADC90C6AAED405AAD4

☐ Memo Item

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☒	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

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

550.09

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 52 OF 272

☒ 17	☐ 18	☐ 19a	☐ 19b
20a	20b	20c	21

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

NAME OF COMMITTEE (In Full)

Committee to Elect Alan Grayson

Full Name (Last, First, Middle Initial)

A. Chase BA Visa - Skye

Mailing Address PO Box 1423

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	9		2	0	2	3

City
CharlotteState
NCZip Code
28201-1423

FEC Identification Number

C

Purpose of Disbursement
Principal pmt - digital advertising

001

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

120.91

Transaction ID : B62DEBA6B48534145A4E

☐ Memo Item

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☒	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Full Name (Last, First, Middle Initial)

B. Chase BA Visa - Skye

Mailing Address PO Box 1423

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	6		2	0	2	3

City
CharlotteState
NCZip Code
28201-1423

FEC Identification Number

C

Purpose of Disbursement
Interest expense

001

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

218.84

Transaction ID : B9F832152DEEE48B1A88

☐ Memo Item

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☒	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Full Name (Last, First, Middle Initial)

c. Chase BA Visa - Skye

Mailing Address PO Box 1423

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	6		2	0	2	3

City
CharlotteState
NCZip Code
28201-1423

FEC Identification Number

C

Purpose of Disbursement
Bank fees

001

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

40.00

Transaction ID : BDD509BE4F3AB496792F

☐ Memo Item

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☒	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

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

379.75

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 53 OF 272

☒ 17	☐ 18	☐ 19a	☐ 19b
20a	20b	20c	21

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

NAME OF COMMITTEE (In Full)

Committee to Elect Alan Grayson

Full Name (Last, First, Middle Initial)

A. Chase BA Visa - Skye

Mailing Address PO Box 1423

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	6		2	0	2	3

City
CharlotteState
NCZip Code
28201-1423

FEC Identification Number

C

Purpose of Disbursement
Principal pmt - digital advertising

001

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

118.16

Transaction ID : BCBC7A47F98F04386B63

☐ Memo Item

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☒	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Full Name (Last, First, Middle Initial)

B. Chase Card British Airways

Mailing Address PO Box 6294

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	9		2	0	2	3

City
Carol StreamState
ILZip Code
60197-6294

FEC Identification Number

C

Purpose of Disbursement
Interest expense

001

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

1049.75

Transaction ID : BDA4EF519ACE44B6BA40

☐ Memo Item

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☒	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Full Name (Last, First, Middle Initial)

C. Chase Card British Airways

Mailing Address PO Box 6294

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	9		2	0	2	3

City
Carol StreamState
ILZip Code
60197-6294

FEC Identification Number

C

Purpose of Disbursement
Bank fees

001

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

29.00

Transaction ID : B054B1F1B3B9742E6B38

☐ Memo Item

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☒	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

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

1196.91

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 54 OF 272

☒ 17	☐ 18	☐ 19a	☐ 19b
20a	20b	20c	21

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

NAME OF COMMITTEE (In Full)

Committee to Elect Alan Grayson

Full Name (Last, First, Middle Initial)

A. Chase Card British Airways

Mailing Address PO Box 6294

City
Carol StreamState
ILZip Code
60197-6294Purpose of Disbursement
Principal pmt - Campaign printing and Outdoor advertising

001

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	4		0	9		2	0	2	3

FEC Identification Number

C

Amount of Each Disbursement this Period

628.25

Transaction ID : B65A819FD87FD475B9DE

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Chase Card British Airways

Mailing Address PO Box 6294

City
Carol StreamState
ILZip Code
60197-6294Purpose of Disbursement
Interest expense

001

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	5		0	7		2	0	2	3

FEC Identification Number

C

Amount of Each Disbursement this Period

1165.15

Transaction ID : BECDC19E2AB164B55A3A

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Chase Card British Airways

Mailing Address PO Box 6294

City
Carol StreamState
ILZip Code
60197-6294Purpose of Disbursement
Bank fees

001

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	5		0	7		2	0	2	3

FEC Identification Number

C

Amount of Each Disbursement this Period

29.00

Transaction ID : B23BA5D14346644B0BAE

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

1822.40

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 55 OF 272

☒ 17	☐ 18	☐ 19a	☐ 19b
20a	20b	20c	21

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

NAME OF COMMITTEE (In Full)

Committee to Elect Alan Grayson

Full Name (Last, First, Middle Initial)

A. Chase Card British Airways

Mailing Address PO Box 6294

City
Carol StreamState
ILZip Code
60197-6294Purpose of Disbursement
Principal pmt - Campaign printing and Outdoor advertising

001

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	5		0	7		2	0	2	3

FEC Identification Number

C

Amount of Each Disbursement this Period

651.85

Transaction ID : B55DCC0CEAA904C7BA3D

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Chase Card British Airways

Mailing Address PO Box 6294

City
Carol StreamState
ILZip Code
60197-6294Purpose of Disbursement
Interest expense

001

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	6		0	7		2	0	2	3

FEC Identification Number

C

Amount of Each Disbursement this Period

1129.61

Transaction ID : B2D58EC43916C45728A1

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Chase Card British Airways

Mailing Address PO Box 6294

City
Carol StreamState
ILZip Code
60197-6294Purpose of Disbursement
Prin pmt - Campaign printing and Outdoor advertising

001

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	6		0	7		2	0	2	3

FEC Identification Number

C

Amount of Each Disbursement this Period

644.39

Transaction ID : BD502F142E3464842842

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

2425.85

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 56 OF 272

☒ 17	☐ 18	☐ 19a	☐ 19b
20a	20b	20c	21

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

NAME OF COMMITTEE (In Full)

Committee to Elect Alan Grayson

Full Name (Last, First, Middle Initial)

A. Chase Card United

Mailing Address PO Box 6294

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		27		2023

City
Carol StreamState
ILZip Code
60197-6294

FEC Identification Number

C

Purpose of Disbursement
Interest expense

001

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

1748.71

Transaction ID : B3640A4C8FEC6414F923

☐ Memo Item

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☒	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Full Name (Last, First, Middle Initial)

B. Chase Card United

Mailing Address PO Box 6294

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		27		2023

City
Carol StreamState
ILZip Code
60197-6294

FEC Identification Number

C

Purpose of Disbursement
Principal repayment

001

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

981.29

Transaction ID : BA8B9DF540D1F4BA4957

☐ Memo Item

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☒	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Full Name (Last, First, Middle Initial)

c. Chase Card United

Mailing Address PO Box 6294

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		27		2023

City
Carol StreamState
ILZip Code
60197-6294

FEC Identification Number

C

Purpose of Disbursement
Interest expense

001

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

1678.29

Transaction ID : BCE12B12C06A34BDB8CD

☐ Memo Item

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☒	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

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

4408.29

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 57 OF 272

☒ 17	☐ 18	☐ 19a	☐ 19b
20a	20b	20c	21

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

NAME OF COMMITTEE (In Full)

Committee to Elect Alan Grayson

Full Name (Last, First, Middle Initial)

A. Chase Card United

Mailing Address PO Box 6294

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	7		2	0	2	3

City
Carol StreamState
ILZip Code
60197-6294

FEC Identification Number

C

Purpose of Disbursement
Principal payment

001

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

970.71

Transaction ID : B8346B236853D4F29809

☐ Memo Item

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☒	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Full Name (Last, First, Middle Initial)

B. Chase Card United

Mailing Address PO Box 6294

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	7		2	0	2	3

City
Carol StreamState
ILZip Code
60197-6294

FEC Identification Number

C

Purpose of Disbursement
Principal payment

001

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

961.87

Transaction ID : BDE2E7E1D75124C02AB2

☐ Memo Item

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☒	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Full Name (Last, First, Middle Initial)

c. Chase Card United

Mailing Address PO Box 6294

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	7		2	0	2	3

City
Carol StreamState
ILZip Code
60197-6294

FEC Identification Number

C

Purpose of Disbursement
Interest expense

001

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

1736.13

Transaction ID : B2D614A34CF24443F9C4

☐ Memo Item

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☒	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

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

3668.71

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 58 OF 272

☒ 17	☐ 18	☐ 19a	☐ 19b
20a	20b	20c	21

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

NAME OF COMMITTEE (In Full)

Committee to Elect Alan Grayson

Full Name (Last, First, Middle Initial)

A. Citi Bank Double Cash

Mailing Address PO Box 6062

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	9		2	0	2	3

City
Sioux FallsState
SDZip Code
57117-6062

FEC Identification Number

C

Purpose of Disbursement
Interest expense

001

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

539.79

Transaction ID : B31CEC5130351406BAE4

☐ Memo Item

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☒	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Full Name (Last, First, Middle Initial)

B. Citi Bank Double Cash

Mailing Address PO Box 6062

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	9		2	0	2	3

City
Sioux FallsState
SDZip Code
57117-6062

FEC Identification Number

C

Purpose of Disbursement
Principal prnt - billboard/digital marketing

001

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

384.00

Transaction ID : B76BC2ACF0B8D40BCADB

☐ Memo Item

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☒	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Full Name (Last, First, Middle Initial)

C. Citi Bank Double Cash

Mailing Address PO Box 6062

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	8		2	0	2	3

City
Sioux FallsState
SDZip Code
57117-6062

FEC Identification Number

C

Purpose of Disbursement
Interest expense

001

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

662.45

Transaction ID : B6016BFCFBE344DC994A

☐ Memo Item

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☒	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

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

1586.24

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 59 OF 272

☒ 17	☐ 18	☐ 19a	☐ 19b
20a	20b	20c	21

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

NAME OF COMMITTEE (In Full)

Committee to Elect Alan Grayson

Full Name (Last, First, Middle Initial)

A. Citi Bank Double Cash

Mailing Address PO Box 6062

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	8		2	0	2	3

City
Sioux FallsState
SDZip Code
57117-6062

FEC Identification Number

C

Purpose of Disbursement
Interest expense

001

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

603.71

Transaction ID : BDB6E790682AF4589B46

☐ Memo Item

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☒	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Full Name (Last, First, Middle Initial)

B. Citi Bank Double Cash

Mailing Address PO Box 6062

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	8		2	0	2	3

City
Sioux FallsState
SDZip Code
57117-6062

FEC Identification Number

C

Purpose of Disbursement
Principal pmt - billboard/printing/digital media

001

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

196.45

Transaction ID : B5AD1688630824651AA2

☐ Memo Item

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☒	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Full Name (Last, First, Middle Initial)

C. Citi Bank Double Cash

Mailing Address PO Box 6062

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	8		2	0	2	3

City
Sioux FallsState
SDZip Code
57117-6062

FEC Identification Number

C

Purpose of Disbursement
Principal pmt - billboard/printing/digital media

001

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

1367.71

Transaction ID : BC3D8562488BB4282AB5

☐ Memo Item

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☒	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

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

2167.87

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 60 OF 272

☒ 17	☐ 18	☐ 19a	☐ 19b
20a	20b	20c	21

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

NAME OF COMMITTEE (In Full)

Committee to Elect Alan Grayson

Full Name (Last, First, Middle Initial)

A. Citi Prestige

Mailing Address PO Box 6004

Date of Disbursement

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

City
Sioux FallsState
SDZip Code
57117-6004

FEC Identification Number

C																			
---	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Purpose of Disbursement
Interest expense

001

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

																			467.19
--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--------

Transaction ID : B380C05FA23B54AEAA21

☐ Memo Item

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☒	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Full Name (Last, First, Middle Initial)

B. Citi Prestige

Mailing Address PO Box 6004

Date of Disbursement

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

City
Sioux FallsState
SDZip Code
57117-6004

FEC Identification Number

C																			
---	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Purpose of Disbursement
Principal prnt - solicitation/fundraising

001

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

																			244.00
--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--------

Transaction ID : B8E1C0DE4B17F438A8BE

☐ Memo Item

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☒	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Full Name (Last, First, Middle Initial)

C. Citi Prestige

Mailing Address PO Box 6004

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	8		2	0	2	3

City
Sioux FallsState
SDZip Code
57117-6004

FEC Identification Number

C																			
---	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Purpose of Disbursement
Bank fees

001

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

																			41.00
--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	-------

Transaction ID : B0A5BB22A2A864A6DBF7

☐ Memo Item

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☒	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

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

																			752.19
--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--------

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 61 OF 272

☒ 17	☐ 18	☐ 19a	☐ 19b
20a	20b	20c	21

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

NAME OF COMMITTEE (In Full)

Committee to Elect Alan Grayson

Full Name (Last, First, Middle Initial)

A. Citi Prestige

Mailing Address PO Box 6004

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	8		2	0	2	3

City
Sioux FallsState
SDZip Code
57117-6004

FEC Identification Number

C

Purpose of Disbursement
Interest expense

001

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

551.01

Transaction ID : B8B5E1CF3D4FB48E584B

☐ Memo Item

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☒	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Full Name (Last, First, Middle Initial)

B. Citi Prestige

Mailing Address PO Box 6004

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	8		2	0	2	3

City
Sioux FallsState
SDZip Code
57117-6004

FEC Identification Number

C

Purpose of Disbursement
Principal prnt - solicitation/fundraising

001

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

953.19

Transaction ID : B1325E256A8CD442CBFD

☐ Memo Item

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☒	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Full Name (Last, First, Middle Initial)

C. Citi Prestige

Mailing Address PO Box 6004

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	2		2	0	2	3

City
Sioux FallsState
SDZip Code
57117-6004

FEC Identification Number

C

Purpose of Disbursement
Interest expense

001

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

456.58

Transaction ID : B74B94E2C5D544CA4889

☐ Memo Item

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☒	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

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

1960.78

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 62 OF 272

☒ 17	☐ 18	☐ 19a	☐ 19b
20a	20b	20c	21

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

NAME OF COMMITTEE (In Full)

Committee to Elect Alan Grayson

Full Name (Last, First, Middle Initial)

A. Citi Prestige

Mailing Address PO Box 6004

City
Sioux FallsState
SDZip Code
57117-6004Purpose of Disbursement
Principal pmt - solicitation/fundraising

001

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	6		2	2		2	0	2	3

FEC Identification Number

C

Amount of Each Disbursement this Period

239.00

Transaction ID : BF71CD13A94E9452EADA

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Coastal Community X1 CardMailing Address Credit Card Division
PO Box 12220City
EverettState
WAZip Code
98206-2220Purpose of Disbursement
Interest Expense

001

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	4		1	1		2	0	2	3

FEC Identification Number

C

Amount of Each Disbursement this Period

448.59

Transaction ID : BA6D2D65B6EF44AF9893

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Coastal Community X1 CardMailing Address Credit Card Division
PO Box 12220City
EverettState
WAZip Code
98206-2220Purpose of Disbursement
Principal repayment - outdoor ads

001

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	4		1	1		2	0	2	3

FEC Identification Number

C

Amount of Each Disbursement this Period

330.41

Transaction ID : BF600CFBFAB44465C9BD

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

1018.00

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 63 OF 272

☒ 17	☐ 18	☐ 19a	☐ 19b
20a	20b	20c	21

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

NAME OF COMMITTEE (In Full)

Committee to Elect Alan Grayson

Full Name (Last, First, Middle Initial)

A. Coastal Community X1 CardMailing Address Credit Card Division
PO Box 12220City
EverettState
WAZip Code
98206-2220Purpose of Disbursement
Principal pmt - outdoor ads

001

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	5		1	1		2	0	2	3

FEC Identification Number

C

Amount of Each Disbursement this Period

327.21

Transaction ID : B30105FB1357E472BB63

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Coastal Community X1 CardMailing Address Credit Card Division
PO Box 12220City
EverettState
WAZip Code
98206-2220Purpose of Disbursement
Interest Expense

001

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	5		1	1		2	0	2	3

FEC Identification Number

C

Amount of Each Disbursement this Period

491.79

Transaction ID : B8C8250CA8EA34199AB2

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Coastal Community X1 CardMailing Address Credit Card Division
PO Box 12220City
EverettState
WAZip Code
98206-2220Purpose of Disbursement
Interest expense

001

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	6		1	1		2	0	2	3

FEC Identification Number

C

Amount of Each Disbursement this Period

478.46

Transaction ID : B35B0A8826B0D4375A7B

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

1297.46

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 64 OF 272

☒ 17	☐ 18	☐ 19a	☐ 19b
20a	20b	20c	21

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

NAME OF COMMITTEE (In Full)

Committee to Elect Alan Grayson

Full Name (Last, First, Middle Initial)

A. Coastal Community X1 CardMailing Address Credit Card Division
PO Box 12220City
EverettState
WAZip Code
98206-2220Purpose of Disbursement
Principal pmt - outdoor ads

001

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	6		1	1		2	0	2	3

FEC Identification Number

C

Amount of Each Disbursement this Period

324.54

Transaction ID : B63AD0D0DCA1E4274BA0

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Discover It Card

Mailing Address PO Box 6103

City
Carol StreamState
ILZip Code
60197-6103Purpose of Disbursement
Interest expense

001

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	4		2	7		2	0	2	3

FEC Identification Number

C

Amount of Each Disbursement this Period

212.01

Transaction ID : B1119536A4A37413D807

☐ Memo Item

Full Name (Last, First, Middle Initial)

c. Discover It Card

Mailing Address PO Box 6103

City
Carol StreamState
ILZip Code
60197-6103Purpose of Disbursement
Principal pmt - digital advertising

001

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	4		2	7		2	0	2	3

FEC Identification Number

C

Amount of Each Disbursement this Period

83.99

Transaction ID : B24964004ADEE40768D1

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

620.54

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 65 OF 272

☒ 17	☐ 18	☐ 19a	☐ 19b
20a	20b	20c	21

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

NAME OF COMMITTEE (In Full)

Committee to Elect Alan Grayson

Full Name (Last, First, Middle Initial)

A. Discover It Card

Mailing Address PO Box 6103

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	8		2	0	2	3

City
Carol StreamState
ILZip Code
60197-6103

FEC Identification Number

C

Purpose of Disbursement
Interest expense

001

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

203.94

Transaction ID : BBE728E94A28E46E9A89

☐ Memo Item

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☒	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Full Name (Last, First, Middle Initial)

B. Discover It Card

Mailing Address PO Box 6103

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	8		2	0	2	3

City
Carol StreamState
ILZip Code
60197-6103

FEC Identification Number

C

Purpose of Disbursement
Principal prnt - digital advertising

001

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

90.06

Transaction ID : B48A94EA146FB4623BC1

☐ Memo Item

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☒	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Full Name (Last, First, Middle Initial)

C. Discover It Card

Mailing Address PO Box 6103

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	9		2	0	2	3

City
Carol StreamState
ILZip Code
60197-6103

FEC Identification Number

C

Purpose of Disbursement
Interest expense

001

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

212.81

Transaction ID : BABA1125A30C0480090E

☐ Memo Item

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☒	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

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

506.81

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 66 OF 272

☒ 17	☐ 18	☐ 19a	☐ 19b
20a	20b	20c	21

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

NAME OF COMMITTEE (In Full)

Committee to Elect Alan Grayson

Full Name (Last, First, Middle Initial)

A. Discover It Card

Mailing Address PO Box 6103

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	9		2	0	2	3

City
Carol StreamState
ILZip Code
60197-6103

FEC Identification Number

C

Purpose of Disbursement
Principal pmt - digital advertising

001

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

80.19

Transaction ID : B3738D38B19074EE9B0B

☐ Memo Item

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☒	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Full Name (Last, First, Middle Initial)

B. USAlliance Visa

Mailing Address PO Box 4517

Date of Disbursement

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

City
Carol StreamState
ILZip Code
60197-4517

FEC Identification Number

C

Purpose of Disbursement
Principal repayment - outdoor ads

001

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

244.01

Transaction ID : B5457FF437DC04E40A52

☐ Memo Item

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☒	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Full Name (Last, First, Middle Initial)

C. USAlliance Visa

Mailing Address PO Box 4517

Date of Disbursement

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

City
Carol StreamState
ILZip Code
60197-4517

FEC Identification Number

C

Purpose of Disbursement
Interest expense

001

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

256.99

Transaction ID : B56E67C3F2E574061A73

☐ Memo Item

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☒	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

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

581.19

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 67 OF 272

☒ 17	☐ 18	☐ 19a	☐ 19b
20a	20b	20c	21

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

NAME OF COMMITTEE (In Full)

Committee to Elect Alan Grayson

Full Name (Last, First, Middle Initial)

A. USAlliance Visa

Mailing Address PO Box 4517

Date of Disbursement

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

City
Carol StreamState
ILZip Code
60197-4517

FEC Identification Number

C

Purpose of Disbursement
Interest expense

001

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

359.70

Transaction ID : B8390C7CAAD7748CA97E

☐ Memo Item

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☒	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Full Name (Last, First, Middle Initial)

B. USAlliance Visa

Mailing Address PO Box 4517

Date of Disbursement

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

City
Carol StreamState
ILZip Code
60197-4517

FEC Identification Number

C

Purpose of Disbursement
Principal repayment - outdoor ads

001

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

146.30

Transaction ID : B4ABDE198A0744ED5A2A

☐ Memo Item

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☒	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Full Name (Last, First, Middle Initial)

C. USAlliance Visa

Mailing Address PO Box 4517

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	3		2	0	2	3

City
Carol StreamState
ILZip Code
60197-4517

FEC Identification Number

C

Purpose of Disbursement
Interest expense

001

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

370.44

Transaction ID : B6549AC8CB97F478E80E

☐ Memo Item

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☒	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

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

876.44

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 68 OF 272

☒ 17	☐ 18	☐ 19a	☐ 19b
20a	20b	20c	21

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

NAME OF COMMITTEE (In Full)

Committee to Elect Alan Grayson

Full Name (Last, First, Middle Initial)

A. USAlliance Visa

Mailing Address PO Box 4517

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	3		2	0	2	3

City
Carol StreamState
ILZip Code
60197-4517

FEC Identification Number

C

Purpose of Disbursement
Principal pmt - outdoor ads

001

Amount of Each Disbursement this Period

135.56

Transaction ID : B4EE0F6D72C1A4A30A11

☐ 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.

Mailing Address

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y

City

State

Zip Code

FEC Identification Number

C

Purpose of Disbursement

Category/
Type

Amount of Each Disbursement this Period

☐ Memo Item

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For:

☐	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Full Name (Last, First, Middle Initial)

C.

Mailing Address

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y

City

State

Zip Code

FEC Identification Number

C

Purpose of Disbursement

Category/
Type

Amount of Each Disbursement this Period

☐ Memo Item

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For:

☐	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

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

135.56

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

45694.91

SCHEDULE C (FEC Form 3)
LOANS

PAGE 69 OF 272

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 : CD4A35206C6984A88AD2

Committee to Elect Alan Grayson

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

Grayson, Alan Mark, , ,

Election: 2022

☒ Primary☐ General☐ Other (specify) ▼Mailing Address
4460 Willow Cove Ct

City

Orlando

State

FL

ZIP Code

32835-2558

☐ Personal Funds of the Candidate

Original Amount of Loan

517.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

517.00

TERMS

Date Incurred

Date Due

Interest Rate

(If none, enter 0)

Secured:

M 11 M

D 09 D

Y 2022 Y

M M

D D

Y None Y

12.00

% (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).....▶

517.00

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 70 OF 272

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

NAME OF COMMITTEE (In Full)

Transaction ID : CCA7D8AA14BD34FDF802

Committee to Elect Alan Grayson

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

Election: 2022

Grayson, Alan Mark, , ,

☒ Primary☐ General☐ Other (specify) ▼Mailing Address
4460 Willow Cove Ct

City

Orlando

State

FL

ZIP Code

32835-2558

☐ Personal Funds of the Candidate

Original Amount of Loan

1789.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

1789.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M 11 M

D 09 D

Y 2022 Y

M M

D D

Y None Y

☐ % (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).....▶

1789.00

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 71 OF 272

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

NAME OF COMMITTEE (In Full)

Transaction ID : C032729454BF74087976

Committee to Elect Alan Grayson

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

Election: 2022

Grayson, Alan Mark, , ,

☒ Primary☐ General☐ Other (specify) ▼Mailing Address
4460 Willow Cove Ct

City

Orlando

State

FL

ZIP Code

32835-2558

☐ Personal Funds of the Candidate

Original Amount of Loan

788.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

788.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M 11 M

D 11 D

Y 2022 Y

M M

D D

Y None Y

12.00

% (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).....▶

788.00

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 72 OF 272

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

NAME OF COMMITTEE (In Full)

Transaction ID : C1D1ACA7253BD4A05AE3

Committee to Elect Alan Grayson

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

Grayson, Alan Mark, , ,

Election: 2022

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

4460 Willow Cove Ct

City

Orlando

State

FL

ZIP Code

32835-2558

☐ Personal Funds of the Candidate

Original Amount of Loan

1171.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

1171.00

TERMS

Date Incurred

Date Due

Interest Rate

(If none, enter 0)

Secured:

M 11 M /

D 23 D /

Y 2022 Y

M M /

D D /

Y None Y

12.00

% (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).....▶

1171.00

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 73 OF 272

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 : C8FF3B355D31B4793B41

Committee to Elect Alan Grayson

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

Grayson, Alan Mark, , ,

Election: 2022

☒ Primary☐ General☐ Other (specify) ▼Mailing Address
4460 Willow Cove Ct

City

Orlando

State

FL

ZIP Code

32835-2558

☐ Personal Funds of the Candidate

Original Amount of Loan

2715.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

2715.00

TERMS

Date Incurred

Date Due

Interest Rate

(If none, enter 0)

Secured:

M 11 M

D 27 D

Y 2022 Y

M M

D D

Y None Y

12.00

% (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).....▶

2715.00

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

6980.00

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

SCHEDULE C (FEC Form 3)
LOANS

PAGE 74 OF 272

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 : CCEA7243CCC2A44A09A4

Committee to Elect Alan Grayson

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

Grayson, Alan Mark, , ,

Election: 2022

☒ Primary☐ General☐ Other (specify) ▼Mailing Address
4460 Willow Cove Ct

City

Orlando

State

FL

ZIP Code

32835-2558

☒ Personal Funds of the Candidate

Original Amount of Loan

329.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

329.00

TERMS

Date Incurred

Date Due

Interest Rate

(If none, enter 0)

Secured:

M 10 M /

D 27 D /

Y 2022 Y

M M /

D D /

Y None Y

12.00

% (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).....▶

329.00

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 75 OF 272

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

NAME OF COMMITTEE (In Full)

Transaction ID : CAE9FEE7CD2184278B08

Committee to Elect Alan Grayson

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

Grayson, Alan Mark, , ,

Election: 2024

☒ Primary☐ General☐ Other (specify) ▼Mailing Address
4460 Willow Cove Ct

City

Orlando

State

FL

ZIP Code

32835-2558

☒ Personal Funds of the Candidate

Original Amount of Loan

819.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

819.00

TERMS

Date Incurred

Date Due

Interest Rate

(If none, enter 0)

Secured:

M 05 M

D 11 D

Y 2023 Y

M M

D D

Y None Y

12.00

% (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).....▶

819.00

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 76 OF 272

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

NAME OF COMMITTEE (In Full)

Transaction ID : CFA50A833E67B47F59F4

Committee to Elect Alan Grayson

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

Election: 2024

Grayson, Alan Mark, , ,

☒ Primary☐ General☐ Other (specify) ▼Mailing Address
4460 Willow Cove Ct

City

State

ZIP Code

Orlando

FL

32835-2558

☒ Personal Funds of the Candidate

Original Amount of Loan

515.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

515.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M 01 M

D 09 D

Y 2023 Y

M M

D D

Y None Y

12.00

% (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).....▶

515.00

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 77 OF 272

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

NAME OF COMMITTEE (In Full)

Transaction ID : CE2633519C8EC4FC29E2

Committee to Elect Alan Grayson

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

Grayson, Alan Mark, , ,

Election: 2014

☐ Primary☒ General☐ Other (specify) ▼Mailing Address
4460 Willow Cove Ct

City

Orlando

State

FL

ZIP Code

32835-2558

☒ Personal Funds of the Candidate

Original Amount of Loan

175806.72

Cumulative Payment To Date

52278.00

Balance Outstanding at Close of This Period

123528.72

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M 09 M

/ D 26 D

/ Y 2014 Y

M M

/ D D

/ Y None Y

12.00

% (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).....▶

123528.72

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 78 OF 272

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

NAME OF COMMITTEE (In Full)

Transaction ID : CB9A1B81C3A1A452D858

Committee to Elect Alan Grayson

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

Election: 2022

Grayson, Alan Mark, , ,

☒ Primary☐ General☐ Other (specify) ▼Mailing Address
4460 Willow Cove Ct

City

Orlando

State

FL

ZIP Code

32835-2558

☒ Personal Funds of the Candidate

Original Amount of Loan

2654.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

2654.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M 10^MD 27^D

Y 2022 Y

M M

D D

Y None Y

12.00

% (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).....▶

2654.00

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 79 OF 272

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

NAME OF COMMITTEE (In Full)

Transaction ID : C94B280A7778C42F094B

Committee to Elect Alan Grayson

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

Grayson, Alan Mark, , ,

Election: 2022

☒ Primary☐ General☐ Other (specify) ▼Mailing Address
4460 Willow Cove Ct

City

Orlando

State

FL

ZIP Code

32835-2558

☒ Personal Funds of the Candidate

Original Amount of Loan

45.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

45.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M 12^MD 03^D

Y 2022 Y

M M

D D

Y None Y

12.00

% (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).....▶

45.00

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 80 OF 272

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

NAME OF COMMITTEE (In Full)

Transaction ID : CBB2D1E04D4C049B8BA2

Committee to Elect Alan Grayson

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

Grayson, Alan Mark, , ,

Election: 2010

☒ Primary☐ General☐ Other (specify) ▼Mailing Address
4460 Willow Cove Ct

City

Orlando

State

FL

ZIP Code

32835-2558

☒ Personal Funds of the Candidate

Original Amount of Loan

20000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

20000.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M 11 M

D 17 D

Y 2008 Y

M M

D D

Y None Y

12.00

% (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).....▶

20000.00

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 81 OF 272

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

NAME OF COMMITTEE (In Full)

Transaction ID : CD727287C2A644FC8AC3

Committee to Elect Alan Grayson

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

Election: 2024

Grayson, Alan Mark, , ,

☒ Primary☐ General☐ Other (specify) ▼Mailing Address
4460 Willow Cove Ct

City

State

ZIP Code

Orlando

FL

32835-2558

☒ Personal Funds of the Candidate

Original Amount of Loan

1116.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

1116.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M 03 M

D 06 D

Y 2023 Y

M M

D D

Y None Y

12.00

% (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).....▶

1116.00

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 82 OF 272

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

NAME OF COMMITTEE (In Full)

Transaction ID : C413B086AB6AD4EA3B22

Committee to Elect Alan Grayson

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

Election: 2022

Grayson, Alan Mark, , ,

☒ Primary☐ General☐ Other (specify) ▼Mailing Address
4460 Willow Cove Ct

City

State

ZIP Code

Orlando

FL

32835-2558

☒ Personal Funds of the Candidate

Original Amount of Loan

500.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

500.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M 09 M

D 02 D

Y 2022 Y

M M

D D

Y None Y

12.00

% (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).....▶

500.00

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 83 OF 272

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

NAME OF COMMITTEE (In Full)

Transaction ID : CFD0E16CF535E4237870

Committee to Elect Alan Grayson

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

Election: 2024

Grayson, Alan Mark, , ,

☒ Primary☐ General☐ Other (specify) ▼Mailing Address
4460 Willow Cove Ct

City

State

ZIP Code

Orlando

FL

32835-2558

☒ Personal Funds of the Candidate

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

1065.39

0.00

1065.39

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M 03 M

/ D 09 D

/ Y 2023 Y

M M

/ D D

/ Y None Y

12.00

% (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).....▶

1065.39

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 84 OF 272

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

NAME OF COMMITTEE (In Full)

Transaction ID : CFB7B251FEC4449A5895

Committee to Elect Alan Grayson

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

Grayson, Alan Mark, , ,

Election: 2010

☐ Primary☒ General☐ Other (specify) ▼Mailing Address
4460 Willow Cove Ct

City

Orlando

State

FL

ZIP Code

32835-2558

☒ Personal Funds of the Candidate

Original Amount of Loan

50000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

50000.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M 10 M

D 19 D

Y 2010 Y

M M

D D

Y None Y

12.00

% (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).....▶

50000.00

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 85 OF 272

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

NAME OF COMMITTEE (In Full)

Transaction ID : CF1E403A9615B45E2B68

Committee to Elect Alan Grayson

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

Election: 2024

Grayson, Alan Mark, , ,

☒ Primary☐ General☐ Other (specify) ▼Mailing Address
4460 Willow Cove Ct

City

State

ZIP Code

Orlando

FL

32835-2558

☒ Personal Funds of the Candidate

Original Amount of Loan

501.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

501.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M 04 M

/ D 23 D

/ Y 2023 Y

M M

/ D D

/ Y None Y

12.00

% (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).....▶

501.00

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 86 OF 272

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

NAME OF COMMITTEE (In Full)

Transaction ID : CEFD202B1531744B2990

Committee to Elect Alan Grayson

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

Grayson, Alan Mark, , ,

Election: 2022

☒ Primary☐ General☐ Other (specify) ▼Mailing Address
4460 Willow Cove Ct

City

Orlando

State

FL

ZIP Code

32835-2558

☒ Personal Funds of the Candidate

Original Amount of Loan

250000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

250000.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M 06 M

D 25 D

Y 2021 Y

M M

D D

Y None Y

12.00

% (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).....▶

250000.00

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 87 OF 272

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

NAME OF COMMITTEE (In Full)

Transaction ID : C8F9E3A1011424CFB84A

Committee to Elect Alan Grayson

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

Election: 2024

Grayson, Alan Mark, , ,

☒ Primary☐ General☐ Other (specify) ▼Mailing Address
4460 Willow Cove Ct

City

State

ZIP Code

Orlando

FL

32835-2558

☒ Personal Funds of the Candidate

Original Amount of Loan

510.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

510.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M 01 M

/ D 24 D

/ Y 2023 Y

M M

/ D D

/ Y None Y

12.00

% (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).....▶

510.00

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 88 OF 272

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

NAME OF COMMITTEE (In Full)

Transaction ID : CD230EDB9C8CB40EB833

Committee to Elect Alan Grayson

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

Election: 2022

Grayson, Alan Mark, , ,

☒ Primary☐ General☐ Other (specify) ▼Mailing Address
4460 Willow Cove Ct

City

State

ZIP Code

Orlando

FL

32835-2558

☒ Personal Funds of the Candidate

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

305.00

0.00

305.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M 11 M

D 28 D

Y 2022 Y

M M

D D

Y None Y

12.00

% (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).....▶

305.00

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 89 OF 272

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

NAME OF COMMITTEE (In Full)

Transaction ID : CBB75DBFF89AB4A7AA64

Committee to Elect Alan Grayson

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

Election: 2020

Grayson, Alan Mark, , ,

☒ Primary☐ General☐ Other (specify) ▼Mailing Address
4460 Willow Cove Ct

City

State

ZIP Code

Orlando

FL

32835-2558

☒ Personal Funds of the Candidate

Original Amount of Loan

1241.94

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

1241.94

TERMS

Date Incurred

Date Due

Interest Rate

(If none, enter 0)

Secured:

M 10 M

D 15 D

Y 2019 Y

M M

D D

Y None Y

12.00

% (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).....▶

1241.94

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 90 OF 272

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

NAME OF COMMITTEE (In Full)

Transaction ID : C2F8BAC7014F04284B25

Committee to Elect Alan Grayson

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

Grayson, Alan Mark, , ,

Election: 2024

☒ Primary☐ General☐ Other (specify) ▼Mailing Address
4460 Willow Cove Ct

City

Orlando

State

FL

ZIP Code

32835-2558

☒ Personal Funds of the Candidate

Original Amount of Loan

837.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

837.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M 02 M

D 10 D

Y 2023 Y

M M

D D

Y None Y

12.00

% (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).....▶

837.00

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 91 OF 272

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

NAME OF COMMITTEE (In Full)

Transaction ID : C7FDAD4C10BD746B3A08

Committee to Elect Alan Grayson

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

Grayson, Alan Mark, , ,

Election: 2024

☒ Primary☐ General☐ Other (specify) ▼Mailing Address
4460 Willow Cove Ct

City

Orlando

State

FL

ZIP Code

32835-2558

☒ Personal Funds of the Candidate

Original Amount of Loan

2570.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

2570.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M 03^M/ D 27^D

/ Y 2023 Y

M M

/ D D

/ Y None Y

12.00

% (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).....▶

2570.00

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 92 OF 272

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

NAME OF COMMITTEE (In Full)

Transaction ID : C892D4648D36949E5A4F

Committee to Elect Alan Grayson

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

Grayson, Alan Mark, , ,

Election: 2024

☒ Primary☐ General☐ Other (specify) ▼Mailing Address
4460 Willow Cove Ct

City

Orlando

State

FL

ZIP Code

32835-2558

☒ Personal Funds of the Candidate

Original Amount of Loan

829.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

829.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M 03 M

D 11 D

Y 2023 Y

M M

D D

Y None Y

12.00

% (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).....▶

829.00

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 93 OF 272

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

NAME OF COMMITTEE (In Full)

Transaction ID : CF69B182C82D340BC87C

Committee to Elect Alan Grayson

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

Election: 2024

Grayson, Alan Mark, , ,

☒ Primary☐ General☐ Other (specify) ▼Mailing Address
4460 Willow Cove Ct

City

State

ZIP Code

Orlando

FL

32835-2558

☒ Personal Funds of the Candidate

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

2730.00

0.00

2730.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M 04 M

D 27 D

Y 2023 Y

M M

D D

Y None Y

12.00

% (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).....▶

2730.00

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 94 OF 272

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 : CFB74B5665DCB4FD1975

Committee to Elect Alan Grayson

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

Grayson, Alan Mark, , ,

Election: 2022

☒ Primary☐ General☐ Other (specify) ▼Mailing Address
4460 Willow Cove Ct

City

Orlando

State

FL

ZIP Code

32835-2558

☒ Personal Funds of the Candidate

Original Amount of Loan

816.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

816.00

TERMS

Date Incurred

Date Due

Interest Rate

(If none, enter 0)

Secured:

M 12^M/ D 11^D

/ Y 2022 Y

M M

/ D D

/ Y None Y

12.00

% (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).....▶

816.00

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 95 OF 272

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

NAME OF COMMITTEE (In Full)

Transaction ID : C851B413DBE174AFFA35

Committee to Elect Alan Grayson

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

Grayson, Alan Mark, , ,

Election: 2006

☒ Primary☐ General☐ Other (specify) ▼Mailing Address
4460 Willow Cove Ct

City

Orlando

State

FL

ZIP Code

32835-2558

☒ Personal Funds of the Candidate

Original Amount of Loan

25000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

25000.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M 09 M

D 07 D

Y 2006 Y

M M

D D

Y None Y

12.00

% (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).....▶

25000.00

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 96 OF 272

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

NAME OF COMMITTEE (In Full)

Transaction ID : CD6C044952BA8484D964

Committee to Elect Alan Grayson

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

Election: 2024

Grayson, Alan Mark, , ,

☒ Primary☐ General☐ Other (specify) ▼Mailing Address
4460 Willow Cove Ct

City

State

ZIP Code

Orlando

FL

32835-2558

☒ Personal Funds of the Candidate

Original Amount of Loan

1420.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

1420.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M 06 M

D 05 D

Y 2023 Y

M M

D D

Y None Y

12.00

% (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).....▶

1420.00

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 97 OF 272

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 : CE4CF7F77B73D4924872

Committee to Elect Alan Grayson

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

Grayson, Alan Mark, , ,

Election: 2022

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

4460 Willow Cove Ct

City

Orlando

State

FL

ZIP Code

32835-2558

☒ Personal Funds of the Candidate

Original Amount of Loan

71.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

71.00

TERMS

Date Incurred

Date Due

Interest Rate

(If none, enter 0)

Secured:

M 12^MD 10^D

Y 2022 Y

M M

D D

Y None Y

12.00

% (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).....▶

71.00

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 98 OF 272

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

NAME OF COMMITTEE (In Full)

Transaction ID : C4C6281CD992741AA941

Committee to Elect Alan Grayson

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

Grayson, Alan Mark, , ,

Election: 2024

☒ Primary☐ General☐ Other (specify) ▼Mailing Address
4460 Willow Cove Ct

City

Orlando

State

FL

ZIP Code

32835-2558

☒ Personal Funds of the Candidate

Original Amount of Loan

170.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

170.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M 03 M

D 10 D

Y 2023 Y

M M

D D

Y None Y

12.00

% (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).....▶

170.00

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 99 OF 272

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

NAME OF COMMITTEE (In Full)

Transaction ID : CA7E49336C6E74F38846

Committee to Elect Alan Grayson

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

Grayson, Alan Mark, , ,

Election: 2024

☒ Primary☐ General☐ Other (specify) ▼Mailing Address
4460 Willow Cove Ct

City

Orlando

State

FL

ZIP Code

32835-2558

☒ Personal Funds of the Candidate

Original Amount of Loan

2111.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

2111.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M 01 M

D 10 D

Y 2023 Y

M M

D D

Y None Y

12.00

% (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).....▶

2111.00

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 100 OF 272

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 : C259D42E27E214FA0A51

Committee to Elect Alan Grayson

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

Grayson, Alan Mark, , ,

Election: 2024

☒ Primary☐ General☐ Other (specify) ▼Mailing Address
4460 Willow Cove Ct

City

Orlando

State

FL

ZIP Code

32835-2558

☒ Personal Funds of the Candidate

Original Amount of Loan

943.41

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

943.41

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M 01 M

/ D 22 D

/ Y 2023 Y

M M

/ D D

/ Y None Y

12.00

% (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).....▶

943.41

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 101 OF 272

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 : CA67C2994F2704A4D9C6

Committee to Elect Alan Grayson

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

Election: 2024

Grayson, Alan Mark, , ,

☒ Primary☐ General☐ Other (specify) ▼Mailing Address
4460 Willow Cove Ct

City

State

ZIP Code

Orlando

FL

32835-2558

☒ Personal Funds of the Candidate

Original Amount of Loan

2030.16

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

2030.16

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M 05 M

D 18 D

Y 2023 Y

M M

D D

Y None Y

12.00

% (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).....▶

2030.16

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 102 OF 272

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 : C99F7EF059B274BB99D5

Committee to Elect Alan Grayson

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

Grayson, Alan Mark, , ,

Election: 2020

☒ Primary☐ General☐ Other (specify) ▼Mailing Address
4460 Willow Cove Ct

City

Orlando

State

FL

ZIP Code

32835-2558

☒ Personal Funds of the Candidate

Original Amount of Loan

100.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

100.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M 10^MD 02^D

Y 2019 Y

M M

D D

Y None Y

12.00 % (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).....▶

100.00

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 103 OF 272

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 : C616EE49144B844AFBF1

Committee to Elect Alan Grayson

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

Grayson, Alan Mark, , ,

Election: 2008

☒ Primary☐ General☐ Other (specify) ▼Mailing Address
4460 Willow Cove Ct

City

Orlando

State

FL

ZIP Code

32835-2558

☒ Personal Funds of the Candidate

Original Amount of Loan

50000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

50000.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M 05 M

D 09 D

Y 2008 Y

M M

D D

Y None Y

12.00

% (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).....▶

50000.00

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 104 OF 272

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 : C1FDEA6B8DBB346D7A2A

Committee to Elect Alan Grayson

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

Grayson, Alan Mark, , ,

Election: 2010

☒ Primary☐ General☐ Other (specify) ▼Mailing Address
4460 Willow Cove Ct

City

Orlando

State

FL

ZIP Code

32835-2558

☒ 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 12^M/ D 01^D

/ Y 2008 Y

M M

/ D D

/ Y None Y

12.00

% (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 105 OF 272

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 : C8C063E518A2C4A6F941

Committee to Elect Alan Grayson

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

Grayson, Alan Mark, , ,

Election: 2006

☒ Primary☐ General☐ Other (specify) ▼Mailing Address
4460 Willow Cove Ct

City

Orlando

State

FL

ZIP Code

32835-2558

☒ Personal Funds of the Candidate

Original Amount of Loan

30000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

30000.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M 09 M

/ D 20 D

/ Y 2006 Y

M M

/ D D

/ Y None Y

12.00

% (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).....▶

30000.00

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 106 OF 272

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 : C47360E6B4AAB4DE7A0B

Committee to Elect Alan Grayson

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

Election: 2024

Grayson, Alan Mark, , ,

☒ Primary☐ General☐ Other (specify) ▼Mailing Address
4460 Willow Cove Ct

City

State

ZIP Code

Orlando

FL

32835-2558

☒ Personal Funds of the Candidate

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

534.00

0.00

534.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M 06 M

D 07 D

Y 2023 Y

M M

D D

Y None Y

12.00

% (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).....▶

534.00

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 107 OF 272

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 : C999089F924F44B6CB5C

Committee to Elect Alan Grayson

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

Grayson, Alan Mark, , ,

Election: 2022

☒ Primary☐ General☐ Other (specify) ▼Mailing Address
4460 Willow Cove Ct

City

Orlando

State

FL

ZIP Code

32835-2558

☒ Personal Funds of the Candidate

Original Amount of Loan

1796.00

Cumulative Payment To Date

1602.00

Balance Outstanding at Close of This Period

194.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M 10 M /

D 08 D /

Y 2022 Y

M M /

D D /

Y None Y

12.00 % (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).....▶

194.00

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 108 OF 272

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 : CE496C1BE01DD4A31A74

Committee to Elect Alan Grayson

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

Election: 2014

Grayson, Alan Mark, , ,

☐ Primary☒ General☐ Other (specify) ▼Mailing Address
4460 Willow Cove Ct

City

State

ZIP Code

Orlando

FL

32835-2558

☒ Personal Funds of the Candidate

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

74193.28

0.00

74193.28

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M 10^MD 14^D

Y 2014 Y

M M

D D

Y None Y

12.00

% (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).....▶

74193.28

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 109 OF 272

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 : C1B993C799BD1471F8C8

Committee to Elect Alan Grayson

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

Election: 2024

Grayson, Alan Mark, , ,

☒ Primary☐ General☐ Other (specify) ▼Mailing Address
4460 Willow Cove Ct

City

State

ZIP Code

Orlando

FL

32835-2558

☒ Personal Funds of the Candidate

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

711.19

0.00

711.19

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M 04 M

D 23 D

Y 2023 Y

M M

D D

Y None Y

12.00

% (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).....▶

711.19

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 110 OF 272

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 : C78FF664A672A4429B79

Committee to Elect Alan Grayson

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

Election: 2024

Grayson, Alan Mark, , ,

☒ Primary☐ General☐ Other (specify) ▼Mailing Address
4460 Willow Cove Ct

City

State

ZIP Code

Orlando

FL

32835-2558

☒ Personal Funds of the Candidate

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

2698.00

0.00

2698.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M 06 M

D 27 D

Y 2023 Y

M M

D D

Y None Y

12.00

% (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).....▶

2698.00

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 111 OF 272

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 : C74B69D6BF83F4C0BAAB

Committee to Elect Alan Grayson

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

Grayson, Alan Mark, , ,

Election: 2024

☒ Primary☐ General☐ Other (specify) ▼Mailing Address
4460 Willow Cove Ct

City

Orlando

State

FL

ZIP Code

32835-2558

☒ Personal Funds of the Candidate

Original Amount of Loan

564.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

564.00

TERMS

Date Incurred

Date Due

Interest Rate

(If none, enter 0)

Secured:

M 06 M

/ D 20 D

/ Y 2023 Y

M M

/ D D

/ Y None Y

12.00

% (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).....▶

564.00

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 112 OF 272

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 : C435974EE6A6F4E2EB32

Committee to Elect Alan Grayson

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

Election: 2024

Grayson, Alan Mark, , ,

☒ Primary☐ General☐ Other (specify) ▼Mailing Address
4460 Willow Cove Ct

City

State

ZIP Code

Orlando

FL

32835-2558

☒ Personal Funds of the Candidate

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

2772.00

0.00

2772.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M 01 M

D 27 D

Y 2023 Y

M M

D D

Y None Y

12.00

% (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).....▶

2772.00

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 113 OF 272

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 : CB4512CB3A7CD4900817

Committee to Elect Alan Grayson

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

Grayson, Alan Mark, , ,

Election: 2024

☒ Primary☐ General☐ Other (specify) ▼Mailing Address
4460 Willow Cove Ct

City

Orlando

State

FL

ZIP Code

32835-2558

☒ Personal Funds of the Candidate

Original Amount of Loan

1196.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

1196.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M 02 M

D 05 D

Y 2023 Y

M M

D D

Y None Y

12.00

% (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).....▶

1196.00

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 114 OF 272

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 : C33C30FC818A94C54960

Committee to Elect Alan Grayson

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

Grayson, Alan Mark, , ,

Election: 2024

☒ Primary☐ General☐ Other (specify) ▼Mailing Address
4460 Willow Cove Ct

City

Orlando

State

FL

ZIP Code

32835-2558

☒ Personal Funds of the Candidate

Original Amount of Loan

608.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

608.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M 01 M

D 05 D

Y 2023 Y

M M

D D

Y None Y

12.00

% (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).....▶

608.00

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 115 OF 272

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

NAME OF COMMITTEE (In Full)

Transaction ID : C9E7EB957C9D74D80A6D

Committee to Elect Alan Grayson

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

Election: 2016

Grayson, Alan Mark, , ,

☒ Primary☐ General☐ Other (specify) ▼Mailing Address
4460 Willow Cove Ct

City

Orlando

State

FL

ZIP Code

32835-2558

☒ Personal Funds of the Candidate

Original Amount of Loan

100000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

100000.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M 07^MD 10^D

Y 2015 Y

M M

D D

Y None Y

12.00

% (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).....▶

100000.00

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 116 OF 272

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

NAME OF COMMITTEE (In Full)

Transaction ID : CA63A16085F7D4B8AB6D

Committee to Elect Alan Grayson

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

Grayson, Alan Mark, , ,

Election: 2006

☒ Primary☐ General☐ Other (specify) ▼Mailing Address
4460 Willow Cove Ct

City

Orlando

State

FL

ZIP Code

32835-2558

☒ Personal Funds of the Candidate

Original Amount of Loan

40000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

40000.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M 08 M

D 27 D

Y 2006 Y

M M

D D

Y None Y

12.00

% (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).....▶

40000.00

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 117 OF 272

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 : CCF21C0D4579E4CA28FF

Committee to Elect Alan Grayson

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

Election: 2024

Grayson, Alan Mark, , ,

☒ Primary☐ General☐ Other (specify) ▼Mailing Address
4460 Willow Cove Ct

City

State

ZIP Code

Orlando

FL

32835-2558

☒ Personal Funds of the Candidate

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

140.00

0.00

140.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M 04 M

D 04 D

Y 2023 Y

M M

D D

Y None Y

12.00

% (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).....▶

140.00

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 118 OF 272

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

NAME OF COMMITTEE (In Full)

Transaction ID : CE2FDA287EB964088A5F

Committee to Elect Alan Grayson

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

Election: 2024

Grayson, Alan Mark, , ,

☒ Primary☐ General☐ Other (specify) ▼Mailing Address
4460 Willow Cove Ct

City

State

ZIP Code

Orlando

FL

32835-2558

☒ Personal Funds of the Candidate

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

977.00

0.00

977.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M 02 M

D 18 D

Y 2023 Y

M M

D D

Y None Y

12.00

% (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).....▶

977.00

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 119 OF 272

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 : CAC38FE6575854FCCA5F

Committee to Elect Alan Grayson

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

Grayson, Alan Mark, , ,

Election: 2008

☐ Primary☒ General☐ Other (specify) ▼Mailing Address
4460 Willow Cove Ct

City

Orlando

State

FL

ZIP Code

32835-2558

☒ Personal Funds of the Candidate

Original Amount of Loan

100000.00

Cumulative Payment To Date

48618.68

Balance Outstanding at Close of This Period

51381.32

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M 08 M

/ D 27 D

/ Y 2008 Y

M M

/ D D

/ Y None Y

12.00

% (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).....▶

51381.32

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 120 OF 272

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 : CDD40F10D240C4B6D91D

Committee to Elect Alan Grayson

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

Election: 2022

Grayson, Alan Mark, , ,

☒ Primary☐ General☐ Other (specify) ▼Mailing Address
4460 Willow Cove Ct

City

State

ZIP Code

Orlando

FL

32835-2558

☒ Personal Funds of the Candidate

Original Amount of Loan

1854.00

Cumulative Payment To Date

1602.00

Balance Outstanding at Close of This Period

252.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M 12^MD 08^D

Y 2022 Y

M M

D D

Y None Y

12.00

% (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).....▶

252.00

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 121 OF 272

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 : CCD5A567702224FE2A97

Committee to Elect Alan Grayson

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

Grayson, Alan Mark, , ,

Election: 2024

☒ Primary☐ General☐ Other (specify) ▼Mailing Address
4460 Willow Cove Ct

City

Orlando

State

FL

ZIP Code

32835-2558

☒ Personal Funds of the Candidate

Original Amount of Loan

1842.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

1842.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M 02 M

/ D 08 D

/ Y 2023 Y

M M

/ D D

/ Y None Y

12.00

% (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).....▶

1842.00

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 122 OF 272

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 : C71A73A28A8594E2BB58

Committee to Elect Alan Grayson

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

Election: 2024

Grayson, Alan Mark, , ,

☒ Primary☐ General☐ Other (specify) ▼Mailing Address
4460 Willow Cove Ct

City

State

ZIP Code

Orlando

FL

32835-2558

☒ Personal Funds of the Candidate

Original Amount of Loan

1846.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

1846.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M 04 M

D 22 D

Y 2023 Y

M M

D D

Y None Y

12.00

% (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).....▶

1846.00

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 123 OF 272

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

NAME OF COMMITTEE (In Full)

Transaction ID : C917EEE1423DF426582C

Committee to Elect Alan Grayson

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

Grayson, Alan Mark, , ,

Election: 2006

☒ Primary☐ General☐ Other (specify) ▼Mailing Address
4460 Willow Cove Ct

City

Orlando

State

FL

ZIP Code

32835-2558

☒ Personal Funds of the Candidate

Original Amount of Loan

5000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

5000.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M 09 M

D 28 D

Y 2006 Y

M M

D D

Y None Y

12.00

% (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).....▶

5000.00

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 124 OF 272

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

NAME OF COMMITTEE (In Full)

Transaction ID : CF55030E886354D1983A

Committee to Elect Alan Grayson

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

Grayson, Alan Mark, , ,

Election: 2022

☒ Primary☐ General☐ Other (specify) ▼Mailing Address
4460 Willow Cove Ct

City

Orlando

State

FL

ZIP Code

32835-2558

☒ Personal Funds of the Candidate

Original Amount of Loan

514.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

514.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M 09 M

D 23 D

Y 2022 Y

M M

D D

Y None Y

12.00

% (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).....▶

514.00

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 125 OF 272

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 : C2F3C8D3D8C49411FACA

Committee to Elect Alan Grayson

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

Grayson, Alan Mark, , ,

Election: 2008

☒ Primary☐ General☐ Other (specify) ▼Mailing Address
4460 Willow Cove Ct

City

Orlando

State

FL

ZIP Code

32835-2558

☒ Personal Funds of the Candidate

Original Amount of Loan

25000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

25000.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M 05 M

D 16 D

Y 2008 Y

M M

D D

Y None Y

12.00

% (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).....▶

25000.00

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 126 OF 272

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 : C0B13B7670C794D87822

Committee to Elect Alan Grayson

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

Grayson, Alan Mark, , ,

Election: 2024

☒ Primary☐ General☐ Other (specify) ▼Mailing Address
4460 Willow Cove Ct

City

Orlando

State

FL

ZIP Code

32835-2558

☒ Personal Funds of the Candidate

Original Amount of Loan

964.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

964.00

TERMS

Date Incurred

Date Due

Interest Rate

(If none, enter 0)

Secured:

M 05 M

D 18 D

Y 2023 Y

M M

D D

Y None Y

12.00

% (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).....▶

964.00

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 127 OF 272

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 : C850F389755F34900A3A

Committee to Elect Alan Grayson

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

Election: 2024

Grayson, Alan Mark, , ,

☒ Primary☐ General☐ Other (specify) ▼Mailing Address
4460 Willow Cove Ct

City

State

ZIP Code

Orlando

FL

32835-2558

☒ Personal Funds of the Candidate

Original Amount of Loan

483.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

483.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M 04 M

D 09 D

Y 2023 Y

M M

D D

Y None Y

12.00

% (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).....▶

483.00

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 128 OF 272

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

NAME OF COMMITTEE (In Full)

Transaction ID : C97DEAF8AB1E547A5860

Committee to Elect Alan Grayson

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

Election: 2014

Grayson, Alan Mark, , ,

☒ Primary☐ General☐ Other (specify) ▼Mailing Address
4460 Willow Cove Ct

City

State

ZIP Code

Orlando

FL

32835-2558

☒ Personal Funds of the Candidate

Original Amount of Loan

150000.00

Cumulative Payment To Date

50000.00

Balance Outstanding at Close of This Period

100000.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M 11 M

D 08 D

Y 2012 Y

M M

D D

Y None Y

12.00

% (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).....▶

100000.00

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 129 OF 272

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 : C92DBE48D77DB4D2A805

Committee to Elect Alan Grayson

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

Election: 2024

Grayson, Alan Mark, , ,

☒ Primary☐ General☐ Other (specify) ▼Mailing Address
4460 Willow Cove Ct

City

State

ZIP Code

Orlando

FL

32835-2558

☒ Personal Funds of the Candidate

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

575.00

0.00

575.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M 04 M

D 19 D

Y 2023 Y

M M

D D

Y None Y

12.00

% (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).....▶

575.00

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 130 OF 272

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

NAME OF COMMITTEE (In Full)

Transaction ID : CB743224B93E7458299E

Committee to Elect Alan Grayson

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

Election: 2024

Grayson, Alan Mark, , ,

☒ Primary☐ General☐ Other (specify) ▼Mailing Address
4460 Willow Cove Ct

City

State

ZIP Code

Orlando

FL

32835-2558

☒ Personal Funds of the Candidate

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

245.00

0.00

245.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M 03 M

D 10 D

Y 2023 Y

M M

D D

Y None Y

12.00

% (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).....▶

245.00

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 131 OF 272

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

NAME OF COMMITTEE (In Full)

Transaction ID : C2FF24543ED0947E3AA5

Committee to Elect Alan Grayson

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

Election: 2024

Grayson, Alan Mark, , ,

☒ Primary☐ General☐ Other (specify) ▼Mailing Address
4460 Willow Cove Ct

City

State

ZIP Code

Orlando

FL

32835-2558

☒ Personal Funds of the Candidate

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

298.00

0.00

298.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M 03 M

/ D 28 D

/ Y 2023 Y

M M

/ D D

/ Y None Y

12.00

% (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).....▶

298.00

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 132 OF 272

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

NAME OF COMMITTEE (In Full)

Transaction ID : CBB356A566D6B44E38F3

Committee to Elect Alan Grayson

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

Grayson, Alan Mark, , ,

Election: 2008

☐ Primary☒ General☐ Other (specify) ▼Mailing Address
4460 Willow Cove Ct

City

Orlando

State

FL

ZIP Code

32835-2558

☒ Personal Funds of the Candidate

Original Amount of Loan

50000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

50000.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M 09 M

D 11 D

Y 2008 Y

M M

D D

Y None Y

12.00

% (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).....▶

50000.00

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 133 OF 272

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 : CC6C4BA059E9147FB9D8

Committee to Elect Alan Grayson

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

Grayson, Alan Mark, , ,

Election: 2016

☒ Primary☐ General☐ Other (specify) ▼Mailing Address
4460 Willow Cove Ct

City

Orlando

State

FL

ZIP Code

32835-2558

☒ Personal Funds of the Candidate

Original Amount of Loan

150000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

150000.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M 09 M

D 01 D

Y 2016 Y

M M

D D

Y None Y

12.00

% (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).....▶

150000.00

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 134 OF 272

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

NAME OF COMMITTEE (In Full)

Transaction ID : C7A92243A4C1F4BDCAFB

Committee to Elect Alan Grayson

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

Election: 2024

Grayson, Alan Mark, , ,

☒ Primary☐ General☐ Other (specify) ▼Mailing Address
4460 Willow Cove Ct

City

State

ZIP Code

Orlando

FL

32835-2558

☒ Personal Funds of the Candidate

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

371.00

0.00

371.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M 01 M

D 27 D

Y 2023 Y

M M

D D

Y None Y

12.00

% (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).....▶

371.00

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 135 OF 272

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

NAME OF COMMITTEE (In Full)

Transaction ID : C44D43933008647099D2

Committee to Elect Alan Grayson

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

Election: 2022

Grayson, Alan Mark, , ,

☒ Primary☐ General☐ Other (specify) ▼Mailing Address
4460 Willow Cove Ct

City

Orlando

State

FL

ZIP Code

32835-2558

☒ Personal Funds of the Candidate

Original Amount of Loan

244.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

244.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M 12^MD 05^D

Y 2022 Y

M M

D D

Y None Y

12.00

% (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).....▶

244.00

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 136 OF 272

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

NAME OF COMMITTEE (In Full)

Transaction ID : CC986090CEAAA448AB8B

Committee to Elect Alan Grayson

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

Grayson, Alan Mark, , ,

Election: 2022

☐ Primary☒ General☐ Other (specify) ▼Mailing Address
4460 Willow Cove Ct

City

Orlando

State

FL

ZIP Code

32835-2558

☒ Personal Funds of the Candidate

Original Amount of Loan

507.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

507.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M 12^M/ D 13^D

/ Y 2022 Y

M M

/ D D

/ Y None Y

12.00

% (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).....▶

507.00

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 137 OF 272

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 : C0F3671D46E954C539EC

Committee to Elect Alan Grayson

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

Grayson, Alan Mark, , ,

Election: 2024

☒ Primary☐ General☐ Other (specify) ▼Mailing Address
4460 Willow Cove Ct

City

Orlando

State

FL

ZIP Code

32835-2558

☒ Personal Funds of the Candidate

Original Amount of Loan

665.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

665.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M 02 M /

D 10 D /

Y 2023 Y

M M /

D D /

Y None Y

12.00

% (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).....▶

665.00

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 138 OF 272

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

NAME OF COMMITTEE (In Full)

Transaction ID : C62B0587BBD10418AA7B

Committee to Elect Alan Grayson

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

Election: 2022

Grayson, Alan Mark, , ,

☒ Primary☐ General☐ Other (specify) ▼Mailing Address
4460 Willow Cove Ct

City

State

ZIP Code

Orlando

FL

32835-2558

☒ Personal Funds of the Candidate

Original Amount of Loan

356.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

356.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M 09 M

D 11 D

Y 2022 Y

M M

D D

Y None Y

12.00

% (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).....▶

356.00

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 139 OF 272

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 : C84C66352201F4D0DA1B

Committee to Elect Alan Grayson

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

Grayson, Alan Mark, , ,

Election: 2010

☐ Primary☒ General☐ Other (specify) ▼Mailing Address
4460 Willow Cove Ct

City

Orlando

State

FL

ZIP Code

32835-2558

☒ Personal Funds of the Candidate

Original Amount of Loan

40000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

40000.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M 11 M

D 02 D

Y 2010 Y

M M

D D

Y None Y

12.00

% (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).....▶

40000.00

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 140 OF 272

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 : C7DA74433DD4E4476A50

Committee to Elect Alan Grayson

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

Grayson, Alan Mark, , ,

Election: 2016

☒ Primary☐ General☐ Other (specify) ▼Mailing Address
4460 Willow Cove Ct

City

Orlando

State

FL

ZIP Code

32835-2558

☒ Personal Funds of the Candidate

Original Amount of Loan

60000.00

Cumulative Payment To Date

5120.16

Balance Outstanding at Close of This Period

54879.84

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M 11 M

D 05 D

Y 2014 Y

M M

D D

Y None Y

12.00

% (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).....▶

54879.84

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 141 OF 272

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 : C52481826537B4D4384A

Committee to Elect Alan Grayson

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

Grayson, Alan Mark, , ,

Election: 2024

☒ Primary☐ General☐ Other (specify) ▼Mailing Address
4460 Willow Cove Ct

City

Orlando

State

FL

ZIP Code

32835-2558

☒ Personal Funds of the Candidate

Original Amount of Loan

704.58

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

704.58

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M 06 M

/ D 22 D

/ Y 2023 Y

M M

/ D D

/ Y None Y

12.00 % (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).....▶

704.58

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 142 OF 272

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 : CD8543DED0004485BBD9

Committee to Elect Alan Grayson

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

Grayson, Alan Mark, , ,

Election: 2018

☒ Primary☐ General☐ Other (specify) ▼Mailing Address
4460 Willow Cove Ct

City

Orlando

State

FL

ZIP Code

32835-2558

☒ Personal Funds of the Candidate

Original Amount of Loan

33000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

33000.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M 09 M

/ D 08 D

/ Y 2018 Y

M M

/ D D

/ Y None Y

12.00

% (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).....▶

33000.00

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 143 OF 272

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 : C28F4664E34CF49D69DE

Committee to Elect Alan Grayson

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

Election: 2024

Grayson, Alan Mark, , ,

☒ Primary☐ General☐ Other (specify) ▼Mailing Address
4460 Willow Cove Ct

City

State

ZIP Code

Orlando

FL

32835-2558

☒ Personal Funds of the Candidate

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

270.08

0.00

270.08

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M 05 M

D 04 D

Y 2023 Y

M M

D D

Y None Y

12.00

% (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).....▶

270.08

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 144 OF 272

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 : CD40E3AB2CE4D44A29C7

Committee to Elect Alan Grayson

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

Election: 2024

Grayson, Alan Mark, , ,

☒ Primary☐ General☐ Other (specify) ▼Mailing Address
4460 Willow Cove Ct

City

State

ZIP Code

Orlando

FL

32835-2558

☒ Personal Funds of the Candidate

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

1545.20

0.00

1545.20

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M 05 M

D 18 D

Y 2023 Y

M M

D D

Y None Y

12.00

% (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).....▶

1545.20

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 145 OF 272

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 : C849858B68403440C9FD

Committee to Elect Alan Grayson

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

Election: 2024

Grayson, Alan Mark, , ,

☒ Primary☐ General☐ Other (specify) ▼Mailing Address
4460 Willow Cove Ct

City

State

ZIP Code

Orlando

FL

32835-2558

☒ Personal Funds of the Candidate

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

232.00

0.00

232.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M 05 M

D 10 D

Y 2023 Y

M M

D D

Y None Y

12.00

% (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).....▶

232.00

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 146 OF 272

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

NAME OF COMMITTEE (In Full)

Transaction ID : CCBDE1938611044D4988

Committee to Elect Alan Grayson

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

Grayson, Alan Mark, , ,

Election: 2024

☒ Primary☐ General☐ Other (specify) ▼Mailing Address
4460 Willow Cove Ct

City

Orlando

State

FL

ZIP Code

32835-2558

☒ Personal Funds of the Candidate

Original Amount of Loan

524.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

524.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M 03 M

/ D 09 D

/ Y 2023 Y

M M

/ D D

/ Y None Y

12.00

% (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).....▶

524.00

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 147 OF 272

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 : CBB6159DA67824997B71

Committee to Elect Alan Grayson

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

Grayson, Alan Mark, , ,

Election: 2022

☒ Primary☐ General☐ Other (specify) ▼Mailing Address
4460 Willow Cove Ct

City

Orlando

State

FL

ZIP Code

32835-2558

☒ Personal Funds of the Candidate

Original Amount of Loan

332.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

332.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M 11 M

D 28 D

Y 2022 Y

M M

D D

Y None Y

12.00

% (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).....▶

332.00

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 148 OF 272

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 : C1B9281FEAEBE487EAD5

Committee to Elect Alan Grayson

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

Grayson, Alan Mark, , ,

Election: 2024

☒ Primary☐ General☐ Other (specify) ▼Mailing Address
4460 Willow Cove Ct

City

Orlando

State

FL

ZIP Code

32835-2558

☒ Personal Funds of the Candidate

Original Amount of Loan

173.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

173.00

TERMS

Date Incurred

Date Due

Interest Rate

(If none, enter 0)

Secured:

M 05 M

D 03 D

Y 2023 Y

M M

D D

Y None Y

12.00

% (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).....▶

173.00

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 149 OF 272

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

NAME OF COMMITTEE (In Full)

Transaction ID : CEBF89C994D654850856

Committee to Elect Alan Grayson

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

Election: 2024

Grayson, Alan Mark, , ,

☒ Primary☐ General☐ Other (specify) ▼Mailing Address
4460 Willow Cove Ct

City

Orlando

State

FL

ZIP Code

32835-2558

☒ Personal Funds of the Candidate

Original Amount of Loan

589.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

589.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M 02 M

D 18 D

Y 2023 Y

M M

D D

Y None Y

12.00

% (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).....▶

589.00

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 150 OF 272

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 : C2EED3C11248B47DD930

Committee to Elect Alan Grayson

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

Election: 2022

Grayson, Alan Mark, , ,

☒ Primary☐ General☐ Other (specify) ▼Mailing Address
4460 Willow Cove Ct

City

State

ZIP Code

Orlando

FL

32835-2558

☒ Personal Funds of the Candidate

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

559.00

0.00

559.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M 10^MD 14^D

Y 2022 Y

M M

D D

Y None Y

12.00

% (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).....▶

559.00

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 151 OF 272

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 : CEE2190BBCCEC46B5900

Committee to Elect Alan Grayson

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

Election: 2024

Grayson, Alan Mark, , ,

☒ Primary☐ General☐ Other (specify) ▼Mailing Address
4460 Willow Cove Ct

City

State

ZIP Code

Orlando

FL

32835-2558

☒ Personal Funds of the Candidate

Original Amount of Loan

832.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

832.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M 04 M

D 15 D

Y 2023 Y

M M

D D

Y None Y

12.00

% (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).....▶

832.00

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 152 OF 272

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 : C354C262090D24F75974

Committee to Elect Alan Grayson

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

Grayson, Alan Mark, , ,

Election: 2022

☒ Primary☐ General☐ Other (specify) ▼Mailing Address
4460 Willow Cove Ct

City

Orlando

State

FL

ZIP Code

32835-2558

☒ Personal Funds of the Candidate

Original Amount of Loan

1205.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

1205.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M 12^MD 11^D

Y 2022 Y

M M

D D

Y None Y

12.00

% (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).....▶

1205.00

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 153 OF 272

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 : C5352F3298ADA4A68894

Committee to Elect Alan Grayson

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

Election: 2010

Grayson, Alan Mark, , ,

☒ Primary☐ General☐ Other (specify) ▼Mailing Address
4460 Willow Cove Ct

City

State

ZIP Code

Orlando

FL

32835-2558

☒ Personal Funds of the Candidate

Original Amount of Loan

15000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

15000.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M 11 M

D 26 D

Y 2008 Y

M M

D D

Y None Y

12.00

% (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).....▶

15000.00

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 154 OF 272

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 : CE43C93265C5747F6AF1

Committee to Elect Alan Grayson

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

Grayson, Alan Mark, , ,

Election: 2016

☒ Primary☐ General☐ Other (specify) ▼Mailing Address
4460 Willow Cove Ct

City

Orlando

State

FL

ZIP Code

32835-2558

☒ Personal Funds of the Candidate

Original Amount of Loan

50000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

50000.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M 06 M

D 26 D

Y 2015 Y

M M

D D

Y None Y

12.00

% (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).....▶

50000.00

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 155 OF 272

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

NAME OF COMMITTEE (In Full)

Transaction ID : CBCBAE172661F41739D3

Committee to Elect Alan Grayson

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

Grayson, Alan Mark, , ,

Election: 2024

☒ Primary☐ General☐ Other (specify) ▼Mailing Address
4460 Willow Cove Ct

City

Orlando

State

FL

ZIP Code

32835-2558

☒ Personal Funds of the Candidate

Original Amount of Loan

750.40

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

750.40

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M 02 M

/ D 22 D

/ Y 2023 Y

M M

/ D D

/ Y None Y

12.00

% (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).....▶

750.40

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 156 OF 272

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 : CC2BBC202874341C8988

Committee to Elect Alan Grayson

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

Grayson, Alan Mark, , ,

Election: 2022

☒ Primary☐ General☐ Other (specify) ▼Mailing Address
4460 Willow Cove Ct

City

Orlando

State

FL

ZIP Code

32835-2558

☒ Personal Funds of the Candidate

Original Amount of Loan

114.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

114.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M 11 M

D 03 D

Y 2022 Y

M M

D D

Y None Y

12.00

% (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).....▶

114.00

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 157 OF 272

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

NAME OF COMMITTEE (In Full)

Transaction ID : C34295D98163546FEAFF

Committee to Elect Alan Grayson

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

Election: 2024

Grayson, Alan Mark, , ,

☒ Primary☐ General☐ Other (specify) ▼Mailing Address
4460 Willow Cove Ct

City

State

ZIP Code

Orlando

FL

32835-2558

☒ Personal Funds of the Candidate

Original Amount of Loan

1013.15

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

1013.15

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M 02 M

D 09 D

Y 2023 Y

M M

D D

Y None Y

12.00

% (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).....▶

1013.15

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 158 OF 272

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

NAME OF COMMITTEE (In Full)

Transaction ID : CFDA920512C944098815

Committee to Elect Alan Grayson

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

Election: 2022

Grayson, Alan Mark, , ,

☒ Primary☐ General☐ Other (specify) ▼Mailing Address
4460 Willow Cove Ct

City

State

ZIP Code

Orlando

FL

32835-2558

☒ Personal Funds of the Candidate

Original Amount of Loan

661.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

661.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M 11 M

D 05 D

Y 2022 Y

M M

D D

Y None Y

12.00

% (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).....▶

661.00

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 159 OF 272

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

NAME OF COMMITTEE (In Full)

Transaction ID : C19DAA36C62DE4283AA3

Committee to Elect Alan Grayson

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

Election: 2024

Grayson, Alan Mark, , ,

☒ Primary☐ General☐ Other (specify) ▼Mailing Address
4460 Willow Cove Ct

City

State

ZIP Code

Orlando

FL

32835-2558

☒ Personal Funds of the Candidate

Original Amount of Loan

504.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

504.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M 03 M

D 23 D

Y 2023 Y

M M

D D

Y None Y

12.00

% (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).....▶

504.00

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 160 OF 272

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

NAME OF COMMITTEE (In Full)

Transaction ID : CC28FDF7AA5594CB3968

Committee to Elect Alan Grayson

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

Election: 2022

Grayson, Alan Mark, , ,

☒ Primary☐ General☐ Other (specify) ▼Mailing Address
4460 Willow Cove Ct

City

Orlando

State

FL

ZIP Code

32835-2558

☒ Personal Funds of the Candidate

Original Amount of Loan

58702.18

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

58702.18

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M 09 M /

D 08 D /

Y 2022 Y

M M /

D D /

Y None Y

12.00

% (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).....▶

58702.18

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 161 OF 272

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 : C7DF6427BE9DD411793F

Committee to Elect Alan Grayson

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

Grayson, Alan Mark, , ,

Election: 2024

☒ Primary☐ General☐ Other (specify) ▼Mailing Address
4460 Willow Cove Ct

City

Orlando

State

FL

ZIP Code

32835-2558

☒ Personal Funds of the Candidate

Original Amount of Loan

341.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

341.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M 03 M

D 01 D

Y 2023 Y

M M

D D

Y None Y

12.00

% (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).....▶

341.00

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 162 OF 272

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

NAME OF COMMITTEE (In Full)

Transaction ID : CE21DDFD194A24C8A817

Committee to Elect Alan Grayson

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

Election: 2024

Grayson, Alan Mark, , ,

☒ Primary☐ General☐ Other (specify) ▼Mailing Address
4460 Willow Cove Ct

City

State

ZIP Code

Orlando

FL

32835-2558

☒ Personal Funds of the Candidate

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

582.00

0.00

582.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M 05 M

D 18 D

Y 2023 Y

M M

D D

Y None Y

12.00

% (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).....▶

582.00

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 163 OF 272

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 : C9F0492F51B1E44E7B07

Committee to Elect Alan Grayson

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

Grayson, Alan Mark, , ,

Election: 2024

☒ Primary☐ General☐ Other (specify) ▼Mailing Address
4460 Willow Cove Ct

City

Orlando

State

FL

ZIP Code

32835-2558

☒ Personal Funds of the Candidate

Original Amount of Loan

574.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

574.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M 01 M

D 15 D

Y 2023 Y

M M

D D

Y None Y

12.00

% (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).....▶

574.00

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 164 OF 272

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 : CCD909BCEE0684A8BA43

Committee to Elect Alan Grayson

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

Grayson, Alan Mark, , ,

Election: 2024

☒ Primary☐ General☐ Other (specify) ▼Mailing Address
4460 Willow Cove Ct

City

Orlando

State

FL

ZIP Code

32835-2558

☒ Personal Funds of the Candidate

Original Amount of Loan

815.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

815.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M 01 M

D 11 D

Y 2023 Y

M M

D D

Y None Y

12.00

% (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).....▶

815.00

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 165 OF 272

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 : C73459602E3E74AA19B9

Committee to Elect Alan Grayson

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

Election: 2024

Grayson, Alan Mark, , ,

☒ Primary☐ General☐ Other (specify) ▼Mailing Address
4460 Willow Cove Ct

City

State

ZIP Code

Orlando

FL

32835-2558

☒ Personal Funds of the Candidate

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

781.34

0.00

781.34

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M 03 M

D 22 D

Y 2023 Y

M M

D D

Y None Y

12.00

% (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).....▶

781.34

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 166 OF 272

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 : CC36A8B046F064F72818

Committee to Elect Alan Grayson

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

Grayson, Alan Mark, , ,

Election: 2022

☒ Primary☐ General☐ Other (specify) ▼Mailing Address
4460 Willow Cove Ct

City

Orlando

State

FL

ZIP Code

32835-2558

☒ Personal Funds of the Candidate

Original Amount of Loan

1725.15

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

1725.15

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M 11 M

D 08 D

Y 2022 Y

M M

D D

Y None Y

12.00

% (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).....▶

1725.15

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 167 OF 272

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 : C0563CAD280CE4B3F9A8

Committee to Elect Alan Grayson

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

Election: 2024

Grayson, Alan Mark, , ,

☒ Primary☐ General☐ Other (specify) ▼Mailing Address
4460 Willow Cove Ct

City

State

ZIP Code

Orlando

FL

32835-2558

☒ Personal Funds of the Candidate

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

541.00

0.00

541.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M 05 M

D 07 D

Y 2023 Y

M M

D D

Y None Y

12.00

% (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).....▶

541.00

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 168 OF 272

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 : C5202AFB840D24329A9D

Committee to Elect Alan Grayson

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

Election: 2024

Grayson, Alan Mark, , ,

☒ Primary☐ General☐ Other (specify) ▼Mailing Address
4460 Willow Cove Ct

City

State

ZIP Code

Orlando

FL

32835-2558

☒ Personal Funds of the Candidate

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

377.00

0.00

377.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M 06 M

/ D 26 D

/ Y 2023 Y

M M

/ D D

/ Y None Y

12.00

% (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).....▶

377.00

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 169 OF 272

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 : CEFE1661220804B9E96E

Committee to Elect Alan Grayson

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

Election: 2008

Grayson, Alan Mark, , ,

☒ Primary☐ General☐ Other (specify) ▼Mailing Address
4460 Willow Cove Ct

City

State

ZIP Code

Orlando

FL

32835-2558

☒ Personal Funds of the Candidate

Original Amount of Loan

25000.00

Cumulative Payment To Date

1358.33

Balance Outstanding at Close of This Period

23641.67

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M 12^MD 12^D

Y 2007 Y

M M

D D

Y None Y

12.00

% (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).....▶

23641.67

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 170 OF 272

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

NAME OF COMMITTEE (In Full)

Transaction ID : C2B9171494D8B4148837

Committee to Elect Alan Grayson

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

Grayson, Alan Mark, , ,

Election: 2012

☒ Primary☐ General☐ Other (specify) ▼Mailing Address
4460 Willow Cove Ct

City

Orlando

State

FL

ZIP Code

32835-2558

☒ Personal Funds of the Candidate

Original Amount of Loan

200000.00

Cumulative Payment To Date

15000.00

Balance Outstanding at Close of This Period

185000.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M 11 M

D 03 D

Y 2010 Y

M M

D D

Y None Y

12.00

% (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).....▶

185000.00

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 171 OF 272

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 : C0B85A1366F3B4C63B23

Committee to Elect Alan Grayson

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

Election: 2016

Grayson, Alan Mark, , ,

☒ Primary☐ General☐ Other (specify) ▼Mailing Address
4460 Willow Cove Ct

City

Orlando

State

FL

ZIP Code

32835-2558

☒ Personal Funds of the Candidate

Original Amount of Loan

100000.00

Cumulative Payment To Date

12400.00

Balance Outstanding at Close of This Period

87600.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M 11 M

D 17 D

Y 2015 Y

M M

D D

Y None Y

12.00

% (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).....▶

87600.00

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 172 OF 272

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

NAME OF COMMITTEE (In Full)

Transaction ID : C817DF0A5A24A4A2C9DF

Committee to Elect Alan Grayson

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

Election: 2024

Grayson, Alan Mark, , ,

☒ Primary☐ General☐ Other (specify) ▼Mailing Address
4460 Willow Cove Ct

City

State

ZIP Code

Orlando

FL

32835-2558

☒ Personal Funds of the Candidate

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

523.00

0.00

523.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M 05 M

D 08 D

Y 2023 Y

M M

D D

Y None Y

12.00

% (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).....▶

523.00

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 173 OF 272

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 : C5286A9823C7F4C3DADE

Committee to Elect Alan Grayson

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

Election: 2024

Grayson, Alan Mark, , ,

☒ Primary☐ General☐ Other (specify) ▼Mailing Address
4460 Willow Cove Ct

City

State

ZIP Code

Orlando

FL

32835-2558

☒ Personal Funds of the Candidate

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

302.00

0.00

302.00

TERMS

Date Incurred

Date Due

Interest Rate

(If none, enter 0)

Secured:

M 01 M

D 27 D

Y 2023 Y

M M

D D

Y None Y

12.00

% (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).....▶

302.00

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 174 OF 272

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

NAME OF COMMITTEE (In Full)

Transaction ID : C37589BB322F74C8689A

Committee to Elect Alan Grayson

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

Grayson, Alan Mark, , ,

Election: 2022

☐ Primary☒ General☐ Other (specify) ▼Mailing Address
4460 Willow Cove Ct

City

Orlando

State

FL

ZIP Code

32835-2558

☒ Personal Funds of the Candidate

Original Amount of Loan

330.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

330.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M 12^M/ D 28^D

/ Y 2022 Y

M M

/ D D

/ Y None Y

12.00

% (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).....▶

330.00

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 175 OF 272

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 : CC33876662A094A59860

Committee to Elect Alan Grayson

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

Grayson, Alan Mark, , ,

Election: 2006

☒ Primary☐ General☐ Other (specify) ▼Mailing Address
4460 Willow Cove Ct

City

Orlando

State

FL

ZIP Code

32835-2558

☒ Personal Funds of the Candidate

Original Amount of Loan

100000.00

Cumulative Payment To Date

39600.00

Balance Outstanding at Close of This Period

60400.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M 08 M

/ D 09 D

/ Y 2006 Y

M M

/ D D

/ Y None Y

12.00

% (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).....▶

60400.00

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 176 OF 272

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 : CBE7046D8ADB64D0AAC8

Committee to Elect Alan Grayson

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

Grayson, Alan Mark, , ,

Election: 2022

☒ Primary☐ General☐ Other (specify) ▼Mailing Address
4460 Willow Cove Ct

City

Orlando

State

FL

ZIP Code

32835-2558

☒ Personal Funds of the Candidate

Original Amount of Loan

8264.72

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

8264.72

TERMS

Date Incurred

Date Due

Interest Rate

(If none, enter 0)

Secured:

M 09 M

D 15 D

Y 2022 Y

M M

D D

Y None Y

12.00

% (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).....▶

8264.72

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 177 OF 272

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 : CBCFEAB1D4565452386D

Committee to Elect Alan Grayson

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

Election: 2024

Grayson, Alan Mark, , ,

☒ Primary☐ General☐ Other (specify) ▼Mailing Address
4460 Willow Cove Ct

City

State

ZIP Code

Orlando

FL

32835-2558

☒ Personal Funds of the Candidate

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

246.90

0.00

246.90

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M 06 M

D 03 D

Y 2023 Y

M M

D D

Y None Y

12.00

% (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).....▶

246.90

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 178 OF 272

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

NAME OF COMMITTEE (In Full)

Transaction ID : CF92EE1474D6449A5982

Committee to Elect Alan Grayson

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

Election: 2024

Grayson, Alan Mark, , ,

☒ Primary☐ General☐ Other (specify) ▼Mailing Address
4460 Willow Cove Ct

City

State

ZIP Code

Orlando

FL

32835-2558

☒ Personal Funds of the Candidate

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

969.00

0.00

969.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M 03 M

D 18 D

Y 2023 Y

M M

D D

Y None Y

12.00

% (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).....▶

969.00

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 179 OF 272

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 : C27F46D02F8864A92B8B

Committee to Elect Alan Grayson

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

Election: 2024

Grayson, Alan Mark, , ,

☒ Primary☐ General☐ Other (specify) ▼Mailing Address
4460 Willow Cove Ct

City

State

ZIP Code

Orlando

FL

32835-2558

☒ Personal Funds of the Candidate

Original Amount of Loan

293.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

293.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M 06 M

D 29 D

Y 2023 Y

M M

D D

Y None Y

12.00

% (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).....▶

293.00

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 180 OF 272

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 : CF2CAC005C4524EDCBAE

Committee to Elect Alan Grayson

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

Election: 2010

Grayson, Alan Mark, , ,

☒ Primary☐ General☐ Other (specify) ▼Mailing Address
4460 Willow Cove Ct

City

State

ZIP Code

Orlando

FL

32835-2558

☒ Personal Funds of the Candidate

Original Amount of Loan

10000.00

Cumulative Payment To Date

4000.00

Balance Outstanding at Close of This Period

6000.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M 12^MD 10^D

Y 2008 Y

M M

D D

Y None Y

12.00

% (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).....▶

6000.00

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 181 OF 272

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

NAME OF COMMITTEE (In Full)

Transaction ID : C6D256DB27D89434DA11

Committee to Elect Alan Grayson

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

Grayson, Alan Mark, , ,

Election: 2008

☒ Primary☐ General☐ Other (specify) ▼Mailing Address
4460 Willow Cove Ct

City

Orlando

State

FL

ZIP Code

32835-2558

☒ Personal Funds of the Candidate

Original Amount of Loan

25000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

25000.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M 02 M

/ D 28 D

/ Y 2008 Y

M M

/ D D

/ Y None Y

12.00 % (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).....▶

25000.00

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 182 OF 272

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 : CD8C692AD99D0469C898

Committee to Elect Alan Grayson

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

Grayson, Alan Mark, , ,

Election: 2024

☒ Primary☐ General☐ Other (specify) ▼Mailing Address
4460 Willow Cove Ct

City

Orlando

State

FL

ZIP Code

32835-2558

☒ Personal Funds of the Candidate

Original Amount of Loan

174.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

174.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M 05 M

D 10 D

Y 2023 Y

M M

D D

Y None Y

12.00

% (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).....▶

174.00

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 183 OF 272

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 : CD4B8A07637B346F280E

Committee to Elect Alan Grayson

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

Election: 2024

Grayson, Alan Mark, , ,

☒ Primary☐ General☐ Other (specify) ▼Mailing Address
4460 Willow Cove Ct

City

State

ZIP Code

Orlando

FL

32835-2558

☒ Personal Funds of the Candidate

Original Amount of Loan

1840.00

Cumulative Payment To Date

1602.00

Balance Outstanding at Close of This Period

238.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M 03 M

D 08 D

Y 2023 Y

M M

D D

Y None Y

12.00

% (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).....▶

238.00

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 184 OF 272

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

NAME OF COMMITTEE (In Full)

Transaction ID : C1D062E09457443F8A63

Committee to Elect Alan Grayson

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

Grayson, Alan Mark, , ,

Election: 2024

☒ Primary☐ General☐ Other (specify) ▼Mailing Address
4460 Willow Cove Ct

City

Orlando

State

FL

ZIP Code

32835-2558

☒ Personal Funds of the Candidate

Original Amount of Loan

234.62

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

234.62

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M 03 M

/ D 02 D

/ Y 2023 Y

M M

/ D D

/ Y None Y

12.00

% (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).....▶

234.62

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 185 OF 272

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 : C7A815CD2A9094E539A1

Committee to Elect Alan Grayson

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

Grayson, Alan Mark, , ,

Election: 2024

☒ Primary☐ General☐ Other (specify) ▼Mailing Address
4460 Willow Cove Ct

City

Orlando

State

FL

ZIP Code

32835-2558

☒ Personal Funds of the Candidate

Original Amount of Loan

1105.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

1105.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M 05 M

D 05 D

Y 2023 Y

M M

D D

Y None Y

12.00

% (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).....▶

1105.00

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 186 OF 272

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 : CD003FB2208B3479BB5B

Committee to Elect Alan Grayson

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

Grayson, Alan Mark, , ,

Election: 2006

☒ Primary☐ General☐ Other (specify) ▼Mailing Address
4460 Willow Cove Ct

City

Orlando

State

FL

ZIP Code

32835-2558

☒ Personal Funds of the Candidate

Original Amount of Loan

40000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

40000.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M 08 M

D 16 D

Y 2006 Y

M M

D D

Y None Y

12.00

% (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).....▶

40000.00

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 187 OF 272

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

NAME OF COMMITTEE (In Full)

Transaction ID : C541BBEA839854BC488B

Committee to Elect Alan Grayson

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

Election: 2022

Grayson, Alan Mark, , ,

☒ Primary☐ General☐ Other (specify) ▼Mailing Address
4460 Willow Cove Ct

City

State

ZIP Code

Orlando

FL

32835-2558

☒ Personal Funds of the Candidate

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

171.07

0.00

171.07

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M 11 M

D 02 D

Y 2022 Y

M M

D D

Y None Y

12.00

% (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).....▶

171.07

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 188 OF 272

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

NAME OF COMMITTEE (In Full)

Transaction ID : C06D13156CA1F4EB9BFF

Committee to Elect Alan Grayson

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

Election: 2020

Grayson, Alan Mark, , ,

☒ Primary☐ General☐ Other (specify) ▼Mailing Address
4460 Willow Cove Ct

City

State

ZIP Code

Orlando

FL

32835-2558

☒ Personal Funds of the Candidate

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

119.00

0.00

119.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M 12^MD 02^D

Y 2019 Y

M M

D D

Y None Y

12.00

% (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).....▶

119.00

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 189 OF 272

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 : C59652372A251491CA16

Committee to Elect Alan Grayson

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

Grayson, Alan Mark, , ,

Election: 2024

☒ Primary☐ General☐ Other (specify) ▼Mailing Address
4460 Willow Cove Ct

City

Orlando

State

FL

ZIP Code

32835-2558

☒ Personal Funds of the Candidate

Original Amount of Loan

143.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

143.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M 06 M

D 03 D

Y 2023 Y

M M

D D

Y None Y

12.00

% (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).....▶

143.00

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 190 OF 272

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

NAME OF COMMITTEE (In Full)

Transaction ID : C14D594BFA8474D6A9E7

Committee to Elect Alan Grayson

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

Election: 2024

Grayson, Alan Mark, , ,

☒ Primary☐ General☐ Other (specify) ▼Mailing Address
4460 Willow Cove Ct

City

State

ZIP Code

Orlando

FL

32835-2558

☒ Personal Funds of the Candidate

Original Amount of Loan

181.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

181.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M 04 M

D 10 D

Y 2023 Y

M M

D D

Y None Y

12.00

% (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).....▶

181.00

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 191 OF 272

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 : CA3589374F35B4477845

Committee to Elect Alan Grayson

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

Election: 2024

Grayson, Alan Mark, , ,

☒ Primary☐ General☐ Other (specify) ▼Mailing Address
4460 Willow Cove Ct

City

State

ZIP Code

Orlando

FL

32835-2558

☒ Personal Funds of the Candidate

Original Amount of Loan

361.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

361.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M 03 M

D 28 D

Y 2023 Y

M M

D D

Y None Y

12.00

% (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).....▶

361.00

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 192 OF 272

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 : C9B144C421EA742299DB

Committee to Elect Alan Grayson

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

Grayson, Alan Mark, , ,

Election: 2018

☒ Primary☐ General☐ Other (specify) ▼Mailing Address
4460 Willow Cove Ct

City

Orlando

State

FL

ZIP Code

32835-2558

☒ Personal Funds of the Candidate

Original Amount of Loan

35000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

35000.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M 07^MD 17^D

Y 2018 Y

M M

D D

Y None Y

12.00 % (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).....▶

35000.00

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 193 OF 272

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 : C2C53CE65578747AB809

Committee to Elect Alan Grayson

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

Election: 2024

Grayson, Alan Mark, , ,

☒ Primary☐ General☐ Other (specify) ▼Mailing Address
4460 Willow Cove Ct

City

Orlando

State

FL

ZIP Code

32835-2558

☒ Personal Funds of the Candidate

Original Amount of Loan

222.06

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

222.06

TERMS

Date Incurred

Date Due

Interest Rate

(If none, enter 0)

Secured:

M 02 M

D 02 D

Y 2023 Y

M M

D D

Y None Y

12.00

% (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).....▶

222.06

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 194 OF 272

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 : C8B70A85473D34004A8E

Committee to Elect Alan Grayson

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

Grayson, Alan Mark, , ,

Election: 2008

☒ Primary☐ General☐ Other (specify) ▼Mailing Address
4460 Willow Cove Ct

City

Orlando

State

FL

ZIP Code

32835-2558

☒ Personal Funds of the Candidate

Original Amount of Loan

25000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

25000.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M 04 M

D 17 D

Y 2008 Y

M M

D D

Y None Y

0.12 % (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).....▶

25000.00

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 195 OF 272

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 : CB813C76252194745AA2

Committee to Elect Alan Grayson

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

Grayson, Alan Mark, , ,

Election: 2016

☒ Primary☐ General☐ Other (specify) ▼Mailing Address
4460 Willow Cove Ct

City

Orlando

State

FL

ZIP Code

32835-2558

☒ Personal Funds of the Candidate

Original Amount of Loan

50000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

50000.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M 11 M

D 12 D

Y 2014 Y

M M

D D

Y None Y

12.00 % (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).....▶

50000.00

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 196 OF 272

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

NAME OF COMMITTEE (In Full)

Transaction ID : CEA5991F231C74039B6A

Committee to Elect Alan Grayson

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

Grayson, Alan Mark, , ,

Election: 2008

☐ Primary☒ General☐ Other (specify) ▼Mailing Address
4460 Willow Cove Ct

City

Orlando

State

FL

ZIP Code

32835-2558

☒ Personal Funds of the Candidate

Original Amount of Loan

50000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

50000.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M 09 M

D 12 D

Y 2008 Y

M M

D D

Y None Y

12.00

% (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).....▶

50000.00

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 197 OF 272

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 : C317A4D9EEA264DE4AAC

Committee to Elect Alan Grayson

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

Grayson, Alan Mark, , ,

Election: 2014

☒ Primary☐ General☐ Other (specify) ▼Mailing Address
4460 Willow Cove Ct

City

Orlando

State

FL

ZIP Code

32835-2558

☒ Personal Funds of the Candidate

Original Amount of Loan

75000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

75000.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M 12^MD 07^D

Y 2012 Y

M M

D D

Y None Y

12.00

% (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).....▶

75000.00

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 198 OF 272

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 : CB81C3BF73E1D46AD95F

Committee to Elect Alan Grayson

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

Grayson, Alan Mark, , ,

Election: 2020

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

4460 Willow Cove Ct

City

Orlando

State

FL

ZIP Code

32835-2558

☒ Personal Funds of the Candidate

Original Amount of Loan

200.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

200.00

TERMS

Date Incurred

Date Due

Interest Rate

(If none, enter 0)

Secured:

M 11 M

D 04 D

Y 2019 Y

M M

D D

Y None Y

12.00

% (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).....▶

200.00

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 199 OF 272

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 : C3AC4D85E5AC64BB88A0

Committee to Elect Alan Grayson

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

Election: 2018

Grayson, Alan Mark, , ,

☒ Primary☐ General☐ Other (specify) ▼Mailing Address
4460 Willow Cove Ct

City

State

ZIP Code

Orlando

FL

32835-2558

☒ Personal Funds of the Candidate

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

40000.00

0.00

40000.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M 08 M

D 14 D

Y 2018 Y

M M

D D

Y None Y

12.00

% (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).....▶

40000.00

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 200 OF 272

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 : C76B293BE998943498FF

Committee to Elect Alan Grayson

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

Election: 2008

Grayson, Alan Mark, , ,

☒ Primary☐ General☐ Other (specify) ▼Mailing Address
4460 Willow Cove Ct

City

Orlando

State

FL

ZIP Code

32835-2558

☒ Personal Funds of the Candidate

Original Amount of Loan

25000.00

Cumulative Payment To Date

15760.00

Balance Outstanding at Close of This Period

9240.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M 02 M

D 12 D

Y 2008 Y

M M

D D

Y None Y

12.00

% (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).....▶

9240.00

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 201 OF 272

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 : CBA90F0E35E01452B8F1

Committee to Elect Alan Grayson

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

Election: 2024

Grayson, Alan Mark, , ,

☒ Primary☐ General☐ Other (specify) ▼Mailing Address
4460 Willow Cove Ct

City

State

ZIP Code

Orlando

FL

32835-2558

☒ Personal Funds of the Candidate

Original Amount of Loan

241.75

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

241.75

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M 04 M

D 01 D

Y 2023 Y

M M

D D

Y None Y

12.00

% (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).....▶

241.75

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 202 OF 272

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 : C68BD79E8854A4537BA0

Committee to Elect Alan Grayson

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

Grayson, Alan Mark, , ,

Election: 2024

☒ Primary☐ General☐ Other (specify) ▼Mailing Address
4460 Willow Cove Ct

City

Orlando

State

FL

ZIP Code

32835-2558

☒ Personal Funds of the Candidate

Original Amount of Loan

884.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

884.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M 05 M

D 15 D

Y 2023 Y

M M

D D

Y None Y

12.00

% (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).....▶

884.00

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 203 OF 272

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 : C238F5E4F4A4C42369FA

Committee to Elect Alan Grayson

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

Election: 2024

Grayson, Alan Mark, , ,

☒ Primary☐ General☐ Other (specify) ▼Mailing Address
4460 Willow Cove Ct

City

State

ZIP Code

Orlando

FL

32835-2558

☒ Personal Funds of the Candidate

Original Amount of Loan

803.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

803.00

TERMS

Date Incurred

Date Due

Interest Rate

(If none, enter 0)

Secured:

M 06 M

D 11 D

Y 2023 Y

M M

D D

Y None Y

12.00

% (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).....▶

803.00

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 204 OF 272

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 : CFBDC A7DBE24D4FA58B5

Committee to Elect Alan Grayson

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

Election: 2010

Grayson, Alan Mark, , ,

☐ Primary☒ General☐ Other (specify) ▼Mailing Address
4460 Willow Cove Ct

City

State

ZIP Code

Orlando

FL

32835-2558

☒ Personal Funds of the Candidate

Original Amount of Loan

95000.00

Cumulative Payment To Date

28059.00

Balance Outstanding at Close of This Period

66941.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M 10 M

D 13 D

Y 2010 Y

M M

D D

Y None Y

12.00

% (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).....▶

66941.00

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 205 OF 272

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 : CA19D7733BB3E44B9AE3

Committee to Elect Alan Grayson

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

Grayson, Alan Mark, , ,

Election: 2012

☒ Primary☐ General☐ Other (specify) ▼Mailing Address
4460 Willow Cove Ct

City

Orlando

State

FL

ZIP Code

32835-2558

☒ Personal Funds of the Candidate

Original Amount of Loan

20000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

20000.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M 12^M/ D 12^D

/ Y 2010 Y

M M

/ D D

/ Y None Y

12.00

% (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).....▶

20000.00

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 206 OF 272

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 : C0B1792F78EE64B22816

Committee to Elect Alan Grayson

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

Election: 2024

Grayson, Alan Mark, , ,

☒ Primary☐ General☐ Other (specify) ▼Mailing Address
4460 Willow Cove Ct

City

State

ZIP Code

Orlando

FL

32835-2558

☒ Personal Funds of the Candidate

Original Amount of Loan

2649.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

2649.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M 05 M

D 27 D

Y 2023 Y

M M

D D

Y None Y

12.00

% (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).....▶

2649.00

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 207 OF 272

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

NAME OF COMMITTEE (In Full)

Transaction ID : C279175611CC341E286F

Committee to Elect Alan Grayson

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

Election: 2024

Grayson, Alan Mark, , ,

☒ Primary☐ General☐ Other (specify) ▼Mailing Address
4460 Willow Cove Ct

City

State

ZIP Code

Orlando

FL

32835-2558

☒ Personal Funds of the Candidate

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

341.00

0.00

341.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M 04 M

D 27 D

Y 2023 Y

M M

D D

Y None Y

12.00

% (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).....▶

341.00

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 208 OF 272

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 : CD9C67427B39348A3B84

Committee to Elect Alan Grayson

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

Grayson, Alan Mark, , ,

Election: 2024

☒ Primary☐ General☐ Other (specify) ▼Mailing Address
4460 Willow Cove Ct

City

Orlando

State

FL

ZIP Code

32835-2558

☒ Personal Funds of the Candidate

Original Amount of Loan

2030.16

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

2030.16

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M 06 M

D 18 D

Y 2023 Y

M M

D D

Y None Y

12.00

% (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).....▶

2030.16

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 209 OF 272

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 : CA3E7616DFE4B413A9F7

Committee to Elect Alan Grayson

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

Election: 2024

Grayson, Alan Mark, , ,

☒ Primary☐ General☐ Other (specify) ▼Mailing Address
4460 Willow Cove Ct

City

State

ZIP Code

Orlando

FL

32835-2558

☒ Personal Funds of the Candidate

Original Amount of Loan

923.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

923.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M 06 M

/ D 20 D

/ Y 2023 Y

M M

/ D D

/ Y None Y

12.00

% (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).....▶

923.00

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 210 OF 272

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 : C80BA492ABAB64D239B1

Committee to Elect Alan Grayson

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

Election: 2022

Grayson, Alan Mark, , ,

☒ Primary☐ General☐ Other (specify) ▼Mailing Address
4460 Willow Cove Ct

City

State

ZIP Code

Orlando

FL

32835-2558

☒ Personal Funds of the Candidate

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

25246.00

0.00

25246.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M 09 M

D 02 D

Y 2022 Y

M M

D D

Y None Y

12.00

% (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).....▶

25246.00

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 211 OF 272

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 : C8AC7CC05DC014347B8C

Committee to Elect Alan Grayson

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

Election: 2024

Grayson, Alan Mark, , ,

☒ Primary☐ General☐ Other (specify) ▼Mailing Address
4460 Willow Cove Ct

City

State

ZIP Code

Orlando

FL

32835-2558

☒ Personal Funds of the Candidate

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

1139.00

0.00

1139.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M 02 M

D 14 D

Y 2023 Y

M M

D D

Y None Y

12.00

% (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).....▶

1139.00

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 212 OF 272

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 : C196D124019C641F5AD3

Committee to Elect Alan Grayson

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

Grayson, Alan Mark, , ,

Election: 2024

☒ Primary☐ General☐ Other (specify) ▼Mailing Address
4460 Willow Cove Ct

City

Orlando

State

FL

ZIP Code

32835-2558

☒ Personal Funds of the Candidate

Original Amount of Loan

529.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

529.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M 02 M

/ D 09 D

/ Y 2023 Y

M M

/ D D

/ Y None Y

12.00

% (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).....▶

529.00

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 213 OF 272

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 : CFFC8F67D0BD94F48AA3

Committee to Elect Alan Grayson

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

Election: 2024

Grayson, Alan Mark, , ,

☒ Primary☐ General☐ Other (specify) ▼Mailing Address
4460 Willow Cove Ct

City

State

ZIP Code

Orlando

FL

32835-2558

☒ Personal Funds of the Candidate

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

1774.00

0.00

1774.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M 06 M

D 07 D

Y 2023 Y

M M

D D

Y None Y

12.00

% (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).....▶

1774.00

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 214 OF 272

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 : C28078C0014DA459093E

Committee to Elect Alan Grayson

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

Grayson, Alan Mark, , ,

Election: 2024

☒ Primary☐ General☐ Other (specify) ▼Mailing Address
4460 Willow Cove Ct

City

Orlando

State

FL

ZIP Code

32835-2558

☒ Personal Funds of the Candidate

Original Amount of Loan

584.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

584.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M 03 M /

D 20 D /

Y 2023 Y

M M /

D D /

Y None Y

12.00

% (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).....▶

584.00

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 215 OF 272

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 : C2DD86356C99C446A971

Committee to Elect Alan Grayson

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

Grayson, Alan Mark, , ,

Election: 2008

☒ Primary☐ General☐ Other (specify) ▼Mailing Address
4460 Willow Cove Ct

City

Orlando

State

FL

ZIP Code

32835-2558

☒ Personal Funds of the Candidate

Original Amount of Loan

25000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

25000.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M 05 M

D 21 D

Y 2008 Y

M M

D D

Y None Y

12.00

% (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).....▶

25000.00

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 216 OF 272

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

NAME OF COMMITTEE (In Full)

Transaction ID : C07DDFC3AC0FC423780C

Committee to Elect Alan Grayson

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

Grayson, Alan Mark, , ,

Election: 2010

☒ Primary☐ General☐ Other (specify) ▼Mailing Address
4460 Willow Cove Ct

City

Orlando

State

FL

ZIP Code

32835-2558

☒ Personal Funds of the Candidate

Original Amount of Loan

30000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

30000.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M 11 M

D 05 D

Y 2008 Y

M M

D D

Y None Y

12.00

% (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).....▶

30000.00

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 217 OF 272

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 : CF8A82C569A55480F807

Committee to Elect Alan Grayson

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

Grayson, Alan Mark, , ,

Election: 2024

☒ Primary☐ General☐ Other (specify) ▼Mailing Address
4460 Willow Cove Ct

City

Orlando

State

FL

ZIP Code

32835-2558

☒ Personal Funds of the Candidate

Original Amount of Loan

506.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

506.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M 06 M

/ D 23 D

/ Y 2023 Y

M M

/ D D

/ Y None Y

12.00 % (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).....▶

506.00

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 218 OF 272

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 : C7D0F3053D73749CB815

Committee to Elect Alan Grayson

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

Grayson, Alan Mark, , ,

Election: 2012

☐ Primary☒ General☐ Other (specify) ▼Mailing Address
4460 Willow Cove Ct

City

Orlando

State

FL

ZIP Code

32835-2558

☒ Personal Funds of the Candidate

Original Amount of Loan

667875.00

Cumulative Payment To Date

528545.77

Balance Outstanding at Close of This Period

139329.23

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M 09 M

D 27 D

Y 2012 Y

M M

D D

Y None Y

12.00

% (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).....▶

139329.23

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 219 OF 272

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 : CE98639277A8C47049F5

Committee to Elect Alan Grayson

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

Grayson, Alan Mark, , ,

Election: 2016

☒ Primary☐ General☐ Other (specify) ▼Mailing Address
4460 Willow Cove Ct

City

Orlando

State

FL

ZIP Code

32835-2558

☒ Personal Funds of the Candidate

Original Amount of Loan

15000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

15000.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M 11 M

D 07 D

Y 2014 Y

M M

D D

Y None Y

12.00 % (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).....▶

15000.00

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 220 OF 272

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 : CB8BE660E859346C38AF

Committee to Elect Alan Grayson

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

Grayson, Alan Mark, , ,

Election: 2024

☒ Primary☐ General☐ Other (specify) ▼Mailing Address
4460 Willow Cove Ct

City

Orlando

State

FL

ZIP Code

32835-2558

☒ Personal Funds of the Candidate

Original Amount of Loan

987.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

987.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M 06 M

D 11 D

Y 2023 Y

M M

D D

Y None Y

12.00

% (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).....▶

987.00

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 221 OF 272

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 : CDE898B4807AF4BD2877

Committee to Elect Alan Grayson

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

Grayson, Alan Mark, , ,

Election: 2022

☒ Primary☐ General☐ Other (specify) ▼Mailing Address
4460 Willow Cove Ct

City

Orlando

State

FL

ZIP Code

32835-2558

☒ Personal Funds of the Candidate

Original Amount of Loan

515.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

515.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M 12^MD 08^D

Y 2022 Y

M M

D D

Y None Y

12.00

% (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).....▶

515.00

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 222 OF 272

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 : C9FE0F35AD1AC456C8E0

Committee to Elect Alan Grayson

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

Election: 2024

Grayson, Alan Mark, , ,

☒ Primary☐ General☐ Other (specify) ▼Mailing Address
4460 Willow Cove Ct

City

State

ZIP Code

Orlando

FL

32835-2558

☒ Personal Funds of the Candidate

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

296.00

0.00

296.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M 04 M

D 27 D

Y 2023 Y

M M

D D

Y None Y

12.00

% (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).....▶

296.00

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 223 OF 272

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

NAME OF COMMITTEE (In Full)

Transaction ID : CD50876AC1ED94164A42

Committee to Elect Alan Grayson

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

Election: 2024

Grayson, Alan Mark, , ,

☒ Primary☐ General☐ Other (specify) ▼Mailing Address
4460 Willow Cove Ct

City

Orlando

State

FL

ZIP Code

32835-2558

☒ Personal Funds of the Candidate

Original Amount of Loan

907.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

907.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M 04 M

D 18 D

Y 2023 Y

M M

D D

Y None Y

12.00

% (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).....▶

907.00

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 224 OF 272

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 : C713FBB0300424813ACC

Committee to Elect Alan Grayson

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

Election: 2024

Grayson, Alan Mark, , ,

☒ Primary☐ General☐ Other (specify) ▼Mailing Address
4460 Willow Cove Ct

City

State

ZIP Code

Orlando

FL

32835-2558

☒ Personal Funds of the Candidate

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

65000.00

0.00

65000.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M 06 M

D 09 D

Y 2023 Y

M M

D D

Y None Y

12.00

% (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).....▶

65000.00

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 225 OF 272

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 : CA350A3582D0A48BB9A3

Committee to Elect Alan Grayson

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

Grayson, Alan Mark, , ,

Election: 2024

☒ Primary☐ General☐ Other (specify) ▼Mailing Address
4460 Willow Cove Ct

City

Orlando

State

FL

ZIP Code

32835-2558

☒ Personal Funds of the Candidate

Original Amount of Loan

184.39

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

184.39

TERMS

Date Incurred

Date Due

Interest Rate

(If none, enter 0)

Secured:

M 01 M

D 02 D

Y 2023 Y

M M

D D

Y None Y

12.00

% (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).....▶

184.39

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 226 OF 272

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 : C9E440899B1AF4FAEA8D

Committee to Elect Alan Grayson

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

Grayson, Alan Mark, , ,

Election: 2024

☒ Primary☐ General☐ Other (specify) ▼Mailing Address
4460 Willow Cove Ct

City

Orlando

State

FL

ZIP Code

32835-2558

☒ Personal Funds of the Candidate

Original Amount of Loan

1792.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

1792.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M 01 M

D 08 D

Y 2023 Y

M M

D D

Y None Y

12.00

% (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).....▶

1792.00

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 227 OF 272

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

NAME OF COMMITTEE (In Full)

Transaction ID : CD58DE85CC31B4334875

Committee to Elect Alan Grayson

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

Grayson, Alan Mark, , ,

Election: 2008

☒ Primary☐ General☐ Other (specify) ▼Mailing Address
4460 Willow Cove Ct

City

Orlando

State

FL

ZIP Code

32835-2558

☒ 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 05 M

D 05 D

Y 2008 Y

M M

D D

Y None Y

12.00

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

PAGE 228 OF 272

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

NAME OF COMMITTEE (In Full)

Transaction ID : C35F50C929E8E471E96F

Committee to Elect Alan Grayson

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

Election: 2024

Grayson, Alan Mark, , ,

☒ Primary☐ General☐ Other (specify) ▼Mailing Address
4460 Willow Cove Ct

City

State

ZIP Code

Orlando

FL

32835-2558

☒ Personal Funds of the Candidate

Original Amount of Loan

2745.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

2745.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M 02 M

D 27 D

Y 2023 Y

M M

D D

Y None Y

12.00

% (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).....▶

2745.00

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 229 OF 272

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

NAME OF COMMITTEE (In Full)

Transaction ID : C296CBC9EAAAD43E5853

Committee to Elect Alan Grayson

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

Grayson, Alan Mark, , ,

Election: 2022

☒ Primary☐ General☐ Other (specify) ▼Mailing Address
4460 Willow Cove Ct

City

Orlando

State

FL

ZIP Code

32835-2558

☒ Personal Funds of the Candidate

Original Amount of Loan

510.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

510.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M 10^MD 14^D

Y 2022 Y

M M

D D

Y None Y

12.00

% (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).....▶

510.00

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 230 OF 272

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

NAME OF COMMITTEE (In Full)

Transaction ID : C22D9E11609234B4AA35

Committee to Elect Alan Grayson

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

Election: 2024

Grayson, Alan Mark, , ,

☒ Primary☐ General☐ Other (specify) ▼Mailing Address
4460 Willow Cove Ct

City

State

ZIP Code

Orlando

FL

32835-2558

☒ Personal Funds of the Candidate

Original Amount of Loan

70.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

70.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M 01 M

D 10 D

Y 2023 Y

M M

D D

Y None Y

12.00

% (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).....▶

70.00

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 231 OF 272

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

NAME OF COMMITTEE (In Full)

Transaction ID : CCA732BDA49034BA6978

Committee to Elect Alan Grayson

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

Election: 2024

Grayson, Alan Mark, , ,

☒ Primary☐ General☐ Other (specify) ▼Mailing Address
4460 Willow Cove Ct

City

State

ZIP Code

Orlando

FL

32835-2558

☒ Personal Funds of the Candidate

Original Amount of Loan

506.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

506.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M 05 M

D 20 D

Y 2023 Y

M M

D D

Y None Y

12.00

% (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).....▶

506.00

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 232 OF 272

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 : CFADD764AE9974EBD9A2

Committee to Elect Alan Grayson

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

Grayson, Alan Mark, , ,

Election: 2022

☐ Primary☒ General☐ Other (specify) ▼Mailing Address
4460 Willow Cove Ct

City

Orlando

State

FL

ZIP Code

32835-2558

☒ Personal Funds of the Candidate

Original Amount of Loan

996.21

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

996.21

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M 10^MD 22^D

Y 2022 Y

M M

D D

Y None Y

12.00

% (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).....▶

996.21

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 233 OF 272

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 : C82275F0405344EE9BC7

Committee to Elect Alan Grayson

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

Grayson, Alan Mark, , ,

Election: 2024

☒ Primary☐ General☐ Other (specify) ▼Mailing Address
4460 Willow Cove Ct

City

Orlando

State

FL

ZIP Code

32835-2558

☒ Personal Funds of the Candidate

Original Amount of Loan

872.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

872.00

TERMS

Date Incurred

Date Due

Interest Rate

(If none, enter 0)

Secured:

M 06 M

D 15 D

Y 2023 Y

M M

D D

Y None Y

12.00

% (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).....▶

872.00

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 234 OF 272

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

NAME OF COMMITTEE (In Full)

Transaction ID : C9F0ABF62E00C41BDBE5

Committee to Elect Alan Grayson

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

Election: 2024

Grayson, Alan Mark, , ,

☒ Primary☐ General☐ Other (specify) ▼Mailing Address
4460 Willow Cove Ct

City

State

ZIP Code

Orlando

FL

32835-2558

☒ Personal Funds of the Candidate

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

330.00

0.00

330.00

TERMS

Date Incurred

Date Due

Interest Rate

(If none, enter 0)

Secured:

M 05 M

D 29 D

Y 2023 Y

M M

D D

Y None Y

12.00

% (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).....▶

330.00

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 235 OF 272

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 : C28016265BDE74A4A8FB

Committee to Elect Alan Grayson

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

Grayson, Alan Mark, , ,

Election: 2022

☐ Primary☒ General☐ Other (specify) ▼Mailing Address
4460 Willow Cove Ct

City

Orlando

State

FL

ZIP Code

32835-2558

☒ Personal Funds of the Candidate

Original Amount of Loan

303.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

303.00

TERMS

Date Incurred

Date Due

Interest Rate

(If none, enter 0)

Secured:

M 12^MD 28^D

Y 2022 Y

M M

D D

Y None Y

12.00

% (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).....▶

303.00

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 236 OF 272

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 : CFC92DD91AE314787826

Committee to Elect Alan Grayson

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

Election: 2008

Grayson, Alan Mark, , ,

☒ Primary☐ General☐ Other (specify) ▼Mailing Address
4460 Willow Cove Ct

City

State

ZIP Code

Orlando

FL

32835-2558

☒ Personal Funds of the Candidate

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

15000.00

0.00

15000.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M 05 M

D 05 D

Y 2008 Y

M M

D D

Y None Y

12.00

% (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).....▶

15000.00

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 237 OF 272

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 : CE7C0F49D745848E5B27

Committee to Elect Alan Grayson

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

Grayson, Alan Mark, , ,

Election: 2020

☒ Primary☐ General☐ Other (specify) ▼Mailing Address
4460 Willow Cove Ct

City

Orlando

State

FL

ZIP Code

32835-2558

☒ Personal Funds of the Candidate

Original Amount of Loan

2000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

2000.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M 10 M /

D 08 D /

Y 2019 Y

M M /

D D /

Y None Y

12.00

% (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).....▶

2000.00

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 238 OF 272

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 : C731210C039584AD5AA9

Committee to Elect Alan Grayson

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

Grayson, Alan Mark, , ,

Election: 2018

☒ Primary☐ General☐ Other (specify) ▼Mailing Address
4460 Willow Cove Ct

City

Orlando

State

FL

ZIP Code

32835-2558

☒ Personal Funds of the Candidate

Original Amount of Loan

19000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

19000.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M 08 M

/ D 09 D

/ Y 2018 Y

M M

/ D D

/ Y None Y

12.00

% (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).....▶

19000.00

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 239 OF 272

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 : CE07D4F96F3D34173914

Committee to Elect Alan Grayson

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

Grayson, Alan Mark, , ,

Election: 2010

☒ Primary☐ General☐ Other (specify) ▼Mailing Address
4460 Willow Cove Ct

City

Orlando

State

FL

ZIP Code

32835-2558

☒ Personal Funds of the Candidate

Original Amount of Loan

135000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

135000.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M 08 M

D 23 D

Y 2010 Y

M M

D D

Y None Y

12.00

% (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).....▶

135000.00

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 240 OF 272

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 : C26C22EDA2BAA45EF82F

Committee to Elect Alan Grayson

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

Grayson, Alan Mark, , ,

Election: 2024

☒ Primary☐ General☐ Other (specify) ▼Mailing Address
4460 Willow Cove Ct

City

Orlando

State

FL

ZIP Code

32835-2558

☒ Personal Funds of the Candidate

Original Amount of Loan

508.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

508.00

TERMS

Date Incurred

Date Due

Interest Rate

(If none, enter 0)

Secured:

M 02 M

/ D 22 D

/ Y 2023 Y

M M

/ D D

/ Y None Y

12.00

% (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).....▶

508.00

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 241 OF 272

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 : C5FEA2E5FA90541648E7

Committee to Elect Alan Grayson

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

Grayson, Alan Mark, , ,

Election: 2022

☒ Primary☐ General☐ Other (specify) ▼Mailing Address
4460 Willow Cove Ct

City

Orlando

State

FL

ZIP Code

32835-2558

☒ Personal Funds of the Candidate

Original Amount of Loan

150000.00

Cumulative Payment To Date

46000.00

Balance Outstanding at Close of This Period

104000.00

TERMS

Date Incurred

Date Due

Interest Rate

(If none, enter 0)

Secured:

M 06 M

D 30 D

Y 2022 Y

M M

D D

Y None Y

12.00

% (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).....▶

104000.00

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 242 OF 272

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 : C0F697F98CC014720A24

Committee to Elect Alan Grayson

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

Grayson, Alan Mark, , ,

Election: 2024

☒ Primary☐ General☐ Other (specify) ▼Mailing Address
4460 Willow Cove Ct

City

Orlando

State

FL

ZIP Code

32835-2558

☒ Personal Funds of the Candidate

Original Amount of Loan

158.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

158.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M 02 M

D 10 D

Y 2023 Y

M M

D D

Y None Y

12.00

% (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).....▶

158.00

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 243 OF 272

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 : CD1402AA1B2734CFAB07

Committee to Elect Alan Grayson

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

Grayson, Alan Mark, , ,

Election: 2024

☒ Primary☐ General☐ Other (specify) ▼Mailing Address
4460 Willow Cove Ct

City

Orlando

State

FL

ZIP Code

32835-2558

☒ Personal Funds of the Candidate

Original Amount of Loan

952.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

952.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M 01 M

/ D 15 D

/ Y 2023 Y

M M

/ D D

/ Y None Y

12.00

% (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).....▶

952.00

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 244 OF 272

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

NAME OF COMMITTEE (In Full)

Transaction ID : CEE0D50DA6B074E55916

Committee to Elect Alan Grayson

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

Election: 2024

Grayson, Alan Mark, , ,

☒ Primary☐ General☐ Other (specify) ▼Mailing Address
4460 Willow Cove Ct

City

State

ZIP Code

Orlando

FL

32835-2558

☒ Personal Funds of the Candidate

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

294.00

0.00

294.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M 05 M

D 28 D

Y 2023 Y

M M

D D

Y None Y

12.00

% (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).....▶

294.00

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 245 OF 272

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 : CE6DFD7EC0E4E4F5B80C

Committee to Elect Alan Grayson

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

Grayson, Alan Mark, , ,

Election: 2022

☒ Primary☐ General☐ Other (specify) ▼Mailing Address
4460 Willow Cove Ct

City

Orlando

State

FL

ZIP Code

32835-2558

☒ Personal Funds of the Candidate

Original Amount of Loan

558.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

558.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M 09 M

D 18 D

Y 2022 Y

M M

D D

Y None Y

12.00

% (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).....▶

558.00

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 246 OF 272

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 : CD6D22CCA63FA46DF915

Committee to Elect Alan Grayson

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

Grayson, Alan Mark, , ,

Election: 2024

☒ Primary☐ General☐ Other (specify) ▼Mailing Address
4460 Willow Cove Ct

City

Orlando

State

FL

ZIP Code

32835-2558

☒ Personal Funds of the Candidate

Original Amount of Loan

296.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

296.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M 04 M

D 27 D

Y 2023 Y

M M

D D

Y None Y

12.00

% (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).....▶

296.00

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 247 OF 272

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 : CD1C1E03537B141C48AA

Committee to Elect Alan Grayson

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

Grayson, Alan Mark, , ,

Election: 2022

☒ Primary☐ General☐ Other (specify) ▼Mailing Address
4460 Willow Cove Ct

City

Orlando

State

FL

ZIP Code

32835-2558

☒ Personal Funds of the Candidate

Original Amount of Loan

5813.25

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

5813.25

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M 11 M

D 09 D

Y 2022 Y

M M

D D

Y None Y

12.00

% (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).....▶

5813.25

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 248 OF 272

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 : C97006B38AA014747935

Committee to Elect Alan Grayson

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

Grayson, Alan Mark, , ,

Election: 2014

☒ Primary☐ General☐ Other (specify) ▼Mailing Address
4460 Willow Cove Ct

City

Orlando

State

FL

ZIP Code

32835-2558

☒ Personal Funds of the Candidate

Original Amount of Loan

75000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

75000.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M 11 M

D 21 D

Y 2012 Y

M M

D D

Y None Y

12.00 % (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).....▶

75000.00

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 249 OF 272

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 : CD3D9A5FBF79C4172B55

Committee to Elect Alan Grayson

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

Election: 2022

Grayson, Alan Mark, , ,

☒ Primary☐ General☐ Other (specify) ▼Mailing Address
4460 Willow Cove Ct

City

State

ZIP Code

Orlando

FL

32835-2558

☒ Personal Funds of the Candidate

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

1535.98

0.00

1535.98

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M 12^M/ D 08^D

/ Y 2022 Y

M M

/ D D

/ Y None Y

12.00

% (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).....▶

1535.98

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 250 OF 272

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

NAME OF COMMITTEE (In Full)

Transaction ID : CA923FB1141764C8C881

Committee to Elect Alan Grayson

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

Grayson, Alan Mark, , ,

Election: 2022

☒ Primary☐ General☐ Other (specify) ▼Mailing Address
4460 Willow Cove Ct

City

Orlando

State

FL

ZIP Code

32835-2558

☒ Personal Funds of the Candidate

Original Amount of Loan

26.75

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

26.75

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M 10 M /

D 02 D /

Y 2022 Y

M M /

D D /

Y None Y

12.00 % (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).....▶

26.75

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 251 OF 272

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 : CB0AADFB08BC04DE79FC

Committee to Elect Alan Grayson

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

Election: 2006

Grayson, Alan Mark, , ,

☒ Primary☐ General☐ Other (specify) ▼Mailing Address
4460 Willow Cove Ct

City

Orlando

State

FL

ZIP Code

32835-2558

☒ 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 09 M

D 30 D

Y 2006 Y

M M

D D

Y None Y

12.00

% (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 252 OF 272

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 : C9A1619180B6F4ECB8CD

Committee to Elect Alan Grayson

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

Election: 2024

Grayson, Alan Mark, , ,

☒ Primary☐ General☐ Other (specify) ▼Mailing Address
4460 Willow Cove Ct

City

State

ZIP Code

Orlando

FL

32835-2558

☒ Personal Funds of the Candidate

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

507.00

0.00

507.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M 06 M

D 08 D

Y 2023 Y

M M

D D

Y None Y

12.00

% (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).....▶

507.00

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 253 OF 272

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

NAME OF COMMITTEE (In Full)

Transaction ID : C9A85E7D9355645C790F

Committee to Elect Alan Grayson

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

Election: 2024

Grayson, Alan Mark, , ,

☒ Primary☐ General☐ Other (specify) ▼Mailing Address
4460 Willow Cove Ct

City

State

ZIP Code

Orlando

FL

32835-2558

☒ Personal Funds of the Candidate

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

1047.31

0.00

1047.31

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M 01 M

/ D 09 D

/ Y 2023 Y

M M

/ D D

/ Y None Y

12.00

% (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).....▶

1047.31

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 254 OF 272

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 : C01E013AB4AC54AE19AD

Committee to Elect Alan Grayson

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

Election: 2010

Grayson, Alan Mark, , ,

☒ Primary☐ General☐ Other (specify) ▼Mailing Address
4460 Willow Cove Ct

City

State

ZIP Code

Orlando

FL

32835-2558

☒ Personal Funds of the Candidate

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

25000.00

0.00

25000.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M 11 M

D 10 D

Y 2008 Y

M M

D D

Y None Y

12.00

% (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).....▶

25000.00

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 255 OF 272

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 : C338FB5F0A3174BBCAC7

Committee to Elect Alan Grayson

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

Grayson, Alan Mark, , ,

Election: 2010

☐ Primary☒ General☐ Other (specify) ▼Mailing Address
4460 Willow Cove Ct

City

Orlando

State

FL

ZIP Code

32835-2558

☒ Personal Funds of the Candidate

Original Amount of Loan

50000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

50000.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M 10 M

D 30 D

Y 2010 Y

M M

D D

Y None Y

12.00

% (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).....▶

50000.00

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 256 OF 272

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 : C9C0B8270307E4CBB851

Committee to Elect Alan Grayson

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

Grayson, Alan Mark, , ,

Election: 2022

☒ Primary☐ General☐ Other (specify) ▼Mailing Address
4460 Willow Cove Ct

City

Orlando

State

FL

ZIP Code

32835-2558

☒ Personal Funds of the Candidate

Original Amount of Loan

28517.38

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

28517.38

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M 10 M /

D 03 D /

Y 2022 Y

M M /

D D /

Y None Y

12.00 % (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).....▶

28517.38

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 257 OF 272

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 : CBD5C19AA2E324384A6B

Committee to Elect Alan Grayson

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

Election: 2024

Grayson, Alan Mark, , ,

☒ Primary☐ General☐ Other (specify) ▼Mailing Address
4460 Willow Cove Ct

City

State

ZIP Code

Orlando

FL

32835-2558

☒ Personal Funds of the Candidate

Original Amount of Loan

300.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

300.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M 02 M

D 28 D

Y 2023 Y

M M

D D

Y None Y

12.00

% (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).....▶

300.00

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 258 OF 272

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 : CC5B6160C3097470B9F1

Committee to Elect Alan Grayson

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

Grayson, Alan Mark, , ,

Election: 2024

☒ Primary☐ General☐ Other (specify) ▼Mailing Address
4460 Willow Cove Ct

City

Orlando

State

FL

ZIP Code

32835-2558

☒ Personal Funds of the Candidate

Original Amount of Loan

987.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

987.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M 06 M

D 11 D

Y 2023 Y

M M

D D

Y None Y

12.00

% (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).....▶

987.00

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 259 OF 272

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 : CC4088984538740E2855

Committee to Elect Alan Grayson

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

Grayson, Alan Mark, , ,

Election: 2024

☒ Primary☐ General☐ Other (specify) ▼Mailing Address
4460 Willow Cove Ct

City

Orlando

State

FL

ZIP Code

32835-2558

☒ Personal Funds of the Candidate

Original Amount of Loan

1061.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

1061.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M 04 M

D 10 D

Y 2023 Y

M M

D D

Y None Y

12.00

% (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).....▶

1061.00

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

3088669.78

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 260 OF 272

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

NAME OF COMMITTEE (In Full)

Committee to Elect Alan Grayson

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

Aadvantage Mastercard

Nature of Debt (Purpose):

Digital Advertising

Mailing Address Barclays
PO Box 13337City
PhiladelphiaState
PAZip Code
19101-3337

Outstanding Balance Beginning This Period

4855.60

Transaction ID : DF0DEBE53EB234EE3A49

Amount Incurred This Period

0.00

Payment This Period

135.80

Outstanding Balance at Close of This Period

4719.80

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

Alliant Visa

Nature of Debt (Purpose):

Credit card charges

Mailing Address PO Box 1666

City
Des PlainesState
ILZip Code
60017-1666

Outstanding Balance Beginning This Period

17571.67

Transaction ID : D62064D24BA464D3D8AC

Amount Incurred This Period

0.00

Payment This Period

913.00

Outstanding Balance at Close of This Period

16658.67

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

Alliant Visa

Nature of Debt (Purpose):

Interest expense accrued

Mailing Address PO Box 1666

City
Des PlainesState
ILZip Code
60017-1666

Outstanding Balance Beginning This Period

222.29

Transaction ID : D8F05603D1D354793987

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

222.29

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

21600.76

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 261 OF 272

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

NAME OF COMMITTEE (In Full)

Committee to Elect Alan Grayson

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

American Express Blue Bus+Nature of Debt (Purpose):
CREDIT CARD CHARGES

Mailing Address PO Box 650448

City

Dallas

State

TX

Zip Code

75265

Outstanding Balance Beginning This Period

- 7061.31

Transaction ID : D1566029082A147999B0

Amount Incurred This Period

0.00

Payment This Period

2164.92

Outstanding Balance at Close of This Period

- 9226.23

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

American Express Business GoldNature of Debt (Purpose):
Unpaid Debt

Mailing Address PO Box 650448

City

Dallas

State

TX

Zip Code

75265-0448

Outstanding Balance Beginning This Period

4592.73

Transaction ID : D9FE7F5274EA14C4ABC3

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

4592.73

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

American Express Business PlatinumNature of Debt (Purpose):
Print media

Mailing Address PO Box 650448

City

Dallas

State

TX

Zip Code

75265-0448

Outstanding Balance Beginning This Period

6979.35

Transaction ID : D81B13CCEB79C48BF887

Amount Incurred This Period

0.00

Payment This Period

1006.08

Outstanding Balance at Close of This Period

5973.27

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

1339.77

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 262 OF 272

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

NAME OF COMMITTEE (In Full)

Committee to Elect Alan Grayson

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

American Express Gold 2

Nature of Debt (Purpose):

Internet Ads

Mailing Address PO Box 650448

City

Dallas

State

TX

Zip Code

75265-0448

Outstanding Balance Beginning This Period

20756.85

Transaction ID : D68BB431804974809A96

Amount Incurred This Period

0.00

Payment This Period

1491.75

Outstanding Balance at Close of This Period

19265.10

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

American Express

Nature of Debt (Purpose):

CREDIT CARD: SEE BELOW

Mailing Address PO Box 360002

City

Ft Lauderdale

State

FL

Zip Code

33336-0002

Outstanding Balance Beginning This Period

2.00

Transaction ID : DC33DD38C800E4464BB9

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2.00

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

American Express

Nature of Debt (Purpose):

CREDIT CARD: SEE BELOW

Mailing Address PO Box 360002

City

Ft Lauderdale

State

FL

Zip Code

33336-0002

Outstanding Balance Beginning This Period

24099.55

Transaction ID : D6E53386C97364DAFB94

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

24099.55

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

43366.65

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 263 OF 272

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

NAME OF COMMITTEE (In Full)

Committee to Elect Alan Grayson

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

American Express

Nature of Debt (Purpose):

CREDIT CARD: SEE BELOW

Mailing Address PO Box 360002

City

Ft Lauderdale

State

FL

Zip Code

33336-0002

Outstanding Balance Beginning This Period

1700.00

Transaction ID : DB1E0C34006574CEA899

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1700.00

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

American Express

Nature of Debt (Purpose):

Old fees expense

Mailing Address PO Box 360002

City

Ft Lauderdale

State

FL

Zip Code

33336-0002

Outstanding Balance Beginning This Period

92.79

Transaction ID : D28EA0F6789C04614828

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

92.79

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

Anderson Party Rentals

Nature of Debt (Purpose):

CA Event Rentals

Mailing Address 115 W Ash Avenue

City

Burbank

State

CA

Zip Code

91502-2008

Outstanding Balance Beginning This Period

724.32

Transaction ID : DB390A497C7D64A51838

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

724.32

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

2517.11

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 264 OF 272

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

NAME OF COMMITTEE (In Full)

Committee to Elect Alan Grayson

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

Astoria Taxi Leasing

Nature of Debt (Purpose):

Car service

Mailing Address 2102 23rd Street

City

Astoria

State

NY

Zip Code

11105-3625

Outstanding Balance Beginning This Period

50.06

Transaction ID : D7575D45F8BB54D779DC

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

50.06

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

Bank Of America - AirFrance

Nature of Debt (Purpose):

Credit Card Transactions

Mailing Address PO Box 851001

City

Dallas

State

TX

Zip Code

75285-1001

Outstanding Balance Beginning This Period

36965.29

Transaction ID : D49DF434BFBC54B14927

Amount Incurred This Period

0.00

Payment This Period

1020.30

Outstanding Balance at Close of This Period

35944.99

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

Bank of America Credit Card

Nature of Debt (Purpose):

Outdoor Advertising

Mailing Address PO Box 15019

City

Wilmington

State

DE

Zip Code

19850-5019

Outstanding Balance Beginning This Period

63949.00

Transaction ID : DF73314FFC597443BA23

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

63949.00

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

99944.05

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 265 OF 272

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

NAME OF COMMITTEE (In Full)

Committee to Elect Alan Grayson

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

Bank Of America Free Spirit

Nature of Debt (Purpose):

Credit Card Charges

Mailing Address PO Box 851001

City

Dallas

State

TX

Zip Code

75285-1001

Outstanding Balance Beginning This Period

21612.98

Transaction ID : D32FF2238DDE84A2FB98

Amount Incurred This Period

0.00

Payment This Period

208.93

Outstanding Balance at Close of This Period

21404.05

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

Bank of America Virgin Atlantic

Nature of Debt (Purpose):

Billboards

Mailing Address PO Box 660710

City

Dallas

State

TX

Zip Code

75266-3240

Outstanding Balance Beginning This Period

17478.47

Transaction ID : D4F265D41C0B9428799C

Amount Incurred This Period

0.00

Payment This Period

620.51

Outstanding Balance at Close of This Period

16857.96

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

Blue State Digital

Nature of Debt (Purpose):

Fundraising

Mailing Address 101 Avenue of The Americas
12th Floor

City

New York

State

NY

Zip Code

10013-1941

Outstanding Balance Beginning This Period

2500.00

Transaction ID : DE81960FB4DC94D39A1E

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2500.00

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

40762.01

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 266 OF 272

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

NAME OF COMMITTEE (In Full)

Committee to Elect Alan Grayson

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

Chase Amazon Visa

Nature of Debt (Purpose):

Credit Card Transactions

Mailing Address PO Box 6294

City

Carol Stream

State

IL

Zip Code

60197-6294

Outstanding Balance Beginning This Period

34222.86

Transaction ID : D541DBA496B214B12B8A

Amount Incurred This Period

0.00

Payment This Period

771.91

Outstanding Balance at Close of This Period

33450.95

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

Chase BA Visa - Skye

Nature of Debt (Purpose):

Polling

Mailing Address PO Box 1423

City

Charlotte

State

NC

Zip Code

28201-1423

Outstanding Balance Beginning This Period

11215.12

Transaction ID : D03614FA0D1C14E5A99E

Amount Incurred This Period

0.00

Payment This Period

361.45

Outstanding Balance at Close of This Period

10853.67

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

Chase Card British Airways

Nature of Debt (Purpose):

Campaign printing and Outdoor advertising

Mailing Address PO Box 6294

City

Carol Stream

State

IL

Zip Code

60197-6294

Outstanding Balance Beginning This Period

64023.95

Transaction ID : D281C1614F1A8448DAA1

Amount Incurred This Period

0.00

Payment This Period

1924.49

Outstanding Balance at Close of This Period

62099.46

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

106404.08

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 267 OF 272

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

NAME OF COMMITTEE (In Full)

Committee to Elect Alan Grayson

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

Chase Card Services

Nature of Debt (Purpose):

CREDIT CARD PAYMENT: SEE BELOW

Mailing Address PO Box 94014

City
PalatineState
ILZip Code
60094-4014

Outstanding Balance Beginning This Period

8745.83

Transaction ID : D61088B5EB0B14318900

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

8745.83

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

Chase Card United

Nature of Debt (Purpose):

Printing

Mailing Address PO Box 6294

City
Carol StreamState
ILZip Code
60197-6294

Outstanding Balance Beginning This Period

1030.92

Transaction ID : DDD487735FDB044DFAEE

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1030.92

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

Citi Bank Double Cash

Nature of Debt (Purpose):

CREDIT CARD PAYMENT: SEE BELOW

Mailing Address PO Box 6062

City
Sioux FallsState
SDZip Code
57117-6062

Outstanding Balance Beginning This Period

1208.00

Transaction ID : D3BE8D6166E734630A12

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1208.00

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

10984.75

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 268 OF 272

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

NAME OF COMMITTEE (In Full)

Committee to Elect Alan Grayson

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

Citi Bank Double Cash

Nature of Debt (Purpose):

Billboards/Digital Marketing/Printing

Mailing Address PO Box 6062

City

Sioux Falls

State

SD

Zip Code

57117-6062

Outstanding Balance Beginning This Period

20281.14

Transaction ID : DD989DA7F40134B73865

Amount Incurred This Period

0.00

Payment This Period

1948.16

Outstanding Balance at Close of This Period

18332.98

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

Citi Prestige

Nature of Debt (Purpose):

Mailing Address PO Box 6004

City

Sioux Falls

State

SD

Zip Code

57117-6004

Outstanding Balance Beginning This Period

16234.21

Transaction ID : D6C56529812AC4CB0932

Amount Incurred This Period

0.00

Payment This Period

1436.19

Outstanding Balance at Close of This Period

14798.02

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

Coastal Community X1 Card

Nature of Debt (Purpose):

Credit Card Transactions

Mailing Address Credit Card Division
PO Box 12220

City

Everett

State

WA

Zip Code

98206-2220

Outstanding Balance Beginning This Period

33958.34

Transaction ID : D301D2E1EA7A84BC09B4

Amount Incurred This Period

0.00

Payment This Period

654.95

Outstanding Balance at Close of This Period

33303.39

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

66434.39

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 269 OF 272

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

NAME OF COMMITTEE (In Full)

Committee to Elect Alan Grayson

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

Delta Airlines

Nature of Debt (Purpose):

Airfare

Mailing Address PO Box 20706

City

Atlanta

State

GA

Zip Code

30320-6001

Outstanding Balance Beginning This Period

365.20

Transaction ID : DEF65104597DA4A1DA47

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

365.20

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

Dimelo USA LLC

Nature of Debt (Purpose):

Radio Spots

Mailing Address 3218 E Colonial Drive
Suite G

City

Orlando

State

FL

Zip Code

32803-5125

Outstanding Balance Beginning This Period

1000.00

Transaction ID : D4F075FB772C8451B8C5

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1000.00

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

Discover It Card

Nature of Debt (Purpose):

Digital Advertising

Mailing Address PO Box 6103

City

Carol Stream

State

IL

Zip Code

60197-6103

Outstanding Balance Beginning This Period

10936.00

Transaction ID : D6730AC0048C84A29AD3

Amount Incurred This Period

0.00

Payment This Period

254.24

Outstanding Balance at Close of This Period

10681.76

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

12046.96

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 270 OF 272

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

NAME OF COMMITTEE (In Full)

Committee to Elect Alan Grayson

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

NGPVAN, Inc. - EveryactionNature of Debt (Purpose):
Email distribution ServicesMailing Address 1445 New York Ave NW
Suite 200City
WashingtonState
DCZip Code
20005-2158

Outstanding Balance Beginning This Period

1250.00

Transaction ID : D230D86B6C70D4BE884B

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1250.00

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

Rape Abuse & Incest National NetworkNature of Debt (Purpose):
Charitable Donation

Mailing Address 1220 L Street, NW, S505

City
WashingtonState
DCZip Code
20005-4018

Outstanding Balance Beginning This Period

2000.00

Transaction ID : D1C37E4BA65914FCDA9E

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2000.00

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

Spirit AirlinesNature of Debt (Purpose):
Airfare

Mailing Address 2800 Executive Way

City
MiramarState
FLZip Code
33025-6542

Outstanding Balance Beginning This Period

155.60

Transaction ID : D50CB2FBDED464F9DAF2

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

155.60

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

3405.60

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 271 OF 272

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

NAME OF COMMITTEE (In Full)

Committee to Elect Alan Grayson

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

The UPS Store

Nature of Debt (Purpose):

Postage and Mailing

Mailing Address 424 E Central Boulevard

City

Orlando

State

FL

Zip Code

32801-1923

Outstanding Balance Beginning This Period

19.25

Transaction ID : D7E8CD0A159074F3AB53

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

19.25

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

Tribune Publishing Company

Nature of Debt (Purpose):

Subscription

Mailing Address 633 North Orange Ave

City

Orlando

State

FL

Zip Code

32801-1325

Outstanding Balance Beginning This Period

9.58

Transaction ID : D62A54C4B9B694856B86

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

9.58

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

Uber Technologies

Nature of Debt (Purpose):

Car service

Mailing Address 182 Howard Street
8

City

San Francisco

State

CA

Zip Code

94105-1611

Outstanding Balance Beginning This Period

20.05

Transaction ID : D9B8FEF8E34894E849EA

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

20.05

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

48.88

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 272 OF 272

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

NAME OF COMMITTEE (In Full)

Committee to Elect Alan Grayson

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

USAlliance Visa

Nature of Debt (Purpose):

Credit card purchases

Mailing Address PO Box 4517

City

Carol Stream

State

IL

Zip Code

60197-4517

Outstanding Balance Beginning This Period

24662.41

Transaction ID : D4A133307CC82485095E

Amount Incurred This Period

0.00

Payment This Period

281.86

Outstanding Balance at Close of This Period

24380.55

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

Weaver, Benjamin, , ,

Nature of Debt (Purpose):

Field Work

Mailing Address 2532 Park Street
BACKHOUSE

City

Jacksonville

State

FL

Zip Code

32204-4518

Outstanding Balance Beginning This Period

3601.80

Transaction ID : D4D18A8B99C1E4637981

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

3601.80

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)

27982.35

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

436837.36

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

3088669.78

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

3525507.14