

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. **12FE4M5**
INTERNATIONAL LONGSHOREMENS ASSOCIATION LOCAL 1416 POLITICAL ACTION COMMITTEE

ADDRESS (number and street) **816 NW 2ND AVENUE**
Check if different than previously reported. (ACC) **MIAMI FL 33136**

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲
C C00145789 3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report (Q1)
 July 15 Quarterly Report (Q2)
 October 15 Quarterly Report (Q3)
 January 31 Year-End Report (YE)
 July 31 Mid-Year Report (Non-election Year Only) (MY)
 Termination Report (TER)
(b) Monthly Report Due On:
 Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
(c) 12-Day PRE-Election Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12S)
Election on / / in the State of
(d) 30-Day POST-Election Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on / / in the State of

5. Covering Period / / 2025 through / / 2025

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.
Type or Print Name of Treasurer **FERGUSON, DANA, , ,**

Signature of Treasurer **FERGUSON, DANA, , ,** Date / / 2026

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

INTERNATIONAL LONGSHOREMENS ASSOCIATION LOCAL 1416 POLITICAL ACTION COMMITTEE

Report Covering the Period: From: / / To: / /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2025"/>	<input type="text" value="141493.06"/>	<input type="text" value="141493.06"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="140493.06"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="140493.06"/>	<input type="text" value="141493.06"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="25000.00"/>	<input type="text" value="26000.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="115493.06"/>	<input type="text" value="115493.06"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	

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

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

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

INTERNATIONAL LONGSHOREMENS ASSOCIATION LOCAL 1416 POLITICAL ACTION COMMITTEE

Report Covering the Period: From: 10 / 01 / 2025 To: 12 / 31 / 2025

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

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements (Including Non-Federal Donations).....	25000.00	26000.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	25000.00	26000.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	25000.00	26000.00

DETAILED SUMMARY PAGE
of Disbursements

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Page 5

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

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

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

FOR LINE NUMBER:
(check only one)

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

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)

INTERNATIONAL LONGSHOREMENS ASSOCIATION LOCAL 1416 POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. ALVAREZ, DANIEL, A, ,

Mailing Address 402 SOUTH MONROE ST

City
TALLAHASSEE

State
FL

Zip Code
32399-1300

Purpose of Disbursement
CONTRIBUTION

010
 011
011
Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: FL District:

Disbursement For: 2026
 Primary General
 Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y
11 / 10 / 2025

FEC Identification Number

C

Transaction ID : SB29.5288

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. BILISKOV, ASHLEY, , ,

Mailing Address 8500 SW 44 ST
MIAMI

City
MIAMIfl

State
FL

Zip Code
33155

Purpose of Disbursement
CONTRIBUTION

010
 011
011
Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: FL District:

Disbursement For: 2025
 Primary General
 Other (specify)

Date of Disbursement

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

FEC Identification Number

C

Transaction ID : SB29.5244

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. BUSSATA CABRERA, DEMI, , ,

Mailing Address 405 BILTMORE WAY

City
CORAL GABLES

State
FL

Zip Code
33134-5717

Purpose of Disbursement
CONTRIBUTION

010
 011
011
Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: FL District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y
12 / 12 / 2025

FEC Identification Number

C

Transaction ID : SB29.5254

Amount of Each Disbursement this Period

1000.00

Memo Item

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

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

3000.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

INTERNATIONAL LONGSHOREMENS ASSOCIATION LOCAL 1416 POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. CANADY, JENNIFER, , ,

Mailing Address 402 SOUTH MONROE ST

City
TALLAHASSEE

State
FL

Zip Code
32399-1300

Purpose of Disbursement
CONTRIBUTION

011

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

State: FL District:

Disbursement For:

Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			10			2025			

FEC Identification Number

C [REDACTED]

Transaction ID : SB29.5301

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. CONSERVATIVES FOR A BETTER FLORIDA

Mailing Address 2100 ZALZEDO ST
SUITE 200

City
CORAL GABLES

State
FL

Zip Code
33134

Purpose of Disbursement
CONTRIBUTION

011

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

State: District:

Disbursement For:

Primary General
 Other (specify)

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			16			2025			

FEC Identification Number

C [REDACTED]

Transaction ID : SB29.5271

Amount of Each Disbursement this Period

2000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. FLORIDA REPUBLICAN SENATORIAL CAMPAIGN COMMITTEE

Mailing Address 2640-A MICHIGAN DR

City
TALLAHASSEE

State
FL

Zip Code
32308

Purpose of Disbursement
DONATION

012

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

State: District:

Disbursement For:

Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			10			2025			

FEC Identification Number

C [REDACTED]

Transaction ID : SB29.5293

Amount of Each Disbursement this Period

2000.00

Memo Item

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

5000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

INTERNATIONAL LONGSHOREMENS ASSOCIATION LOCAL 1416 POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. FRIENDS OF JIM BOYD

Mailing Address 527 EAST PARK AVENUE

City
TALLAHASSEE

State
FL

Zip Code
32301

Purpose of Disbursement
DONATION

011

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

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

FEC Identification Number

C

Transaction ID : SB29.5277

Amount of Each Disbursement this Period

2000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. GANTT, ASHLEY, , ,

Mailing Address 5400NW 22 AVENUE

City
MIAMI

State
FL

Zip Code
33142-3075

Purpose of Disbursement
CONTRIBUTION

011

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2026 Primary General
 Other (specify)

State: FL District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			24			2025			

FEC Identification Number

C

Transaction ID : SB29.5257

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. GARCIA, ILEANA , , ,

Mailing Address 404 SOUTH MONROE ST

City
TALLAHASSEE

State
FL

Zip Code
32399-1100

Purpose of Disbursement
CONTRIBUTION

011

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2025 Primary General
 Other (specify) ▼

State: FL District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			10			2025			

FEC Identification Number

C

Transaction ID : SB29.5297

Amount of Each Disbursement this Period

1000.00

Memo Item

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

4000.00

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

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SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

INTERNATIONAL LONGSHOREMENS ASSOCIATION LOCAL 1416 POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. HANCO, OMAR, , ,

Mailing Address 402 SOUTH MONROE ST

City
TALLAHASSEE

State
FL

Zip Code
32399-1300

Purpose of Disbursement
CONTRIBUTION

011
Category/
Type

Candidate Name

Office Sought:
 House
 Senate
 President

Disbursement For: 2026
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			06			2025			

FEC Identification Number

C

Transaction ID : SB29.5259

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. HONEST LEADERSHIP PAC

Mailing Address 527 EAST PARK AVENUE

City
TALLAHASSEE

State
FL

Zip Code
32301

Purpose of Disbursement
DONATION

011
Category/
Type

Candidate Name

HONEST LEADERSHIP PAC

Office Sought:
 House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify)

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			10			2025			

FEC Identification Number

C

Transaction ID : SB29.5283

Amount of Each Disbursement this Period

2000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. PANHANDLE PROSPERITY PAC

Mailing Address P O BOX 11192

City
TALLAHASSEE

State
FL

Zip Code
32302

Purpose of Disbursement
CONTRIBUTION

011
Category/
Type

Candidate Name

Office Sought:
 House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			10			2025			

FEC Identification Number

C

Transaction ID : SB29.5291

Amount of Each Disbursement this Period

1000.00

Memo Item

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

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

4000.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

INTERNATIONAL LONGSHOREMENS ASSOCIATION LOCAL 1416 POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. PEOPLE FOR ACCOUNTABLE GOVERNMENT

Mailing Address 4914 SW 72 AVENUE

City MIAMI State FL Zip Code 33155

Purpose of Disbursement DONATION
Candidate Name
Office Sought: House Senate President
State: District:
Disbursement For: Primary General Other (specify) ▼
Category/Type: 011

Date of Disbursement
M M / D D / Y Y Y Y Y Y
10 / 09 / 2025

FEC Identification Number
C
Transaction ID : SB29.5261
Amount of Each Disbursement this Period
2000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. PORRAS, JUAN, CARLOS, ,

Mailing Address 402 SOUTH MONROE AVE

City TALLAHASSEE State FL Zip Code 32399-1300

Purpose of Disbursement CONTRIBUTION
Candidate Name
Office Sought: House Senate President
State: FL District:
Disbursement For: 2026 Primary General Other (specify) ▼
Category/Type: 011

Date of Disbursement
M M / D D / Y Y Y Y Y Y
10 / 16 / 2025

FEC Identification Number
C
Transaction ID : SB29.5275
Amount of Each Disbursement this Period
1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. RODRIGUEZ, ANA, MARIA, ,

Mailing Address 404 SOUTH MONROE ST

City TALLAHASSEE State FL Zip Code 32399-1100

Purpose of Disbursement CONTRIBUTION
Candidate Name
Office Sought: House Senate President
State: FL District:
Disbursement For: Primary General Other (specify) ▼
Category/Type: 011

Date of Disbursement
M M / D D / Y Y Y Y Y Y
10 / 07 / 2025

FEC Identification Number
C
Transaction ID : SB29.5263
Amount of Each Disbursement this Period
1000.00

Memo Item

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

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

4000.00

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

INTERNATIONAL LONGSHOREMENS ASSOCIATION LOCAL 1416 POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. SILVER, DAVID, , ,

Mailing Address 1850 FORESTHILL BLVD

City
WEST PALM BEACH

State
FL

Zip Code
33406

Purpose of Disbursement
CONTRIBUTION

011

Category/
Type

Candidate Name
SILVERS, DAVID, , ,

Office Sought: House
 Senate
 President

State: FL District:

Disbursement For: 2025
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			01			2025			

FEC Identification Number

C [REDACTED]

Transaction ID : SB29.5247

Amount of Each Disbursement this Period

[REDACTED] 1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. THE RIGHT PATH FOR FLORIDA

Mailing Address 2100SALZEDO STREET
SUITE 200

City
CORAL GABLES

State
FL

Zip Code
33134

Purpose of Disbursement
DONATION

011

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

State: District:

Disbursement For:

Primary General
 Other (specify)

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			16			2025			

FEC Identification Number

C [REDACTED]

Transaction ID : SB29.5273

Amount of Each Disbursement this Period

[REDACTED] 2000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. TOMKOW, JOSIE, , ,

Mailing Address 209 PALMETTO ST

City
AUBURNDALE

State
FL

Zip Code
33823

Purpose of Disbursement
CONTRIBUTION

011

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

State: District:

Disbursement For:

Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			04			2025			

FEC Identification Number

C [REDACTED]

Transaction ID : SB29.5304

Amount of Each Disbursement this Period

[REDACTED] 1000.00

Memo Item

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

[REDACTED] 4000.00

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

[REDACTED]

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

INTERNATIONAL LONGSHOREMENS ASSOCIATION LOCAL 1416 POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. TRABULSY, DANA, , ,

Mailing Address 402 SOUTH MONROE ST

City
TALLAHASSEE

State
FL

Zip Code
32399-1300

Purpose of Disbursement
CONTRIBUTION

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: FL District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB29.5299

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

FEC Identification Number

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

FEC Identification Number

Amount of Each Disbursement this Period

Memo Item

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

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