

48-HOUR NOTICE OF CONTRIBUTIONS/LOANS RECEIVED

(See Reverse Side for Instructions)

To be used to report all contributions (including loans) of \$1000 or more, received within 20 days of the election.

1. NAME OF COMMITTEE IN FULL FRIENDS OF JIMMY PATRONIS, INC.			
ADDRESS (number and street) 421 OFFICE PARK DRIVE			
CITY MOUNTAIN BROOK	STATE AL	ZIP CODE 35223	
2. NAME OF CANDIDATE PATRONIS, JIMMY, , , JR.		3. OFFICE SOUGHT (State and District) House FL 01	
4. FEC IDENTIFICATION NUMBER C00893594			
5. IS THIS AN AMENDMENT? ☒ NO, THIS IS A NEW FILING ☐ YES, IT AMENDS THE NOTICE FILED ON ____ / ____ / ____			

A. FULL NAME NATIONAL ASSOCIATION OF REALTORS POLITICAL ACTION COMMITTEE	Name of Employer	Date (month, day, year)	Amount
MAILING ADDRESS 430 NORTH MICHIGAN AVENUE	Transaction ID : TX78791	07/30/2026	2000.00
CITY CHICAGO	STATE IL	ZIP CODE 60611-4011	Occupation
B. FULL NAME CROWLEY MARITIME CORPORATION FEDERAL PAC	Name of Employer	Date (month, day, year)	Amount
MAILING ADDRESS 9487 REGENCY SQUARE BLVD.	Transaction ID : TX78792	07/31/2026	2500.00
CITY JACKSONVILLE	STATE FL	ZIP CODE 32225-8126	Occupation
C. FULL NAME CROWLEY MARITIME CORPORATION FEDERAL PAC	Name of Employer	Date (month, day, year)	Amount
MAILING ADDRESS 9487 REGENCY SQUARE BLVD.	Transaction ID : TX78793	07/31/2026	2500.00
CITY JACKSONVILLE	STATE FL	ZIP CODE 32225-8126	Occupation
D. FULL NAME INTERNATIONAL ASSOCIATION OF FIRE FIGHTERS	Name of Employer	Date (month, day, year)	Amount
MAILING ADDRESS 1750 NEW YORK AVENUE NW	Transaction ID : TX78804	07/30/2026	5000.00
CITY WASHINGTON	STATE DC	ZIP CODE 20006-	Occupation
E. FULL NAME INTERNATIONAL ASSOCIATION OF FIRE FIGHTERS	Name of Employer	Date (month, day, year)	Amount
MAILING ADDRESS 1750 NEW YORK AVENUE NW	Transaction ID : TX78805	07/30/2026	2500.00
CITY WASHINGTON	STATE DC	ZIP CODE 20006-	Occupation
SIGNATURE (optional) FUNDERBURK, ZAC, , ,		DATE 08/01/2026	For further information, contact the Federal Election Commission at 800-424-9530 or visit www.fec.gov

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Any information copied from reports and statements filed under the Federal Election Campaign Act 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.

FEC FORM 6
(Revised 03/2016)

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continuation page			
A. FULL NAME, MAILING ADDRESS AND ZIP CODE GRIFFIN, MICHAEL, , , 4220 WEST CORONA STREET TAMPA FL 33629-7710		Name of Employer SAVILLS Transaction ID : TX78794 Occupation COMMERCIAL REAL ESTATE Date (month, day, year) 07/30/2026 Amount 1000.00	
B. FULL NAME, MAILING ADDRESS AND ZIP CODE HSU, MAJES, , , 70 READY AVE NW FORT WALTON BEACH FL 32548-		Name of Employer RETIRED Transaction ID : TX78795 Occupation RETIRED Date (month, day, year) 07/31/2026 Amount 3500.00	
C. FULL NAME, MAILING ADDRESS AND ZIP CODE HSU, PAUL, , , 70 READY AVE NW FORT WALTON BEACH FL 32548-		Name of Employer PSH OF OKALOOSA LLC Transaction ID : TX78796 Occupation MANAGER Date (month, day, year) 07/31/2026 Amount 3500.00	
D. FULL NAME, MAILING ADDRESS AND ZIP CODE LORBER, HOWARD, , , 1525 NORTH VIEW DRIVE MIAMI BEACH FL 33140-4249		Name of Employer SELF EMPLOYED Transaction ID : TX78799 Occupation REALTOR Date (month, day, year) 07/31/2026 Amount 1650.00	
E. FULL NAME, MAILING ADDRESS AND ZIP CODE NEGRON, AMANDA, , , 70 READY AVE NW FORT WALTON BEACH FL 32548-		Name of Employer AMANDA NEGRON MANAGEMENT LLC Transaction ID : TX78797 Occupation MANAGING DIRECTOR/ CONSULTA Date (month, day, year) 07/31/2026 Amount 3500.00	

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continuation page			
A. FULL NAME, MAILING ADDRESS AND ZIP CODE PHILLIPS, RUPERT, E., , 42 BUSINESS CENTER DRIVE UNIT 101 MIRAMAR BEACH FL 32550-		Name of Employer PRESIDENT Transaction ID : TX78806 Occupation PHILLIPS PROPERTIES, INC.	
		Date (month, day, year) 07/31/2026	
		Amount 3500.00	
B. FULL NAME, MAILING ADDRESS AND ZIP CODE PHILLIPS, RYAN, E., , 15100 EMERALD COAST PARKWAY PH 6 PH6 DESTIN FL 32541-		Name of Employer OWNER Transaction ID : TX78809 Occupation RYAN PHILLIPS REVOCABLE TRUS	
		Date (month, day, year) 07/31/2026	
		Amount 3500.00	
C. FULL NAME, MAILING ADDRESS AND ZIP CODE		Name of Employer	
		Date (month, day, year)	
		Amount	
		Occupation	
D. FULL NAME, MAILING ADDRESS AND ZIP CODE		Name of Employer	
		Date (month, day, year)	
		Amount	
		Occupation	
E. FULL NAME, MAILING ADDRESS AND ZIP CODE		Name of Employer	
		Date (month, day, year)	
		Amount	
		Occupation	