

**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

FRIENDS OF HOWARD SAPP

ADDRESS (number and street)

11199 SAND PINE CT

Check if different
than previously
reported. (ACC)

FORT MYERS

FL

33913

CITY ▲

STATE ▲

ZIP CODE ▲

2. **FEC IDENTIFICATION NUMBER ▼**

C C00898411

3. IS THIS
REPORTNEW
(N)

OR

AMENDED
(A)

STATE ▼ DISTRICT

FL

19

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 /

04

D D /

01

Y Y Y Y /

2026

through

M M /

06

D D /

30

Y Y Y Y /

2026

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 Sapp, Felicia, , ,

Signature of Treasurer

Sapp, Felicia, , ,

Date

M M /

07

D D /

15

Y Y Y Y /

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.

Office
Use
Only**FEC FORM 3**
(Revised 05/2016)

SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 03/2016)

Write or Type Committee Name

FRIENDS OF HOWARD SAPP

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	1		2	0	2	6

To:

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

	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))....	19807.00	19807.00
(b) Total Contribution Refunds (from Line 20(d))	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	19807.00	19807.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	17909.35	17909.35
(b) Total Offsets to Operating Expenditures (from Line 14).....	151.80	151.80
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))	17757.55	17757.55
8. Cash on Hand at Close of Reporting Period (from Line 27).....	- 682.33	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

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

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 05/2016)

Write or Type Committee Name

FRIENDS OF HOWARD SAPP

Report Covering the Period:

From:

M M / D D / Y Y Y Y
04 / 01 / 2026

To:

M M / D D / Y Y Y Y
06 / 30 / 2026**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).....

2650.00

2650.00

(ii) Unitemized

1657.00

1657.00

(iii) TOTAL of contributions
from individuals ▶

4307.00

4307.00

(b) Political Party Committees.....

0.00

0.00

(c) Other Political Committees
(such as PACs)

0.00

0.00

(d) The Candidate

15500.00

15500.00

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

19807.00

19807.00

12. TRANSFERS FROM OTHER
AUTHORIZED COMMITTEES

0.00

0.00

13. LOANS:

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

0.00

0.00

(b) All Other Loans.....

0.00

0.00

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

0.00

0.00

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

151.80

151.80

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

0.00

0.00

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

19958.80

19958.80

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3 (Revised 05/2016)

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	17909.35	17909.35
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	17909.35	17909.35

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	- 2731.78
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	19958.80
25. SUBTOTAL (add Line 23 and Line 24).....	17227.02
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	17909.35
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	- 682.33

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

PAGE 5 OF 12

☒ 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)

FRIENDS OF HOWARD SAPP

Full Name (Last, First, Middle Initial)

LaBrier, Larry, , ,

A.

Mailing Address 710 S Hanley, 10C

City

Saint Louis

State

MO

Zip Code

63105

FEC ID number of contributing
federal political committee.

C

Name of Employer

Not Employed

Occupation

Not Employed

Receipt For: 2026

☒ Primary☐ General☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	8		2	0	2	6

Transaction ID : SA11AI.4188

Amount of Each Receipt this Period

500.00

☐ Memo Item

chk

Full Name (Last, First, Middle Initial)

Matt, Elizabeth, , ,

B.

Mailing Address 14094 Tivoli Terrace

City

Bonita Springs

State

FL

Zip Code

34135

FEC ID number of contributing
federal political committee.

C

Name of Employer

Not Employed

Occupation

Not Employed

Receipt For: 2026

☒ Primary☐ General☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

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

Transaction ID : SA11AI.4214

Amount of Each Receipt this Period

50.00

☐ Memo Item

chk

Full Name (Last, First, Middle Initial)

Sapp, Kevin, , ,

C.

Mailing Address 3174 WESTOVER DR SE

City

WASHINGTON

State

DC

Zip Code

20020

FEC ID number of contributing
federal political committee.

C

Name of Employer

Fairfax County

Occupation

Teacher

Receipt For: 2026

☒ Primary☐ General☐ Other (specify) ▼

Election Cycle-to-Date ▼

300.00

Date of Receipt

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

Transaction ID : SA11AI.4230

Amount of Each Receipt this Period

100.00

☐ Memo Item

chk

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

650.00

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

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

PAGE 6 OF 12

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

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NAME OF COMMITTEE (In Full)

FRIENDS OF HOWARD SAPP

Full Name (Last, First, Middle Initial)

Stokes, Autumn, , ,

Mailing Address 1100 Chiquita Blvd N

City

Cape Coral

State

FL

Zip Code

33993

FEC ID number of contributing
federal political committee.

C

Name of Employer

Animal Specialty and Emergency

Occupation

Vet hospital owner/manager

Receipt For: 2026



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

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

Transaction ID : SA11AI.4212

Amount of Each Receipt this Period

250.00



Memo Item

chk

Full Name (Last, First, Middle Initial)

Stokes, Autumn, , ,

Mailing Address 1100 Chiquita Blvd N

City

Cape Coral

State

FL

Zip Code

33993

FEC ID number of contributing
federal political committee.

C

Name of Employer

Animal Specialty and Emergency

Occupation

Vet hospital owner/manager

Receipt For: 2026



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	7		2	0	2	6

Transaction ID : SA11AI.4219

Amount of Each Receipt this Period

250.00



Memo Item

chk

Full Name (Last, First, Middle Initial)

Stokes, Autumn, , ,

Mailing Address 1100 Chiquita Blvd N

City

Cape Coral

State

FL

Zip Code

33993

FEC ID number of contributing
federal political committee.

C

Name of Employer

Animal Specialty and Emergency

Occupation

Vet hospital owner/manager

Receipt For: 2026



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

750.00

Date of Receipt

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

Transaction ID : SA11AI.4235

Amount of Each Receipt this Period

250.00



Memo Item

chk

SUBTOTAL of Receipts This Page (optional)..... ▶**TOTAL** This Period (last page this line number only)..... ▶

750.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:
(check only one)

PAGE 7 OF 12

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

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NAME OF COMMITTEE (In Full)

FRIENDS OF HOWARD SAPP

Full Name (Last, First, Middle Initial)

Stokes, Autumn, , ,

A. Mailing Address 1100 Chiquita Blvd N

City

Cape Coral

State

FL

Zip Code

33993

FEC ID number of contributing
federal political committee.

C

Name of Employer
Animal Specialty and Emergency

Occupation
Vet hospital owner/manager

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1750.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 30 2026

Transaction ID : SA11AI.4239

Amount of Each Receipt this Period

1000.00

☐ Memo Item
chk

Full Name (Last, First, Middle Initial)

Timcak, GA, , ,

B. Mailing Address 4253 Bay Beach Lane #4H

City

Fort Myers Beach

State

FL

Zip Code

33931

FEC ID number of contributing
federal political committee.

C

Name of Employer
Not Employed

Occupation
Not Employed

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 23 2026

Transaction ID : SA11AI.4216

Amount of Each Receipt this Period

250.00

☐ Memo Item
chk

Full Name (Last, First, Middle Initial)

C. Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt

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

Amount of Each Receipt this Period

☐ Memo Item

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

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

1250.00

2650.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:
(check only one)

PAGE 8 OF 12

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

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NAME OF COMMITTEE (In Full)

FRIENDS OF HOWARD SAPP

Full Name (Last, First, Middle Initial)

SAPP, HOWARD, , ,

A.

Mailing Address 11199 SAND PINE CT

City

FORT MYERS

State

FL

Zip Code

33913

FEC ID number of contributing
federal political committee.

C H6FL19111

Name of Employer

Not Employed

Occupation

not employed

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 04 / 2026

Transaction ID : SA11D.4153

Amount of Each Receipt this Period

2000.00

☐ Memo Item

In-kind - staff pay

Full Name (Last, First, Middle Initial)

SAPP, HOWARD, , ,

B.

Mailing Address 11199 SAND PINE CT

City

FORT MYERS

State

FL

Zip Code

33913

FEC ID number of contributing
federal political committee.

C H6FL19111

Name of Employer

Not Employed

Occupation

not employed

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 09 / 2026

Transaction ID : SA11D.4122

Amount of Each Receipt this Period

1000.00

☐ Memo Item

candidate loan

Full Name (Last, First, Middle Initial)

SAPP, HOWARD, , ,

C.

Mailing Address 11199 SAND PINE CT

City

FORT MYERS

State

FL

Zip Code

33913

FEC ID number of contributing
federal political committee.

C H6FL19111

Name of Employer

Not Employed

Occupation

not employed

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

13300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 02 / 2026

Transaction ID : SA11D.4118

Amount of Each Receipt this Period

10300.00

☐ Memo Item

candidate loan

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

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

13300.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:
(check only one)

PAGE 9 OF 12

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

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NAME OF COMMITTEE (In Full)

FRIENDS OF HOWARD SAPP

Full Name (Last, First, Middle Initial)

SAPP, HOWARD, , ,

A. Mailing Address 11199 SAND PINE CT

City

FORT MYERS

State

FL

Zip Code

33913

FEC ID number of contributing
federal political committee.

C H6FL19111

Name of Employer
Not Employed

Occupation
not employed

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

15300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 05 2026

Transaction ID : SA11D.4151

Amount of Each Receipt this Period

2000.00

☐ Memo Item
In-kind - staff pay

Full Name (Last, First, Middle Initial)

SAPP, HOWARD, , ,

B. Mailing Address 11199 SAND PINE CT

City

FORT MYERS

State

FL

Zip Code

33913

FEC ID number of contributing
federal political committee.

C H6FL19111

Name of Employer
Not Employed

Occupation
not employed

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

15500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 30 2026

Transaction ID : SA11D.4150

Amount of Each Receipt this Period

200.00

☐ Memo Item
candidate loan

Full Name (Last, First, Middle Initial)

C. Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt

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

Amount of Each Receipt this Period

☐ Memo Item

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

2200.00

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

15500.00

**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 10 OF 12

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

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NAME OF COMMITTEE (In Full)

FRIENDS OF HOWARD SAPP

Full Name (Last, First, Middle Initial)

A. Banyai, Cindy, , ,

Mailing Address PO Box 62422

City
Fort MyersState
FLZip Code
33906Purpose of Disbursement
Campaign staff

001

Candidate Name
FRIENDS OF HOWARD SAPPCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2026
☒ Primary ☐ General
☐ Other (specify) ▼

State: FL District: 19

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	7		2	0	2	6

FEC Identification Number

C C00898411

Amount of Each Disbursement this Period

1000.00

Transaction ID : SB17.4148

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Banyai, Cindy, , ,

Mailing Address PO Box 62422

City
Fort MyersState
FLZip Code
33906Purpose of Disbursement
campaign staff

001

Candidate Name
FRIENDS OF HOWARD SAPPCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2026
☒ Primary ☐ General
☐ Other (specify) ▼

State: FL District: 19

Date of Disbursement

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

FEC Identification Number

C C00898411

Amount of Each Disbursement this Period

1000.00

Transaction ID : SB17.4149

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Banyai, Cindy, , ,

Mailing Address PO Box 62422

City
Fort MyersState
FLZip Code
33906Purpose of Disbursement
email and hotel reimbursementCategory/
TypeCandidate Name
FRIENDS OF HOWARD SAPPOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2026
☒ Primary ☐ General
☐ Other (specify) ▼

State: FL District: 19

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	9		2	0	2	6

FEC Identification Number

C C00898411

Amount of Each Disbursement this Period

300.00

Transaction ID : SB17.4146

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

2300.00

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 11 OF 12

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

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NAME OF COMMITTEE (In Full)

FRIENDS OF HOWARD SAPP

Full Name (Last, First, Middle Initial)

A. Cracchino, Peter, , ,

Mailing Address 1490 Big Moss Lake Rd

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		05		2026

City

Lutz

State

FL

Zip Code

33558

Purpose of Disbursement
field staff

001

Candidate Name

FRIENDS OF HOWARD SAPP

Category/
Type

Office Sought:

☒

House

☐

Senate

☐

President

Disbursement For: 2026

☒

Primary

☐

General

☐

Other (specify) ▼

State: FL

District: 19

FEC Identification Number

C C00898411

Amount of Each Disbursement this Period

580.00

Transaction ID : SB17.4144

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Florida Division of Elections

Mailing Address 500 S Bronough St

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		17		2026

City

Tallahassee

State

FL

Zip Code

32399

Purpose of Disbursement
qualifying fee

001

Candidate Name

FRIENDS OF HOWARD SAPP

Category/
Type

Office Sought:

☒

House

☐

Senate

☐

President

Disbursement For: 2026

☒

Primary

☐

General

☐

Other (specify) ▼

State: FL

District: 19

FEC Identification Number

C C00898411

Amount of Each Disbursement this Period

10440.00

Transaction ID : SB17.4123

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. SAPP, HOWARD, , ,

Mailing Address 11199 SAND PINE CT

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		04		2026

City

FORT MYERS

State

FL

Zip Code

33913

Purpose of Disbursement
In-kind - staff pay

001

Candidate Name

FRIENDS OF HOWARD SAPP

Category/
Type

Office Sought:

☒

House

☐

Senate

☐

President

Disbursement For: 2026

☒

Primary

☐

General

☐

Other (specify) ▼

State: FL

District: 19

FEC Identification Number

C C00898411

Amount of Each Disbursement this Period

2000.00

Transaction ID : SB17.4154

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

13020.00

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 12 OF 12

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

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NAME OF COMMITTEE (In Full)

FRIENDS OF HOWARD SAPP

Full Name (Last, First, Middle Initial)

A. SAPP, HOWARD, , ,

Mailing Address 11199 SAND PINE CT

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		05		2026

City
FORT MYERSState
FLZip Code
33913

FEC Identification Number

C C00898411

Purpose of Disbursement
In-kind - staff pay

001

Amount of Each Disbursement this Period

2000.00

Transaction ID : SB17.4152

☐ Memo ItemCandidate Name
FRIENDS OF HOWARD SAPPCategory/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

State: FL District: 19

Full Name (Last, First, Middle Initial)

B. SWFL Trailer Rentals

Mailing Address 841 Gulf Lane

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		06		2026

City
Lehigh AcresState
FLZip Code
33974

FEC Identification Number

C C00898411

Purpose of Disbursement
parade trailer rental

007

Amount of Each Disbursement this Period

309.57

Transaction ID : SB17.4105

☐ Memo ItemCandidate Name
FRIENDS OF HOWARD SAPPCategory/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

State: FL District: 19

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

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Amount of Each Disbursement this Period

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

2309.57

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

17629.57