

**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)

870 N Miramar Ave

242

Check if different
than previously
reported. (ACC)

Indialantic

FL

32903-3054

CITY ▲

STATE ▲

ZIP CODE ▲

2. **FEC IDENTIFICATION NUMBER ▼**

C

C00424713

3. IS THIS
REPORTNEW
(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

10 / 01 / 2022

through

M M / D D / Y Y Y Y

12 / 31 / 2022

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

Grayson, Star, , ,

Signature of Treasurer

Grayson, Star, , ,

Date

M M / D D / Y Y Y Y

09 / 26 / 2025

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

Committee to Elect Alan Grayson

Report Covering the Period:

From:

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

To:

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

	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))....	4732.15	319730.57
(b) Total Contribution Refunds (from Line 20(d))	0.00	55121.62
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	4732.15	264608.95
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	65029.53	818385.36
(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))	65029.53	818385.36
8. Cash on Hand at Close of Reporting Period (from Line 27)	9114.41	
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)	3485755.70	

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

FEC MISCELLANEOUS TEXT RELATED TO A REPORT, SCHEDULE OR ITEMIZATION

Form/Schedule: F3A

Transaction ID :

Note that individuals with addresses outside the US are eligible to make political donations in federal elections.

Form/Schedule:

Transaction ID:

POST-ELECTION DETAILED SUMMARY PAGE

Report of Receipts and Disbursements

FEC Form 3 (Revised 07/05)

- If the candidate participated in the general election, use this form for the 30-day Post-General report.
- If the candidate did NOT participate in the general election, use this form for the Year-end report covering through December 31 of the election year (due on January 31).

This form is used in lieu of filling out Line Numbers 6 through 7 on Page 2 (Summary Page) and Pages 3 and 4 (the Detailed Summary Page) for the last report filed by a candidate during the current election cycle.

Write or Type Committee Name

Committee to Elect Alan Grayson

Report Covering the Period:

From:

M M / D D / Y Y Y Y Y Y
10 / 01 / 2022

To:

M M / D D / Y Y Y Y Y Y
12 / 31 / 2022**I. RECEIPTS****COLUMN A**
Total this Period**COLUMN B**
Election Cycle Total as ofM M / D D / Y Y Y Y Y Y
11 / 08 / 2022
(date of general election)**COLUMN C**
Total forM M / D D / Y Y Y Y Y Y
11 / 09 / 2022
(date after general election)

through

M M / D D / Y Y Y Y Y Y
12 / 31 / 2022
(last day of reporting period)**11. CONTRIBUTIONS**

(other than loans) FROM:

- (a) Individuals/Persons Other than
Political Committees
(i) Itemized (use Schedule A)

1610.27

106668.37

0.00

(ii) Unitemized

3121.88

213062.20

2167.41

(iii) Total of contributions from individuals

4732.15

319730.57

2167.41

(b) Political Party Committees

0.00

0.00

0.00

(c) Other Political Committees

0.00

0.00

0.00

POST-ELECTION DETAILED SUMMARY PAGE

Report of Receipts and Disbursements

FEC Form 3 (Revised 1/01)

COLUMN A Total this Period	COLUMN B Election Cycle Total as of * (date of general election) (* See page 5 for date)	COLUMN C Total for * (date after general election) through * (last day of reporting period) (* See page 5 for dates)
(d) The Candidate		
0.00	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c) and (d))		
4732.15	319730.57	2167.41
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES		
0.00	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate		
60018.79	593257.36	20856.23
(b) All Other Loans		
0.00	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b))		
60018.79	593257.36	20856.23
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, rebates, etc.)		
0.00	0.00	0.00
15. OTHER RECEIPTS (Dividends, Interest, etc.)		
0.09	8.19	0.06
16. TOTAL RECEIPTS (add 11(e), 12, 13(c), 14 and 15)		
64751.03	912996.12	23023.70

POST-ELECTION DETAILED SUMMARY PAGE

Report of Receipts and Disbursements

FEC Form 3 (Revised 1/01)

Write or Type Committee Name

Committee to Elect Alan Grayson

Report Covering the Period:

From:

MM / DD / YYYY
10 / 01 / 2022

To:

MM / DD / YYYY
12 / 31 / 2022**II. DISBURSEMENTS****COLUMN A**
Total this Period**COLUMN B**
Election Cycle Total as of *
(date of general election)
(* See page 5 for date)**COLUMN C**
Total for * (date after general election)
through * (last day of reporting period)
(* See page 5 for dates)

17. OPERATING EXPENDITURES

65029.53

818385.36

24935.72

18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES

0.00

0.00

0.00

19. LOAN REPAYMENTS:

(a) Of Loans Made or Guaranteed by the Candidate

0.00

46000.00

0.00

(b) Of All Other Loans

0.00

0.00

0.00

(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and 19(b))

0.00

46000.00

0.00

20. REFUNDS OF CONTRIBUTIONS TO:

(a) Individuals/Persons Other Than Political Committees

0.00

2435.00

0.00

(b) Political Party Committees

0.00

0.00

0.00

POST-ELECTION DETAILED SUMMARY PAGE

Report of Receipts and Disbursements

FEC Form 3 (Revised 1/01)

COLUMN A Total this Period	COLUMN B Election Cycle Total as of * (date of general election) (* See page 5 for date)	COLUMN C Total for * (date after general election) through * (last day of reporting period) (* See page 5 for dates)
---	---	--

(c) Other Political Committees (such as PACs)

0.00

52686.62

0.00

(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b) and (c))

0.00

55121.62

0.00

21. OTHER DISBURSEMENTS

0.00

0.00

0.00

22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d) and 21)

65029.53

919506.98

24935.72

III. NET CONTRIBUTIONS (OTHER THAN LOANS)

(Note: Substitute in lieu of Line #6 of Summary Page for this report only; subtract Line 20(d) from Line 11(e))

4732.15

264608.95

2167.41

IV. NET OPERATING EXPENDITURES

(Note: Substitute in lieu of Line #7 of Summary Page for this report only; subtract Line 14 from Line 17)

65029.53

818385.36

24935.72

V. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....

24. TOTAL RECIEPTS THIS PERIOD (from Line 16).....

25. SUBTOTAL (add Line 23 and Line 24).....

26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....

27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25)

9392.91

64751.03

74143.94

65029.53

9114.41

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

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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)

Allman, Esther, , ,

Mailing Address 984 N Butternut Cir

City

Frankfort

State

IL

Zip Code

60423-2106

FEC ID number of contributing
federal political committee.

C

Name of Employer

Not employed

Occupation

Not employed

Receipt For: 2024

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

648.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 11 2022

Transaction ID : ADC0D5CB2AD334DC7A2C

Amount of Each Receipt this Period

27.00

☐ Memo Item

Earmark: ActBlue (non-directed)

Full Name (Last, First, Middle Initial)

ActBlue

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 ▼

265867.46

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 11 2022

Transaction ID : AAA13C1F1E63E4CDEBAD

Amount of Each Receipt this Period

27.00

☒ Memo Item

Intermediary

Total Earmarked through conduit. PAC limit not
affected.

Full Name (Last, First, Middle Initial)

Ashton, Jerry, , ,

Mailing Address 245 E 19th St

City

New York

State

NY

Zip Code

10003-2639

FEC ID number of contributing
federal political committee.

C

Name of Employer

RIP Medical Debt

Occupation

Veteran Advocate Medical Debt

Receipt For: 2024

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1143.95

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 01 2022

Transaction ID : A75FDC93127124DC39A1

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)

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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 ▼

265867.46

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			01			2022			

Transaction ID : A05103EE33D8747A5831

Amount of Each Receipt this Period

25.00



Memo Item

Intermediary

Total Earmarked through conduit. PAC limit not affected.

B.

Full Name (Last, First, Middle Initial)

Ashton, Jerry, , ,

Mailing Address 245 E 19th St

City

New York

State

NY

Zip Code

10003-2639

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

RIP Medical Debt

Veteran Advocate Medical Debt

Receipt For: 2024



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

1183.30

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			18			2022			

Transaction ID : A67643ACC161547BD9E3

Amount of Each Receipt this Period

39.35



Memo Item

Earmark: ActBlue (non-directed)

C.

Full Name (Last, First, Middle Initial)

ActBlue

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 ▼

265867.46

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			18			2022			

Transaction ID : A0322EE5D55F04883BE8

Amount of Each Receipt this Period

39.35



Memo Item

Intermediary

Total Earmarked through conduit. PAC limit not affected.

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

39.35

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

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
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NAME OF COMMITTEE (In Full)

Committee to Elect Alan Grayson

Full Name (Last, First, Middle Initial)

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 ▼

1208.30

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 01 2022

Transaction ID : A75E6166CE4C74797BDD

Amount of Each Receipt this Period

25.00

☐ Memo Item

Earmark: ActBlue (non-directed)

Full Name (Last, First, Middle Initial)

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 ▼

265867.46

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 01 2022

Transaction ID : AAE9ED1290E42474D818

Amount of Each Receipt this Period

25.00

☒ Memo Item

Intermediary

Total Earmarked through conduit. PAC limit not
affected.

Full Name (Last, First, Middle Initial)

Beuning, Dale, , ,

Mailing Address 5644 36th Ave SW

City
SeattleState
WAZip Code
98126FEC ID number of contributing
federal political committee.

C

Name of Employer
StrykerOccupation
Software Engineer

Receipt For: 2024

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 26 2022

Transaction ID : ACC6633729B2A4F5490A

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)..... ▶

50.00

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

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☒ 11a	☐ 11b	☐ 11c	☐ 11d	☐ 15
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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 ▼

265867.46

Date of Receipt

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

Transaction ID : A67D356F74B5C4C73A96

Amount of Each Receipt this Period

25.00

☒ Memo Item

Intermediary

Total Earmarked through conduit. PAC limit not
affected.

B.

Full Name (Last, First, Middle Initial)

blagg, dennis, , ,

Mailing Address 4101 pershing ave

City

Fort Worth

State

TX

Zip Code

76107

FEC ID number of contributing
federal political committee.

C

Name of Employer

self

Occupation

Self Employed

Receipt For: 2024



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

240.00

Date of Receipt

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

Transaction ID : ACA8C00E043ED4288AC2

Amount of Each Receipt this Period

10.00

☐ Memo Item

Earmark: ActBlue (non-directed)

C.

Full Name (Last, First, Middle Initial)

ActBlue

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 ▼

265867.46

Date of Receipt

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

Transaction ID : A4A06FB96209241299FF

Amount of Each Receipt this Period

10.00

☒ Memo Item

Intermediary

Total Earmarked through conduit. PAC limit not
affected.

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

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

10.00

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

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

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NAME OF COMMITTEE (In Full)

Committee to Elect Alan Grayson

Full Name (Last, First, Middle Initial)

Broadwell, Jim, , ,

Mailing Address 15021 N Swan Rd

City
TucsonState
AZZip Code
85739-9080FEC 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 ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 22 2022

Transaction ID : AF8E23B5909E3454A835

Amount of Each Receipt this Period

10.00

☐ Memo Item

Earmark: ActBlue (non-directed)

Full Name (Last, First, Middle Initial)

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 ▼

265867.46

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 22 2022

Transaction ID : A2C62FF0B73014252B2C

Amount of Each Receipt this Period

10.00

☒ Memo Item

Intermediary

Total Earmarked through conduit. PAC limit not affected.

Full Name (Last, First, Middle Initial)

Brun-Cottan, Georges, , ,

Mailing Address 34 Baker Street

City
BelmontState
MAZip Code
02478FEC ID number of contributing
federal political committee.

C

Name of Employer
EmcOccupation
engineer

Receipt For: 2024

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 18 2022

Transaction ID : AC06623CCEF4E4A99BD9

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)..... ▶

35.00

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

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

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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 ▼

265867.46

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
10		18		2022

Transaction ID : AFA50F541C40D45D89CA

Amount of Each Receipt this Period

25.00

☒ Memo Item

Intermediary

Total Earmarked through conduit. PAC limit not affected.

B.

Full Name (Last, First, Middle Initial)

Callaway, Roger, , ,

Mailing Address 300 Vinecrest Dr

City

Matthews

State

NC

Zip Code

28105-5789

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

ncdot

Geologist

Receipt For: 2024



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

280.00

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
10		17		2022

Transaction ID : AB918E4F286654266BDE

Amount of Each Receipt this Period

10.00

☐ Memo Item

Earmark: ActBlue (non-directed)

C.

Full Name (Last, First, Middle Initial)

ActBlue

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 ▼

265867.46

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
10		17		2022

Transaction ID : A0CC62E7D897B400788A

Amount of Each Receipt this Period

10.00

☒ Memo Item

Intermediary

Total Earmarked through conduit. PAC limit not affected.

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

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

10.00

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
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NAME OF COMMITTEE (In Full)

Committee to Elect Alan Grayson

Full Name (Last, First, Middle Initial)

Carr, Dorotheanne, , ,

A.

Mailing Address 21655 Circle Trl

City
TopangaState
CAZip Code
90290-4102FEC ID number of contributing
federal political committee.

C

Name of Employer
Sarlan Builders Inc.Occupation
Office manager

Receipt For: 2024

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 19 2022

Transaction ID : AD977862B1C6F4AFE99

Amount of Each Receipt this Period

25.00

☐ Memo Item

Earmark: ActBlue (non-directed)

B.

Full Name (Last, First, Middle Initial)

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 ▼

265867.46

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 19 2022

Transaction ID : AF3732BE5CBC64C96B70

Amount of Each Receipt this Period

25.00

☒ Memo Item

Intermediary

Total Earmarked through conduit. PAC limit not affected.

C.

Full Name (Last, First, Middle Initial)

Crum, Elizabeth, , ,

Mailing Address 3107 Hay Creek Rd

City
BirdsboroState
PAZip Code
19508FEC 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 ▼

483.84

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 13 2022

Transaction ID : AE256DC82B6DA4D71AFB

Amount of Each Receipt this Period

20.16

☐ Memo Item

Earmark: ActBlue (non-directed)

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

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

45.16

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
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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 ▼

265867.46

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			13			2022			

Transaction ID : A760A611C2B3E4B2C8BD

Amount of Each Receipt this Period

20.16



Memo Item

Intermediary

Total Earmarked through conduit. PAC limit not affected.

B.

Full Name (Last, First, Middle Initial)

Degallier, Joh, , ,

Mailing Address 2140 Fern Canyon Rd.

City

Ukiah

State

CA

Zip Code

95482

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Ohlome College

Instructor

Receipt For: 2024



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

270.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			11			2022			

Transaction ID : A0DDCF575BE8B4187B1D

Amount of Each Receipt this Period

15.00



Memo Item

Earmark: ActBlue (non-directed)

C.

Full Name (Last, First, Middle Initial)

ActBlue

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 ▼

265867.46

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			11			2022			

Transaction ID : A4BB684E082D44CE89DA

Amount of Each Receipt this Period

15.00



Memo Item

Intermediary

Total Earmarked through conduit. PAC limit not affected.

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

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

15.00

SCHEDULE A (FEC Form 3)
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NAME OF COMMITTEE (In Full)

Committee to Elect Alan Grayson

Full Name (Last, First, Middle Initial)

Demauro, Mari, , ,

A.

Mailing Address 6 Vaux Ct

City

Asheville

State

NC

Zip Code

28803

FEC ID number of contributing
federal political committee.

C

Name of Employer

Not employed

Occupation

Not employed

Receipt For: 2024



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

525.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 30 2022

Transaction ID : A92926707AD574C7D840

Amount of Each Receipt this Period

25.00

☐ Memo Item

Earmark: ActBlue (non-directed)

B.

Full Name (Last, First, Middle Initial)

ActBlue

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 ▼

265867.46

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 30 2022

Transaction ID : AB349558CD5ED4125AD0

Amount of Each Receipt this Period

25.00

☒ Memo Item

Intermediary

Total Earmarked through conduit. PAC limit not affected.

C.

Full Name (Last, First, Middle Initial)

Dessca, yves, , ,

Mailing Address PO Box 93697

City

Los Angeles

State

CA

Zip Code

90093

FEC ID number of contributing
federal political committee.

C

Name of Employer

Warner Sony Universal etc.

Occupation

writer

Receipt For: 2024



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 28 2022

Transaction ID : A7AE553F098C444CBADF

Amount of Each Receipt this Period

10.00

☐ Memo Item

Earmark: ActBlue (non-directed)

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

35.00

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

SCHEDULE A (FEC Form 3)
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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 ▼

265867.46

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			28			2022			

Transaction ID : A2EC775D19D72479DADC

Amount of Each Receipt this Period

10.00

☒ Memo Item

Intermediary

Total Earmarked through conduit. PAC limit not affected.

B.

Full Name (Last, First, Middle Initial)

Elder, Dave, , ,

Mailing Address 2005 Owego Rd

City

Vestal

State

NY

Zip Code

13850-1121

FEC ID number of contributing
federal political committee.

C

Name of Employer

none

Occupation

Not employed

Receipt For: 2024



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

235.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			08			2022			

Transaction ID : A43EC5DAE18134163992

Amount of Each Receipt this Period

5.00

☐ Memo Item

Earmark: ActBlue (non-directed)

C.

Full Name (Last, First, Middle Initial)

ActBlue

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 ▼

265867.46

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			08			2022			

Transaction ID : AA0691477BC6C4AEE9EA

Amount of Each Receipt this Period

5.00

☒ Memo Item

Intermediary

Total Earmarked through conduit. PAC limit not affected.

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

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

5.00

SCHEDULE A (FEC Form 3)
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NAME OF COMMITTEE (In Full)

Committee to Elect Alan Grayson

Full Name (Last, First, Middle Initial)

Elder, Dave, , ,

A.

Mailing Address 2005 Owego Rd

City
VestalState
NYZip Code
13850-1121FEC ID number of contributing
federal political committee.

C

Name of Employer
noneOccupation
Not employed

Receipt For: 2024

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

240.00

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
10		15		2022

Transaction ID : AEFAB356F9C7048488B0

Amount of Each Receipt this Period

5.00

☐ Memo Item

Earmark: ActBlue (non-directed)

B.

Full Name (Last, First, Middle Initial)

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 ▼

265867.46

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
10		15		2022

Transaction ID : A7AE8705078274CF0890

Amount of Each Receipt this Period

5.00

☒ Memo Item

Intermediary

Total Earmarked through conduit. PAC limit not
affected.

C.

Full Name (Last, First, Middle Initial)

Elder, Dave, , ,

Mailing Address 2005 Owego Rd

City
VestalState
NYZip Code
13850-1121FEC ID number of contributing
federal political committee.

C

Name of Employer
noneOccupation
Not employed

Receipt For: 2024

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

245.00

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
11		08		2022

Transaction ID : A6364C6D03D3A469A831

Amount of Each Receipt this Period

5.00

☐ Memo Item

Earmark: ActBlue (non-directed)

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

10.00

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

SCHEDULE A (FEC Form 3)
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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 ▼

265867.46

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			08			2022			

Transaction ID : A4AD69AC3A79646E4A4C

Amount of Each Receipt this Period

5.00

☒ Memo Item

Intermediary

Total Earmarked through conduit. PAC limit not affected.

B.

Full Name (Last, First, Middle Initial)

Erickson, Carl, , ,

Mailing Address 1970 Scotts Crossing Way Apt 101

City

Annapolis

State

MD

Zip Code

21401

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Not employed

Not employed

Receipt For: 2024



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

400.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			21			2022			

Transaction ID : A067E829D1ED84A40AB6

Amount of Each Receipt this Period

25.00

☐ Memo Item

Earmark: ActBlue (non-directed)

C.

Full Name (Last, First, Middle Initial)

ActBlue

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 ▼

265867.46

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			21			2022			

Transaction ID : A9F6A18FADB87481C80E

Amount of Each Receipt this Period

25.00

☒ Memo Item

Intermediary

Total Earmarked through conduit. PAC limit not affected.

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

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

25.00

SCHEDULE A (FEC Form 3)
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NAME OF COMMITTEE (In Full)

Committee to Elect Alan Grayson

Full Name (Last, First, Middle Initial)

fitzhugh, christopher, , ,

A.

Mailing Address 13151 Duval Dr

City
FishersState
INZip Code
46037-8259FEC 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 ▼

625.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			28			2022			

Transaction ID : A55E83AD218994CC1A78

Amount of Each Receipt this Period

25.00

☐ Memo Item

Earmark: ActBlue (non-directed)

B.

Full Name (Last, First, Middle Initial)

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 ▼

265867.46

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			28			2022			

Transaction ID : A4CC0E7C8CA7C4B17B1D

Amount of Each Receipt this Period

25.00

☒ Memo Item

Intermediary

Total Earmarked through conduit. PAC limit not affected.

C.

Full Name (Last, First, Middle Initial)

Francis, Donald, , ,

Mailing Address 23060 DEZIEL ST

City
Clinton TownshipState
MIZip Code
48035FEC 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 ▼

450.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			26			2022			

Transaction ID : AAC506FAE22504EE1BBA

Amount of Each Receipt this Period

25.00

☐ Memo Item

Earmark: ActBlue (non-directed)

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

50.00

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

SCHEDULE A (FEC Form 3)
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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 ▼

265867.46

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			26			2022			

Transaction ID : A9DD6CBCEB72D4D2DB33

Amount of Each Receipt this Period

25.00

☒ Memo Item

Intermediary

Total Earmarked through conduit. PAC limit not affected.

B.

Full Name (Last, First, Middle Initial)

Garrity, Miriam, , ,

Mailing Address 11507 Asbury Ct

City

White Marsh

State

MD

Zip Code

21162

FEC ID number of contributing
federal political committee.

C

Name of Employer

self

Occupation

Garrity Health Consulting & Training

Receipt For: 2024



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

240.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			15			2022			

Transaction ID : A557CD176DA874EF89B8

Amount of Each Receipt this Period

10.00

☐ Memo Item

Earmark: ActBlue (non-directed)

C.

Full Name (Last, First, Middle Initial)

ActBlue

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 ▼

265867.46

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			15			2022			

Transaction ID : A6F586A1FCC514FA6ABE

Amount of Each Receipt this Period

10.00

☒ Memo Item

Intermediary

Total Earmarked through conduit. PAC limit not affected.

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

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

10.00

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
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NAME OF COMMITTEE (In Full)

Committee to Elect Alan Grayson

Full Name (Last, First, Middle Initial)

Gifford, Peter, , ,

A.

Mailing Address 4080 Mayberry Dr

City
RenoState
NVZip Code
89519FEC ID number of contributing
federal political committee.

C

Name of Employer
selfOccupation
Contractor

Receipt For: 2024

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 22 2022

Transaction ID : A6FEF265F7BB34E71A14

Amount of Each Receipt this Period

15.00

☐ Memo Item

Earmark: ActBlue (non-directed)

B.

Full Name (Last, First, Middle Initial)

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 ▼

265867.46

Date of Receipt

M M / D D / Y Y Y Y Y
10 22 2022

Transaction ID : AA28670B3FE244817854

Amount of Each Receipt this Period

15.00

☒ Memo Item

Intermediary

Total Earmarked through conduit. PAC limit not
affected.

C.

Full Name (Last, First, Middle Initial)

Hamilton, Robert, , ,

Mailing Address 3015 NW 58TH ST

City
SEATTLEState
WAZip Code
98107-2554FEC ID number of contributing
federal political committee.

C

Name of Employer
Weyerhaeuser NROccupation
scientist

Receipt For: 2024

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

564.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 12 2022

Transaction ID : AE55BCC9CC884445BB65

Amount of Each Receipt this Period

10.00

☐ Memo Item

Earmark: ActBlue (non-directed)

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

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

25.00

SCHEDULE A (FEC Form 3)
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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 ▼

265867.46

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			12			2022			

Transaction ID : A61BEF41174074C0ABAB

Amount of Each Receipt this Period

10.00

☒ Memo Item

Intermediary

Total Earmarked through conduit. PAC limit not affected.

B.

Full Name (Last, First, Middle Initial)

Hamilton, Robert, , ,

Mailing Address 3015 NW 58TH ST

City

SEATTLE

State

WA

Zip Code

98107-2554

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Weyerhaeuser NR

scientist

Receipt For: 2024



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

577.50

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			29			2022			

Transaction ID : AF8B942CA1E444ADCAA0

Amount of Each Receipt this Period

13.50

☐ Memo Item

Earmark: ActBlue (non-directed)

C.

Full Name (Last, First, Middle Initial)

ActBlue

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 ▼

265867.46

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			29			2022			

Transaction ID : A1CFAA7AA62F24FE3A03

Amount of Each Receipt this Period

13.50

☒ Memo Item

Intermediary

Total Earmarked through conduit. PAC limit not affected.

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

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

13.50

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
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NAME OF COMMITTEE (In Full)

Committee to Elect Alan Grayson

Full Name (Last, First, Middle Initial)

Hardy, Richard, , ,

A.

Mailing Address 31213 NE 69th St

City
CamasState
WAZip Code
98607-7717FEC ID number of contributing
federal political committee.

C

Name of Employer
retiredOccupation
Retired

Receipt For: 2024

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

625.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 29 2022

Transaction ID : A9FF188C366A148058BB

Amount of Each Receipt this Period

25.00

☐ Memo Item

Earmark: ActBlue (non-directed)

B.

Full Name (Last, First, Middle Initial)

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 ▼

265867.46

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 29 2022

Transaction ID : A8210598B982A42AA8C4

Amount of Each Receipt this Period

25.00

☒ Memo Item

Intermediary

Total Earmarked through conduit. PAC limit not affected.

C.

Full Name (Last, First, Middle Initial)

Hart, Cynthia, , ,

Mailing Address 13303 Summertime Ln

City
Culver CityState
CAZip Code
90230FEC ID number of contributing
federal political committee.

C

Name of Employer
NHMOccupation
Accountant

Receipt For: 2024

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

625.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 24 2022

Transaction ID : AD682C67628504B8DBD1

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)..... ▶

50.00

SCHEDULE A (FEC Form 3)
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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 ▼

265867.46

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			24			2022			

Transaction ID : A95E7F67DE66D4556A44

Amount of Each Receipt this Period

25.00

☒ Memo Item

Intermediary

Total Earmarked through conduit. PAC limit not affected.

B.

Full Name (Last, First, Middle Initial)

Hasenbank, James, , ,

Mailing Address 1429 S Meadows Road #1513

City

Santa Fe

State

NM

Zip Code

87507

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Not employed

Not employed

Receipt For: 2024



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

270.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			04			2022			

Transaction ID : A2BDC6AA7695C451EB0E

Amount of Each Receipt this Period

15.00

☐ Memo Item

Earmark: ActBlue (non-directed)

C.

Full Name (Last, First, Middle Initial)

ActBlue

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 ▼

265867.46

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			04			2022			

Transaction ID : A377EA81EF05C452AB2C

Amount of Each Receipt this Period

15.00

☒ Memo Item

Intermediary

Total Earmarked through conduit. PAC limit not affected.

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

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

15.00

SCHEDULE A (FEC Form 3)
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NAME OF COMMITTEE (In Full)

Committee to Elect Alan Grayson

Full Name (Last, First, Middle Initial)

Hasenbank, James, , ,

A. Mailing Address 1429 S Meadows Road #1513

City
Santa FeState
NMZip Code
87507FEC 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 ▼

285.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 04 2022

Transaction ID : AB9C1901F3EE04EE9A8B

Amount of Each Receipt this Period

15.00

☐ Memo Item

Earmark: ActBlue (non-directed)

B. Full Name (Last, First, Middle Initial)
ActBlueMailing 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 ▼

265867.46

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 04 2022

Transaction ID : A5F079674CD5D4917AFC

Amount of Each Receipt this Period

15.00

☒ Memo Item

Intermediary

Total Earmarked through conduit. PAC limit not
affected.C. Full Name (Last, First, Middle Initial)
HOPPER, ORION, , ,

Mailing Address 333 Johnson Ave

City
TeaneckState
NJZip Code
07666-3105FEC 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 ▼

359.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 11 2022

Transaction ID : AC3AF7FDEA0CB4148A65

Amount of Each Receipt this Period

12.00

☐ Memo Item

Earmark: ActBlue (non-directed)

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

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

27.00

SCHEDULE A (FEC Form 3)
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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 ▼

265867.46

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			11			2022			

Transaction ID : A5AA7884D6FEA41A48C3

Amount of Each Receipt this Period

12.00

☒ Memo Item

Intermediary

Total Earmarked through conduit. PAC limit not affected.

B.

Full Name (Last, First, Middle Initial)

Horn, B. Theodore, , ,

Mailing Address 926 Roosevelt St.

City

Monterey

State

CA

Zip Code

93940

FEC ID number of contributing
federal political committee.

C

Name of Employer

none

Occupation

Not employed

Receipt For: 2024



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

264.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			12			2022			

Transaction ID : A61130B2D341443A58B6

Amount of Each Receipt this Period

3.00

☐ Memo Item

Earmark: ActBlue (non-directed)

C.

Full Name (Last, First, Middle Initial)

ActBlue

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 ▼

265867.46

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			12			2022			

Transaction ID : A7C898773B37E423293B

Amount of Each Receipt this Period

3.00

☒ Memo Item

Intermediary

Total Earmarked through conduit. PAC limit not affected.

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

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

3.00

SCHEDULE A (FEC Form 3)
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NAME OF COMMITTEE (In Full)

Committee to Elect Alan Grayson

Full Name (Last, First, Middle Initial)

Horn, B. Theodore, , ,

A.

Mailing Address 926 Roosevelt St.

City
MontereyState
CAZip Code
93940FEC ID number of contributing
federal political committee.

C

Name of Employer
noneOccupation
Not employed

Receipt For: 2024

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

267.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 28 2022

Transaction ID : A8C7E4CB0E53C4C0EA28

Amount of Each Receipt this Period

3.00

☐ Memo Item

Earmark: ActBlue (non-directed)

B.

Full Name (Last, First, Middle Initial)

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 ▼

265867.46

Date of Receipt

M M / D D / Y Y Y Y Y
10 28 2022

Transaction ID : A49F999BA34D04FFDB35

Amount of Each Receipt this Period

3.00

☒ Memo Item

Intermediary

Total Earmarked through conduit. PAC limit not affected.

C.

Full Name (Last, First, Middle Initial)

Hume, Diane, , ,

Mailing Address 1313 Louisiana st

City
VallejoState
CAZip Code
94590FEC ID number of contributing
federal political committee.

C

Name of Employer
USFOccupation
Prof

Receipt For: 2024

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 20 2022

Transaction ID : AE78FBDA5A38F44848E1

Amount of Each Receipt this Period

25.00

☐ Memo Item

Earmark: ActBlue (non-directed)

28.00

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

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

SCHEDULE A (FEC Form 3)
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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 ▼

265867.46

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			20			2022			

Transaction ID : ADB58E5CC93484FA4A2F

Amount of Each Receipt this Period

25.00

☒ Memo Item

Intermediary

Total Earmarked through conduit. PAC limit not
affected.

B.

Full Name (Last, First, Middle Initial)

Hurt, Terry, , ,

Mailing Address 410 Covington Place

City

Goleta

State

CA

Zip Code

93117

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Garcia and Associates

Environmental Consultant

Receipt For: 2024



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

450.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			30			2022			

Transaction ID : A2D18938DB8BA415383E

Amount of Each Receipt this Period

25.00

☐ Memo Item

Earmark: ActBlue (non-directed)

C.

Full Name (Last, First, Middle Initial)

ActBlue

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 ▼

265867.46

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			30			2022			

Transaction ID : A7D312DDD31F94DFBFF4

Amount of Each Receipt this Period

25.00

☒ Memo Item

Intermediary

Total Earmarked through conduit. PAC limit not
affected.

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

25.00

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

SCHEDULE A (FEC Form 3)
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NAME OF COMMITTEE (In Full)

Committee to Elect Alan Grayson

Full Name (Last, First, Middle Initial)

Jacobs, Hubert, , ,

A.

Mailing Address 2204 Raehn Street

City
OrlandoState
FLZip Code
32806FEC ID number of contributing
federal political committee.

C

Name of Employer
VCIOccupation
social worker

Receipt For: 2024

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

205.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 05 2022

Transaction ID : A834A77F07F874B36954

Amount of Each Receipt this Period

10.00

☐ Memo Item

Earmark: ActBlue (non-directed)

B.

Full Name (Last, First, Middle Initial)

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 ▼

265867.46

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 05 2022

Transaction ID : A7BD9957076A54DF8845

Amount of Each Receipt this Period

10.00

☒ Memo Item

Intermediary

Total Earmarked through conduit. PAC limit not
affected.

C.

Full Name (Last, First, Middle Initial)

Jacobs, Hubert, , ,

Mailing Address 2204 Raehn Street

City
OrlandoState
FLZip Code
32806FEC ID number of contributing
federal political committee.

C

Name of Employer
VCIOccupation
social worker

Receipt For: 2024

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

215.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 05 2022

Transaction ID : A220745AF105146E19D7

Amount of Each Receipt this Period

10.00

☐ Memo Item

Earmark: ActBlue (non-directed)

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

20.00

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

SCHEDULE A (FEC Form 3)
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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 ▼

265867.46

Date of Receipt

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

Transaction ID : A9D39E6DD4B2A4F0BA44

Amount of Each Receipt this Period

10.00

☒ Memo Item

Intermediary

Total Earmarked through conduit. PAC limit not affected.

B.

Full Name (Last, First, Middle Initial)

Kellam, Kerry, , ,

Mailing Address 1600 Arrowhead Dr

City

Pantego

State

TX

Zip Code

76013-3011

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Horton Tree Service

Arborist

Receipt For: 2024



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	7		2	0	2	2

Transaction ID : A7BD46C475639462D97D

Amount of Each Receipt this Period

10.00

☐ Memo Item

Earmark: ActBlue (non-directed)

C.

Full Name (Last, First, Middle Initial)

ActBlue

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 ▼

265867.46

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	7		2	0	2	2

Transaction ID : AC60761188ACA45D79C2

Amount of Each Receipt this Period

10.00

☒ Memo Item

Intermediary

Total Earmarked through conduit. PAC limit not affected.

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

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

10.00

SCHEDULE A (FEC Form 3)
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NAME OF COMMITTEE (In Full)

Committee to Elect Alan Grayson

Full Name (Last, First, Middle Initial)

Kenyon, Colleen, , ,

A.

Mailing Address 85 Watarida Sanno

City

Kawasaki

State

AA

Zip Code

00000

FEC ID number of contributing
federal political committee.

C

Name of Employer
selfOccupation
writer

Receipt For: 2024

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 01 2022

Transaction ID : AC912C918B8414416912

Amount of Each Receipt this Period

15.00

☐ Memo Item

Earmark: ActBlue (non-directed)

B.

Full Name (Last, First, Middle Initial)

ActBlue

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 ▼

265867.46

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 01 2022

Transaction ID : AEADFBFA332FED4F0D8DA

Amount of Each Receipt this Period

15.00

☒ Memo Item

Intermediary

Total Earmarked through conduit. PAC limit not
affected.

C.

Full Name (Last, First, Middle Initial)

Kenyon, Colleen, , ,

Mailing Address 85 Watarida Sanno

City

Kawasaki

State

AA

Zip Code

00000

FEC ID number of contributing
federal political committee.

C

Name of Employer
selfOccupation
writer

Receipt For: 2024

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

345.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 01 2022

Transaction ID : A24C00866A9D14BBAB2B

Amount of Each Receipt this Period

15.00

☐ Memo Item

Earmark: ActBlue (non-directed)

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

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

30.00

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

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☒ 11a	☐ 11b	☐ 11c	☐ 11d	☐ 15
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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 ▼

265867.46

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			01			2022			

Transaction ID : A8B2321BA785F4BCE939

Amount of Each Receipt this Period

15.00

☒ Memo Item

Intermediary

Total Earmarked through conduit. PAC limit not
affected.

B.

Full Name (Last, First, Middle Initial)

Kittleston, Laura, , ,

Mailing Address 2834 Sandwell Drive

City

Winter Park

State

FL

Zip Code

32792

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Not employed

Not employed

Receipt For: 2024



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

521.32

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			02			2022			

Transaction ID : A9EFE81EAEF154587825

Amount of Each Receipt this Period

20.22

☐ Memo Item

Earmark: ActBlue (non-directed)

C.

Full Name (Last, First, Middle Initial)

ActBlue

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 ▼

265867.46

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			02			2022			

Transaction ID : AE947C2CC496A4BDEBE1

Amount of Each Receipt this Period

20.22

☒ Memo Item

Intermediary

Total Earmarked through conduit. PAC limit not
affected.

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

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

20.22

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

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NAME OF COMMITTEE (In Full)

Committee to Elect Alan Grayson

Full Name (Last, First, Middle Initial)

Kittleson, Laura, , ,

Mailing Address 2834 Sandwell Drive

City

Winter Park

State

FL

Zip Code

32792

FEC ID number of contributing
federal political committee.

C

Name of Employer

Not employed

Occupation

Not employed

Receipt For: 2024



Primary



General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

541.54

Date of Receipt

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

Transaction ID : A535C60C238334328BEE

Amount of Each Receipt this Period

20.22

☐ Memo Item

Earmark: ActBlue (non-directed)

Full Name (Last, First, Middle Initial)

ActBlue

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 ▼

265867.46

Date of Receipt

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

Transaction ID : A71704069D8BD4400829

Amount of Each Receipt this Period

20.22

☒ Memo Item

Intermediary

Total Earmarked through conduit. PAC limit not affected.

Full Name (Last, First, Middle Initial)

Krishna, Karna, , ,

Mailing Address 23 Westlake Rd

City

Natick

State

MA

Zip Code

01760-1741

FEC ID number of contributing
federal political committee.

C

Name of Employer

Massachusetts Bay Community College

Occupation

Adjunct Professor

Receipt For: 2024



Primary



General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

407.00

Date of Receipt

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

Transaction ID : AE3346034C0324A9E90B

Amount of Each Receipt this Period

10.00

☐ Memo Item

Earmark: ActBlue (non-directed)

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

30.22

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)

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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 ▼

265867.46

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 01 2022

Transaction ID : AB5FFF402A98F4468A37

Amount of Each Receipt this Period

10.00

☒ Memo Item

Intermediary

Total Earmarked through conduit. PAC limit not
affected.

B.

Full Name (Last, First, Middle Initial)

Krishna, Karna, , ,

Mailing Address 23 Westlake Rd

City

Natick

State

MA

Zip Code

01760-1741

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Massachusetts Bay Community College

Adjunct Professor

Receipt For: 2024

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

410.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 10 2022

Transaction ID : A5655BAF765174A789A8

Amount of Each Receipt this Period

3.00

☐ Memo Item

Earmark: ActBlue (non-directed)

C.

Full Name (Last, First, Middle Initial)

ActBlue

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 ▼

265867.46

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 10 2022

Transaction ID : A53878DDD8081424C84F

Amount of Each Receipt this Period

3.00

☒ Memo Item

Intermediary

Total Earmarked through conduit. PAC limit not
affected.

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

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

3.00

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

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

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NAME OF COMMITTEE (In Full)

Committee to Elect Alan Grayson

Full Name (Last, First, Middle Initial)

Krishna, Karna, , ,

A.

Mailing Address 23 Westlake Rd

City
NatickState
MAZip Code
01760-1741FEC ID number of contributing
federal political committee.

C

Name of Employer
Massachusetts Bay Community CollegeOccupation
Adjunct Professor

Receipt For: 2024

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 18 2022

Transaction ID : A459DDE3A136A4891829

Amount of Each Receipt this Period

10.00

☐ Memo Item

Earmark: ActBlue (non-directed)

B.

Full Name (Last, First, Middle Initial)

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 ▼

265867.46

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 18 2022

Transaction ID : A322DCC6E161F41D7BD0

Amount of Each Receipt this Period

10.00

☒ Memo Item

Intermediary

Total Earmarked through conduit. PAC limit not
affected.

C.

Full Name (Last, First, Middle Initial)

Lessne, Dana, , ,

Mailing Address 12617 Broleman Rd

City
OrlandoState
FLZip Code
32832FEC ID number of contributing
federal political committee.

C

Name of Employer
selfOccupation
Counselor

Receipt For: 2024

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

799.92

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 04 2022

Transaction ID : AD42ED5AD56534689B2F

Amount of Each Receipt this Period

33.33

☐ Memo Item

Earmark: ActBlue (non-directed)

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

43.33

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:
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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 ▼

265867.46

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
10		04		2022

Transaction ID : A199FD5222C8A432C920

Amount of Each Receipt this Period

33.33

☒ Memo Item

Intermediary

Total Earmarked through conduit. PAC limit not affected.

B.

Full Name (Last, First, Middle Initial)

Lessne, Dana, , ,

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 ▼

833.25

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
11		04		2022

Transaction ID : A372C2E3144464F94B5B

Amount of Each Receipt this Period

33.33

☐ Memo Item

Earmark: ActBlue (non-directed)

C.

Full Name (Last, First, Middle Initial)

ActBlue

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 ▼

265867.46

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
11		04		2022

Transaction ID : AF8F0AC311319456CA6B

Amount of Each Receipt this Period

33.33

☒ Memo Item

Intermediary

Total Earmarked through conduit. PAC limit not affected.

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

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

33.33

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

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

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NAME OF COMMITTEE (In Full)

Committee to Elect Alan Grayson

Full Name (Last, First, Middle Initial)

Lewis, Bruce, , ,

A.

Mailing Address 2409 Faircross St

City

Torrance

State

CA

Zip Code

90505-7028

FEC ID number of contributing
federal political committee.

C

Name of Employer

Apollo Inspection Service Inc.

Occupation

Construction Inspector

Receipt For: 2024

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

800.04

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			30			2022			

Transaction ID : A0CFD84205A1B4C74AFD

Amount of Each Receipt this Period

25.00

☐ Memo Item

Earmark: ActBlue (non-directed)

B.

Full Name (Last, First, Middle Initial)

ActBlue

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 ▼

265867.46

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			30			2022			

Transaction ID : AA93B99AFD02847B6998

Amount of Each Receipt this Period

25.00

☒ Memo Item

Intermediary

Total Earmarked through conduit. PAC limit not affected.

C.

Full Name (Last, First, Middle Initial)

Mallett, Richard, , ,

Mailing Address POB 7705

City

Tahoe City

State

CA

Zip Code

96145

FEC ID number of contributing
federal political committee.

C

Name of Employer

Hansen Management & Maintenance Co0597

Occupation

Manager of Homeowner Association

Receipt For: 2024

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

260.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			03			2022			

Transaction ID : AF62849783EE74E98981

Amount of Each Receipt this Period

10.00

☐ Memo Item

Earmark: ActBlue (non-directed)

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

35.00

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:
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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 ▼

265867.46

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y	
10		03		2022	

Transaction ID : AAEFBF8239A4C436B907

Amount of Each Receipt this Period

10.00

☒ Memo Item

Intermediary

Total Earmarked through conduit. PAC limit not affected.

B.

Full Name (Last, First, Middle Initial)

Mallett, Richard, , ,

Mailing Address POB 7705

City

Tahoe City

State

CA

Zip Code

96145

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Hansen Management & Maintenance Co0597

Manager of Homeowner Association

Receipt For: 2024



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

270.00

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y	
11		03		2022	

Transaction ID : ACB331FBCB73546A9B26

Amount of Each Receipt this Period

10.00

☐ Memo Item

Earmark: ActBlue (non-directed)

C.

Full Name (Last, First, Middle Initial)

ActBlue

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 ▼

265867.46

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y	
11		03		2022	

Transaction ID : ABF9939F5ACA94BF48CC

Amount of Each Receipt this Period

10.00

☒ Memo Item

Intermediary

Total Earmarked through conduit. PAC limit not affected.

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

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

10.00

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

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☒ 11a	☐ 11b	☐ 11c	☐ 11d	☐ 15
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NAME OF COMMITTEE (In Full)

Committee to Elect Alan Grayson

Full Name (Last, First, Middle Initial)

McCarthy, Randy, , ,

Mailing Address 1232 N 120th St

City

Wauwatosa

State

WI

Zip Code

53226-3102

FEC ID number of contributing
federal political committee.

C

Name of Employer

Outpost Natural Foods

Occupation

HR

Receipt For: 2024



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

240.00

Date of Receipt

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

Transaction ID : AEE7212A514104D46B50

Amount of Each Receipt this Period

10.00



Memo Item

Earmark: ActBlue (non-directed)

B.

Full Name (Last, First, Middle Initial)

ActBlue

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 ▼

265867.46

Date of Receipt

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

Transaction ID : AA9F575C45ACC467693D

Amount of Each Receipt this Period

10.00



Memo Item

Intermediary

Total Earmarked through conduit. PAC limit not
affected.

C.

Full Name (Last, First, Middle Initial)

McCarthy, Randy, , ,

Mailing Address 1232 N 120th St

City

Wauwatosa

State

WI

Zip Code

53226-3102

FEC ID number of contributing
federal political committee.

C

Name of Employer

Outpost Natural Foods

Occupation

HR

Receipt For: 2024



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

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

Transaction ID : A8BFED277C2CF4E43BE0

Amount of Each Receipt this Period

10.00



Memo Item

Earmark: ActBlue (non-directed)

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

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

20.00

X	11a		11b		11c		11d		
	12		13a		13b		14		15

FEC Schedule A (Form 3) (Revised 05/2016)

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

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☒ 11a	☐ 11b	☐ 11c	☐ 11d	☐ 15
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NAME OF COMMITTEE (In Full)

Committee to Elect Alan Grayson

Full Name (Last, First, Middle Initial)

Olson, fredha, , ,

A.

Mailing Address 3386 Mt. Vernon Ct.

City

Anchorage

State

AK

Zip Code

99503

FEC ID number of contributing
federal political committee.

C

Name of Employer

Not employed

Occupation

Not employed

Receipt For: 2024



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			26			2022			

Transaction ID : A1475424265744401AE7

Amount of Each Receipt this Period

10.00



Memo Item

Earmark: ActBlue (non-directed)

B.

Full Name (Last, First, Middle Initial)

ActBlue

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 ▼

265867.46

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			26			2022			

Transaction ID : A6B575ECA31AA4732B4A

Amount of Each Receipt this Period

10.00



Memo Item

Intermediary

Total Earmarked through conduit. PAC limit not affected.

C.

Full Name (Last, First, Middle Initial)

Ortiz, Rodrigo, , ,

Mailing Address 11724 SW 118th Terrace

City

Miami

State

FL

Zip Code

33186-3985

FEC ID number of contributing
federal political committee.

C

Name of Employer

Golder

Occupation

engineer

Receipt For: 2024



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

205.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			04			2022			

Transaction ID : A2C7FA6B65C2243A0A55

Amount of Each Receipt this Period

10.00



Memo Item

Earmark: ActBlue (non-directed)

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

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

20.00

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
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(check only one)

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☒ 11a	☐ 11b	☐ 11c	☐ 11d	☐ 15
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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 ▼

265867.46

Date of Receipt

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

Transaction ID : ADAA41013ED2A46ACA33

Amount of Each Receipt this Period

10.00

☒ Memo Item

Intermediary

Total Earmarked through conduit. PAC limit not affected.

B.

Full Name (Last, First, Middle Initial)

Pollock, Paul, , ,

Mailing Address P.O.B. 251422

City

Los Angeles

State

CA

Zip Code

90025

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Not employed

Not employed

Receipt For: 2024



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

600.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	7		2	0	2	2

Transaction ID : A6ED1652933C244C490F

Amount of Each Receipt this Period

25.00

☐ Memo Item

Earmark: ActBlue (non-directed)

C.

Full Name (Last, First, Middle Initial)

ActBlue

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 ▼

265867.46

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	7		2	0	2	2

Transaction ID : A0460CA1E91E241A7B37

Amount of Each Receipt this Period

25.00

☒ Memo Item

Intermediary

Total Earmarked through conduit. PAC limit not affected.

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

25.00

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

SCHEDULE A (FEC Form 3)
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NAME OF COMMITTEE (In Full)

Committee to Elect Alan Grayson

Full Name (Last, First, Middle Initial)

Sassaman, Clay, , ,

A. Mailing Address 3609 Beechwood Place

City
RiversideState
CAZip Code
92506FEC 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 ▼

255.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 26 2022

Transaction ID : AC6FD8D1B37CD408C9A7

Amount of Each Receipt this Period

15.00

☐ Memo Item

Earmark: ActBlue (non-directed)

B. Full Name (Last, First, Middle Initial)
ActBlueMailing 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 ▼

265867.46

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 26 2022

Transaction ID : ACE73B4BDE964C72BCF

Amount of Each Receipt this Period

15.00

☒ Memo Item

Intermediary

Total Earmarked through conduit. PAC limit not
affected.C. Full Name (Last, First, Middle Initial)
Schubert, J Chris, , ,

Mailing Address 5207 Perry Pl

City
WilmingtonState
DEZip Code
19810-2109FEC ID number of contributing
federal political committee.

C

Name of Employer
Whole FoodsOccupation
cashier

Receipt For: 2024

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

278.35

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 07 2022

Transaction ID : A91A465039950446F91A

Amount of Each Receipt this Period

6.00

☐ Memo Item

Earmark: ActBlue (non-directed)

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

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

21.00

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
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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 ▼

265867.46

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		0	7		2	0	2	2

Transaction ID : A1B85AE53B91A4AC6A9E

Amount of Each Receipt this Period

6.00

☒ Memo Item

Intermediary

Total Earmarked through conduit. PAC limit not affected.

Full Name (Last, First, Middle Initial)

Schwartz, Daniel, , ,

B.

Mailing Address 2433 Limerick Dr

City

Tallahassee

State

FL

Zip Code

32309-3510

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Florida State University

professor

Receipt For: 2024



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

510.00

Date of Receipt

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

Transaction ID : A309FCFFF522148F1943

Amount of Each Receipt this Period

25.00

☐ 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 ▼

265867.46

Date of Receipt

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

Transaction ID : A9FF2D2E3EDB94C43BFC

Amount of Each Receipt this Period

25.00

☒ Memo Item

Intermediary

Total Earmarked through conduit. PAC limit not affected.

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

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

25.00

SCHEDULE A (FEC Form 3)
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NAME OF COMMITTEE (In Full)

Committee to Elect Alan Grayson

Full Name (Last, First, Middle Initial)

Schwartz, Daniel, , ,

A.

Mailing Address 2433 Limerick Dr

City

Tallahassee

State

FL

Zip Code

32309-3510

FEC ID number of contributing
federal political committee.

C

Name of Employer

Florida State University

Occupation

professor

Receipt For: 2024



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

535.00

Date of Receipt

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

Transaction ID : A03AB43E6F90F40048D3

Amount of Each Receipt this Period

25.00



Memo Item

Earmark: ActBlue (non-directed)

B.

Full Name (Last, First, Middle Initial)

ActBlue

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 ▼

265867.46

Date of Receipt

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

Transaction ID : A578BF3FC2796498AA91

Amount of Each Receipt this Period

25.00



Memo Item

Intermediary

Total Earmarked through conduit. PAC limit not affected.

C.

Full Name (Last, First, Middle Initial)

Shippen, Sam, , ,

Mailing Address 37 Ortega dr

City

Newbury Park

State

CA

Zip Code

91320

FEC ID number of contributing
federal political committee.

C

Name of Employer

Richard Carpenter

Occupation

handyman

Receipt For: 2024



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

360.00

Date of Receipt

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

Transaction ID : A2D53441BD7CC459C8A8

Amount of Each Receipt this Period

15.00



Memo Item

Earmark: ActBlue (non-directed)

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

40.00

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

SCHEDULE A (FEC Form 3)
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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 ▼

265867.46

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			21			2022			

Transaction ID : A83BCA6AAC45D453DAA3

Amount of Each Receipt this Period

15.00

☒ Memo Item

Intermediary

Total Earmarked through conduit. PAC limit not affected.

B.

Full Name (Last, First, Middle Initial)

Smith, Ron, , ,

Mailing Address 4374 Stony Point Rd

City

Barboursville

State

VA

Zip Code

22923-2130

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Smith & Robertson Inc.

Residential Builder

Receipt For: 2024



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

483.84

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			21			2022			

Transaction ID : AA68C9EE08D444B898DD

Amount of Each Receipt this Period

20.16

☐ Memo Item

Earmark: ActBlue (non-directed)

C.

Full Name (Last, First, Middle Initial)

ActBlue

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 ▼

265867.46

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			21			2022			

Transaction ID : A8CC5EDF55E1047D892F

Amount of Each Receipt this Period

20.16

☒ Memo Item

Intermediary

Total Earmarked through conduit. PAC limit not affected.

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

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

20.16

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
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NAME OF COMMITTEE (In Full)

Committee to Elect Alan Grayson

Full Name (Last, First, Middle Initial)

steinebach, carolanne, , ,

A.

Mailing Address PO Box 873

City

Twisp

State

WA

Zip Code

98856

FEC ID number of contributing
federal political committee.

C

Name of Employer
noneOccupation
Not employed

Receipt For: 2024

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

600.00

Date of Receipt

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

Transaction ID : AA477634BD01341D6B1F

Amount of Each Receipt this Period

100.00

☐ Memo Item

Earmark: ActBlue (non-directed)

B.

Full Name (Last, First, Middle Initial)

ActBlue

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 ▼

265867.46

Date of Receipt

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

Transaction ID : A95ADB8CF93054001A3D

Amount of Each Receipt this Period

100.00

☒ Memo Item

Intermediary

Total Earmarked through conduit. PAC limit not
affected.

C.

Full Name (Last, First, Middle Initial)

steinebach, carolanne, , ,

Mailing Address PO Box 873

City

Twisp

State

WA

Zip Code

98856

FEC ID number of contributing
federal political committee.

C

Name of Employer
noneOccupation
Not employed

Receipt For: 2024

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

700.00

Date of Receipt

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

Transaction ID : A8CCEF52142A547BA9A0

Amount of Each Receipt this Period

100.00

☐ Memo Item

Earmark: ActBlue (non-directed)

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

200.00

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

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
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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 ▼

265867.46

Date of Receipt

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

Transaction ID : A260A5DA5609B457D8A0

Amount of Each Receipt this Period

100.00

☒ Memo Item

Intermediary

Total Earmarked through conduit. PAC limit not affected.

B.

Full Name (Last, First, Middle Initial)

stockel, eric, , ,

Mailing Address 2449 Mandeville Canyon Road

City

los angeles

State

CA

Zip Code

90049

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

kibre & horwitz

attorney

Receipt For: 2024



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

300.00

Date of Receipt

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

Transaction ID : A7CA84369F16A43AB8F7

Amount of Each Receipt this Period

12.50

☐ Memo Item

Earmark: ActBlue (non-directed)

C.

Full Name (Last, First, Middle Initial)

ActBlue

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 ▼

265867.46

Date of Receipt

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

Transaction ID : A4C052202E2B14266AB8

Amount of Each Receipt this Period

12.50

☒ Memo Item

Intermediary

Total Earmarked through conduit. PAC limit not affected.

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

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

12.50

SCHEDULE A (FEC Form 3)
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NAME OF COMMITTEE (In Full)

Committee to Elect Alan Grayson

Full Name (Last, First, Middle Initial)

telberg, Rurick, , ,

A. Mailing Address 235 East 22nd St. - 16iCity
New YorkState
NYZip Code
10010FEC ID number of contributing
federal political committee.

C

Name of Employer
selfOccupation
Accounting

Receipt For: 2024

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

450.00

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y	
10		25		2022	

Transaction ID : AF77E4BEA75954742960

Amount of Each Receipt this Period

25.00

☐ Memo Item

Earmark: ActBlue (non-directed)

Full Name (Last, First, Middle Initial)

ActBlue

B. 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 ▼

265867.46

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y	
10		25		2022	

Transaction ID : A63DDA3A1F9314CAE9C5

Amount of Each Receipt this Period

25.00

☒ Memo Item

Intermediary

Total Earmarked through conduit. PAC limit not affected.

Full Name (Last, First, Middle Initial)

Todd, Linda, , ,

C. Mailing Address 5080 W. Mercer WayCity
Mercer IslandState
WAZip Code
98040FEC ID number of contributing
federal political committee.

C

Name of Employer
selfOccupation
Tourguideevent designer and coordinato

Receipt For: 2024

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

325.00

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y	
10		06		2022	

Transaction ID : A7476B391D3AC4226BB6

Amount of Each Receipt this Period

25.00

☐ Memo Item

Earmark: ActBlue (non-directed)

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

50.00

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)

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☒ 11a	☐ 11b	☐ 11c	☐ 11d	☐ 15
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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 ▼

265867.46

Date of Receipt

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

Transaction ID : AF70B7953B68E45FEAEA

Amount of Each Receipt this Period

25.00

☒ Memo Item

Intermediary

Total Earmarked through conduit. PAC limit not affected.

B.

Full Name (Last, First, Middle Initial)

Todd, Linda, , ,

Mailing Address 5080 W. Mercer Way

City

Mercer Island

State

WA

Zip Code

98040

FEC ID number of contributing
federal political committee.

C

Name of Employer

self

Occupation

Tourguideevent designer and coordinato

Receipt For: 2024



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

350.00

Date of Receipt

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

Transaction ID : A083888736F7C40BF85B

Amount of Each Receipt this Period

25.00

☐ Memo Item

Earmark: ActBlue (non-directed)

C.

Full Name (Last, First, Middle Initial)

ActBlue

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 ▼

265867.46

Date of Receipt

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

Transaction ID : A5EB6E60B02504506A0F

Amount of Each Receipt this Period

25.00

☒ Memo Item

Intermediary

Total Earmarked through conduit. PAC limit not affected.

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

25.00

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

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
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(check only one)

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NAME OF COMMITTEE (In Full)

Committee to Elect Alan Grayson

Full Name (Last, First, Middle Initial)

Vidomyers, Andrea, , ,

A. Mailing Address 1140 Hollywood BoulevardCity
HollywoodState
FLZip Code
33019FEC ID number of contributing
federal political committee.

C

Name of Employer
Ms.Occupation
Self Employed

Receipt For: 2024

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 14 2022

Transaction ID : A7185E1DCE50F4E5C8CE

Amount of Each Receipt this Period

10.00

☐ Memo Item

Earmark: ActBlue (non-directed)

Full Name (Last, First, Middle Initial)

ActBlue

B. 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 ▼

265867.46

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 14 2022

Transaction ID : A320295F2D31E41D3AE0

Amount of Each Receipt this Period

10.00

☒ Memo Item

Intermediary

Total Earmarked through conduit. PAC limit not
affected.

Full Name (Last, First, Middle Initial)

Vogelmann, Michael, , ,

C. Mailing Address 112 E Linden AvenueCity
collingswoodState
NJZip Code
08108FEC ID number of contributing
federal political committee.

C

Name of Employer
JSW Wine and SpiritsOccupation
receiving clerk

Receipt For: 2024

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 21 2022

Transaction ID : A09E578B155274956863

Amount of Each Receipt this Period

10.00

☐ Memo Item

Earmark: ActBlue (non-directed)

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

20.00

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

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
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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 ▼

265867.46

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			21			2022			

Transaction ID : AEE4E238856634FFAB26

Amount of Each Receipt this Period

10.00

☒ Memo Item

Intermediary

Total Earmarked through conduit. PAC limit not affected.

B.

Full Name (Last, First, Middle Initial)

Wedge, Lori, , ,

Mailing Address 548 115th Street Apt. F

City

COLLEGE POINT

State

NY

Zip Code

11356

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Purolator International Inc.

HR Manager

Receipt For: 2024



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

475.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			03			2022			

Transaction ID : A9C7F8341A32846A299D

Amount of Each Receipt this Period

25.00

☐ Memo Item

Earmark: ActBlue (non-directed)

C.

Full Name (Last, First, Middle Initial)

ActBlue

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 ▼

265867.46

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			03			2022			

Transaction ID : AB6F90A07413B4EBE850

Amount of Each Receipt this Period

25.00

☒ Memo Item

Intermediary

Total Earmarked through conduit. PAC limit not affected.

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

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

25.00

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
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NAME OF COMMITTEE (In Full)

Committee to Elect Alan Grayson

Full Name (Last, First, Middle Initial)

wetherhold, john, , ,

A.

Mailing Address 13 w. 13th dt. #4bs

City

ny

State

NY

Zip Code

10011

FEC ID number of contributing
federal political committee.

C

Name of Employer

Not employed

Occupation

Not employed

Receipt For: 2024

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2300.00

Date of Receipt

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

Transaction ID : A3A1ED3A17FF44F4D8E4

Amount of Each Receipt this Period

100.00

☐ Memo Item

Earmark: ActBlue (non-directed)

B.

Full Name (Last, First, Middle Initial)

ActBlue

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 ▼

265867.46

Date of Receipt

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

Transaction ID : A43D8A06CA9C743A18A5

Amount of Each Receipt this Period

100.00

☒ Memo Item

Intermediary

Total Earmarked through conduit. PAC limit not
affected.

C.

Full Name (Last, First, Middle Initial)

Wicker, Maris, , ,

Mailing Address 7201 Clarendon Road

City

Bethesda

State

MD

Zip Code

20824

FEC ID number of contributing
federal political committee.

C

Name of Employer

self

Occupation

Musician/ tescher

Receipt For: 2024

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

600.00

Date of Receipt

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

Transaction ID : AD7457AA46A854833855

Amount of Each Receipt this Period

25.00

☐ Memo Item

Earmark: ActBlue (non-directed)

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

125.00

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 Page

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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 ▼

265867.46

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			03			2022			

Transaction ID : A204C18D1D44640D49AA

Amount of Each Receipt this Period

25.00

☒ Memo Item

Intermediary

Total Earmarked through conduit. PAC limit not affected.

B.

Full Name (Last, First, Middle Initial)

Wicker, Maris, , ,

Mailing Address 7201 Clarendon Road

City

Bethesda

State

MD

Zip Code

20824

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

self

Musician/ tescher

Receipt For: 2024



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

625.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			03			2022			

Transaction ID : A38EFE6797DA34750896

Amount of Each Receipt this Period

25.00

☐ Memo Item

Earmark: ActBlue (non-directed)

C.

Full Name (Last, First, Middle Initial)

ActBlue

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 ▼

265867.46

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			03			2022			

Transaction ID : AB23192931B29473C881

Amount of Each Receipt this Period

25.00

☒ Memo Item

Intermediary

Total Earmarked through conduit. PAC limit not affected.

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

25.00

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

SCHEDULE A (FEC Form 3)
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NAME OF COMMITTEE (In Full)

Committee to Elect Alan Grayson

Full Name (Last, First, Middle Initial)

Wiggins, John, , ,

A.

Mailing Address 2040 Northwest 126th Street

City
MiamiState
FLZip Code
33167FEC ID number of contributing
federal political committee.

C

Name of Employer
retiredOccupation
Retired

Receipt For: 2024

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 03 2022

Transaction ID : A7C36AF2CB29A448685A

Amount of Each Receipt this Period

50.00

☐ Memo Item

Earmark: ActBlue (non-directed)

B.

Full Name (Last, First, Middle Initial)

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 ▼

265867.46

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 03 2022

Transaction ID : A77C6C763C55B44C5845

Amount of Each Receipt this Period

50.00

☒ Memo Item

Intermediary

Total Earmarked through conduit. PAC limit not
affected.

C.

Full Name (Last, First, Middle Initial)

Wiggins, John, , ,

Mailing Address 2040 Northwest 126th Street

City
MiamiState
FLZip Code
33167FEC ID number of contributing
federal political committee.

C

Name of Employer
retiredOccupation
Retired

Receipt For: 2024

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 03 2022

Transaction ID : A22BCAEE12B5E42B98F4

Amount of Each Receipt this Period

50.00

☐ Memo Item

Earmark: ActBlue (non-directed)

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

100.00

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

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
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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 ▼

265867.46

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 03 2022

Transaction ID : A5B5BC6F5AF6448C490A

Amount of Each Receipt this Period

50.00

☒ Memo Item

Intermediary

Total Earmarked through conduit. PAC limit not
affected.

B.

Full Name (Last, First, Middle Initial)

Williams, Sarah, , ,

Mailing Address 220 Match St

City

Lake Elsinore

State

CA

Zip Code

92530-3236

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Not employed

Not employed

Receipt For: 2024

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

337.50

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 29 2022

Transaction ID : A621469AD33BF4886856

Amount of Each Receipt this Period

13.50

☐ Memo Item

Earmark: ActBlue (non-directed)

C.

Full Name (Last, First, Middle Initial)

ActBlue

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 ▼

265867.46

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 29 2022

Transaction ID : A612BD0DB250944C59ED

Amount of Each Receipt this Period

13.50

☒ Memo Item

Intermediary

Total Earmarked through conduit. PAC limit not
affected.

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

13.50

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

SCHEDULE A (FEC Form 3)
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NAME OF COMMITTEE (In Full)

Committee to Elect Alan Grayson

Full Name (Last, First, Middle Initial)

Wyckoff, Cynthia J, , ,

A. Mailing Address 755 Highwood Dr. SW

City
IssaquahState
WAZip Code
98027FEC ID number of contributing
federal political committee.

C

Name of Employer
Prowess ConsultingOccupation
technical editor

Receipt For: 2024

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 01 2022

Transaction ID : A44603C534FC843B29FE

Amount of Each Receipt this Period

10.00

☐ Memo Item

Earmark: ActBlue (non-directed)

Full Name (Last, First, Middle Initial)

ActBlue

B. 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 ▼

265867.46

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 01 2022

Transaction ID : A517B280D269F493E92B

Amount of Each Receipt this Period

10.00

☒ Memo Item

Intermediary

Total Earmarked through conduit. PAC limit not affected.

Full Name (Last, First, Middle Initial)

Wyckoff, Cynthia J, , ,

C. Mailing Address 755 Highwood Dr. SW

City
IssaquahState
WAZip Code
98027FEC ID number of contributing
federal political committee.

C

Name of Employer
Prowess ConsultingOccupation
technical editor

Receipt For: 2024

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

235.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 01 2022

Transaction ID : A88F45E0E58B0416A9E0

Amount of Each Receipt this Period

10.00

☐ Memo Item

Earmark: ActBlue (non-directed)

20.00

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

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

SCHEDULE A (FEC Form 3)
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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
☐ Other (specify) ▼☐ General

Election Cycle-to-Date ▼

265867.46

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			01			2022			

Transaction ID : AB52BA657141D492EB87

Amount of Each Receipt this Period

10.00

☒ Memo Item

Intermediary

Total Earmarked through conduit. PAC limit not affected.

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ Other (specify) ▼☐ General

Election Cycle-to-Date ▼

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y

Amount of Each Receipt this Period

☐ Memo Item

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
☐ Other (specify) ▼☐ General

Election Cycle-to-Date ▼

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y

Amount of Each Receipt this Period

☐ Memo Item

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

0.00

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

1610.27

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

Use separate schedule(s)
for each category of the
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NAME OF COMMITTEE (In Full)

Committee to Elect Alan Grayson

Full Name (Last, First, Middle Initial)
Grayson, Alan Mark, , ,

Mailing Address 870 N Miramar Ave
Box 242

City
Indialantic

State
FL

Zip Code
32903-3054

FEC ID number of contributing
federal political committee.

C S2FL00581

Name of Employer
Self

Occupation
Candidate

Receipt For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

554121.55

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 02 / 2022

Transaction ID : AA923FB1141764C8C881

Amount of Each Receipt this Period

26.75

☐ Memo Item

Loan received from candidate personal funds

Full Name (Last, First, Middle Initial)
Grayson, Alan Mark, , ,

Mailing Address 870 N Miramar Ave
Box 242

City
Indialantic

State
FL

Zip Code
32903-3054

FEC ID number of contributing
federal political committee.

C S2FL00581

Name of Employer
Self

Occupation
Candidate

Receipt For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

582638.93

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 03 / 2022

Transaction ID : A9C0B8270307E4CBB851

Amount of Each Receipt this Period

28517.38

☐ Memo Item

Loan received from candidate personal funds

Full Name (Last, First, Middle Initial)
Grayson, Alan Mark, , ,

Mailing Address 870 N Miramar Ave
Box 242

City
Indialantic

State
FL

Zip Code
32903-3054

FEC ID number of contributing
federal political committee.

C S2FL00581

Name of Employer
Self

Occupation
Candidate

Receipt For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

584434.93

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 08 / 2022

Transaction ID : A999089F924F44B6CB5C

Amount of Each Receipt this Period

1796.00

☐ Memo Item

Loan received from candidate personal funds

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

30340.13

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

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

Use separate schedule(s)
for each category of the
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NAME OF COMMITTEE (In Full)

Committee to Elect Alan Grayson

Full Name (Last, First, Middle Initial)
Grayson, Alan Mark, , ,

Mailing Address 870 N Miramar Ave
Box 242

City
Indialantic

State
FL

Zip Code
32903-3054

FEC ID number of contributing
federal political committee.

C S2FL00581

Name of Employer
Self

Occupation
Candidate

Receipt For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

585238.93

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 11 2022

Transaction ID : ABD91D7C19B8E4F74823

Amount of Each Receipt this Period

804.00

☐ Memo Item

Loan from personal funds

Full Name (Last, First, Middle Initial)
Grayson, Alan Mark, , ,

Mailing Address 870 N Miramar Ave
Box 242

City
Indialantic

State
FL

Zip Code
32903-3054

FEC ID number of contributing
federal political committee.

C S2FL00581

Name of Employer
Self

Occupation
Candidate

Receipt For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

586307.93

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 14 2022

Transaction ID : A2EED3C11248B47DD930

Amount of Each Receipt this Period

559.00

☐ Memo Item

Loan received from candidate personal funds

Full Name (Last, First, Middle Initial)
Grayson, Alan Mark, , ,

Mailing Address 870 N Miramar Ave
Box 242

City
Indialantic

State
FL

Zip Code
32903-3054

FEC ID number of contributing
federal political committee.

C S2FL00581

Name of Employer
Self

Occupation
Candidate

Receipt For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

586307.93

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 14 2022

Transaction ID : A296CBC9EAAAD43E5853

Amount of Each Receipt this Period

510.00

☐ Memo Item

Loan received from candidate personal funds

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

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

1873.00

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
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NAME OF COMMITTEE (In Full)

Committee to Elect Alan Grayson

Full Name (Last, First, Middle Initial)
Grayson, Alan Mark, , ,Mailing Address 870 N Miramar Ave
Box 242City
IndialanticState
FLZip Code
32903-3054FEC ID number of contributing
federal political committee.

C S2FL00581

Name of Employer
SelfOccupation
Candidate

Receipt For: 2022

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

587304.14

Date of Receipt

M M / D D / Y Y Y Y Y
10 22 2022

Transaction ID : AFADD764AE9974EBD9A2

Amount of Each Receipt this Period

996.21

☐ Memo Item

Loan made from candidate personal funds

Full Name (Last, First, Middle Initial)
Grayson, Alan Mark, , ,Mailing Address 870 N Miramar Ave
Box 242City
IndialanticState
FLZip Code
32903-3054FEC ID number of contributing
federal political committee.

C S2FL00581

Name of Employer
SelfOccupation
Candidate

Receipt For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

590586.14

Date of Receipt

M M / D D / Y Y Y Y Y
10 27 2022

Transaction ID : ACEA7243CCC2A44A09A4

Amount of Each Receipt this Period

329.00

☐ Memo Item

Personal funds

Full Name (Last, First, Middle Initial)
Grayson, Alan Mark, , ,Mailing Address 870 N Miramar Ave
Box 242City
IndialanticState
FLZip Code
32903-3054FEC ID number of contributing
federal political committee.

C S2FL00581

Name of Employer
SelfOccupation
Candidate

Receipt For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

590586.14

Date of Receipt

M M / D D / Y Y Y Y Y
10 27 2022

Transaction ID : AB9A1B81C3A1A452D858

Amount of Each Receipt this Period

2654.00

☐ Memo Item

Personal funds

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

3979.21

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

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

Use separate schedule(s)
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Committee to Elect Alan Grayson

Full Name (Last, First, Middle Initial)
Grayson, Alan Mark, , ,

Mailing Address 870 N Miramar Ave
Box 242

City
Indialantic

State
FL

Zip Code
32903-3054

FEC ID number of contributing
federal political committee.

C S2FL00581

Name of Employer
Self

Occupation
Candidate

Receipt For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

590586.14

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 27 / 2022

Transaction ID : A0FB43489C4104413820

Amount of Each Receipt this Period

299.00

☐ Memo Item

Loan made from personal funds

Full Name (Last, First, Middle Initial)
Grayson, Alan Mark, , ,

Mailing Address 870 N Miramar Ave
Box 242

City
Indialantic

State
FL

Zip Code
32903-3054

FEC ID number of contributing
federal political committee.

C S2FL00581

Name of Employer
Self

Occupation
Candidate

Receipt For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

590757.21

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 02 / 2022

Transaction ID : A541BBEA839854BC488B

Amount of Each Receipt this Period

171.07

☐ Memo Item

Personal funds

Full Name (Last, First, Middle Initial)
Grayson, Alan Mark, , ,

Mailing Address 870 N Miramar Ave
Box 242

City
Indialantic

State
FL

Zip Code
32903-3054

FEC ID number of contributing
federal political committee.

C S2FL00581

Name of Employer
Self

Occupation
Candidate

Receipt For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

590871.21

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 03 / 2022

Transaction ID : AC2BBC202874341C8988

Amount of Each Receipt this Period

114.00

☐ Memo Item

Personal funds

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

584.07

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

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

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Committee to Elect Alan Grayson

Full Name (Last, First, Middle Initial)
Grayson, Alan Mark, , ,

Mailing Address 870 N Miramar Ave
Box 242

City
Indialantic

State
FL

Zip Code
32903-3054

FEC ID number of contributing
federal political committee.

C S2FL00581

Name of Employer
Self

Occupation
Candidate

Receipt For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

591532.21

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 05 / 2022

Transaction ID : AFDA920512C944098815

Amount of Each Receipt this Period

661.00

☐ Memo Item
Personal funds

Full Name (Last, First, Middle Initial)
Grayson, Alan Mark, , ,

Mailing Address 870 N Miramar Ave
Box 242

City
Indialantic

State
FL

Zip Code
32903-3054

FEC ID number of contributing
federal political committee.

C S2FL00581

Name of Employer
Self

Occupation
Candidate

Receipt For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

593257.36

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 08 / 2022

Transaction ID : AC36A8B046F064F72818

Amount of Each Receipt this Period

1725.15

☐ Memo Item
Personal funds

Full Name (Last, First, Middle Initial)
Grayson, Alan Mark, , ,

Mailing Address 870 N Miramar Ave
Box 242

City
Indialantic

State
FL

Zip Code
32903-3054

FEC ID number of contributing
federal political committee.

C S2FL00581

Name of Employer
Self

Occupation
Candidate

Receipt For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

8119.25

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 09 / 2022

Transaction ID : A3D707683356849F6A83

Amount of Each Receipt this Period

1789.00

☐ Memo Item
Personal Funds

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

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

4175.15

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

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Mailing Address 870 N Miramar Ave
Box 242

City
Indialantic

State
FL

Zip Code
32903-3054

FEC ID number of contributing
federal political committee.

C S2FL00581

Name of Employer
Self

Occupation
Candidate

Receipt For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

8119.25

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 09 / 2022

Transaction ID : A4AF4CAA35CE74AEDB09

Amount of Each Receipt this Period

517.00

☐ Memo Item
Personal funds

Full Name (Last, First, Middle Initial)
Grayson, Alan Mark, , ,

Mailing Address 870 N Miramar Ave
Box 242

City
Indialantic

State
FL

Zip Code
32903-3054

FEC ID number of contributing
federal political committee.

C S2FL00581

Name of Employer
Self

Occupation
Candidate

Receipt For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

8119.25

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 09 / 2022

Transaction ID : AD1C1E03537B141C48AA

Amount of Each Receipt this Period

5813.25

☐ Memo Item
Personal Funds

Full Name (Last, First, Middle Initial)
Grayson, Alan Mark, , ,

Mailing Address 870 N Miramar Ave
Box 242

City
Indialantic

State
FL

Zip Code
32903-3054

FEC ID number of contributing
federal political committee.

C S2FL00581

Name of Employer
Self

Occupation
Candidate

Receipt For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

8907.25

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 11 / 2022

Transaction ID : A9C733066071E4A8BA7A

Amount of Each Receipt this Period

788.00

☐ Memo Item
Personal Funds

7118.25

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

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

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

Use separate schedule(s)
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(check only one)

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Mailing Address 870 N Miramar Ave
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City
Indialantic

State
FL

Zip Code
32903-3054

FEC ID number of contributing
federal political committee.

C S2FL00581

Name of Employer
Self

Occupation
Candidate

Receipt For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

10078.25

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 23 / 2022

Transaction ID : A0C772C00B032471E8D1

Amount of Each Receipt this Period

1171.00

☐ Memo Item
Personal funds

Full Name (Last, First, Middle Initial)
Grayson, Alan Mark, , ,

Mailing Address 870 N Miramar Ave
Box 242

City
Indialantic

State
FL

Zip Code
32903-3054

FEC ID number of contributing
federal political committee.

C S2FL00581

Name of Employer
Self

Occupation
Candidate

Receipt For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

12793.25

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 27 / 2022

Transaction ID : AA9E8A74C30A546FF835

Amount of Each Receipt this Period

2715.00

☐ Memo Item
Personal Funds

Full Name (Last, First, Middle Initial)
Grayson, Alan Mark, , ,

Mailing Address 870 N Miramar Ave
Box 242

City
Indialantic

State
FL

Zip Code
32903-3054

FEC ID number of contributing
federal political committee.

C S2FL00581

Name of Employer
Self

Occupation
Candidate

Receipt For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

13430.25

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 28 / 2022

Transaction ID : AD230EDB9C8CB40EB833

Amount of Each Receipt this Period

305.00

☐ Memo Item
Personal funds

4191.00

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

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

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

Use separate schedule(s)
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Grayson, Alan Mark, , ,

Mailing Address 870 N Miramar Ave
Box 242

City
Indialantic

State
FL

Zip Code
32903-3054

FEC ID number of contributing
federal political committee.

C S2FL00581

Name of Employer
Self

Occupation
Candidate

Receipt For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

13430.25

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 28 / 2022

Transaction ID : ABB6159DA67824997B71

Amount of Each Receipt this Period

332.00

☐ Memo Item
Personal funds

Full Name (Last, First, Middle Initial)
Grayson, Alan Mark, , ,

Mailing Address 870 N Miramar Ave
Box 242

City
Indialantic

State
FL

Zip Code
32903-3054

FEC ID number of contributing
federal political committee.

C S2FL00581

Name of Employer
Self

Occupation
Candidate

Receipt For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

13475.25

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 03 / 2022

Transaction ID : A94B280A7778C42F094B

Amount of Each Receipt this Period

45.00

☐ Memo Item
Personal funds

Full Name (Last, First, Middle Initial)
Grayson, Alan Mark, , ,

Mailing Address 870 N Miramar Ave
Box 242

City
Indialantic

State
FL

Zip Code
32903-3054

FEC ID number of contributing
federal political committee.

C S2FL00581

Name of Employer
Self

Occupation
Candidate

Receipt For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

13719.25

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 05 / 2022

Transaction ID : A44D43933008647099D2

Amount of Each Receipt this Period

244.00

☐ Memo Item
Personal funds

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

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

621.00

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

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Mailing Address 870 N Miramar Ave
Box 242

City
Indialantic

State
FL

Zip Code
32903-3054

FEC ID number of contributing
federal political committee.

C S2FL00581

Name of Employer
Self

Occupation
Candidate

Receipt For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

17624.23

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 08 / 2022

Transaction ID : ADD40F10D240C4B6D91D

Amount of Each Receipt this Period

1854.00

☐ Memo Item
Personal funds

Full Name (Last, First, Middle Initial)
Grayson, Alan Mark, , ,

Mailing Address 870 N Miramar Ave
Box 242

City
Indialantic

State
FL

Zip Code
32903-3054

FEC ID number of contributing
federal political committee.

C S2FL00581

Name of Employer
Self

Occupation
Candidate

Receipt For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

17624.23

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 08 / 2022

Transaction ID : ADE898B4807AF4BD2877

Amount of Each Receipt this Period

515.00

☐ Memo Item
Personal funds

Full Name (Last, First, Middle Initial)
Grayson, Alan Mark, , ,

Mailing Address 870 N Miramar Ave
Box 242

City
Indialantic

State
FL

Zip Code
32903-3054

FEC ID number of contributing
federal political committee.

C S2FL00581

Name of Employer
Self

Occupation
Candidate

Receipt For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

17624.23

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 08 / 2022

Transaction ID : AD3D9A5FBF79C4172B55

Amount of Each Receipt this Period

1535.98

☐ Memo Item
Personal funds

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

3904.98

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

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

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for each category of the
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NAME OF COMMITTEE (In Full)

Committee to Elect Alan Grayson

Full Name (Last, First, Middle Initial)
Grayson, Alan Mark, , ,

Mailing Address 870 N Miramar Ave
Box 242

City
Indialantic

State
FL

Zip Code
32903-3054

FEC ID number of contributing
federal political committee.

C S2FL00581

Name of Employer
Self

Occupation
Candidate

Receipt For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

17695.23

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 10 / 2022

Transaction ID : AE4CF7F77B73D4924872

Amount of Each Receipt this Period

71.00

☐ Memo Item
Personal Funds

Full Name (Last, First, Middle Initial)
Grayson, Alan Mark, , ,

Mailing Address 870 N Miramar Ave
Box 242

City
Indialantic

State
FL

Zip Code
32903-3054

FEC ID number of contributing
federal political committee.

C S2FL00581

Name of Employer
Self

Occupation
Candidate

Receipt For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

19716.23

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 11 / 2022

Transaction ID : AFB74B5665DCB4FD1975

Amount of Each Receipt this Period

816.00

☐ Memo Item
Personal funds

Full Name (Last, First, Middle Initial)
Grayson, Alan Mark, , ,

Mailing Address 870 N Miramar Ave
Box 242

City
Indialantic

State
FL

Zip Code
32903-3054

FEC ID number of contributing
federal political committee.

C S2FL00581

Name of Employer
Self

Occupation
Candidate

Receipt For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

19716.23

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 11 / 2022

Transaction ID : A354C262090D24F75974

Amount of Each Receipt this Period

1205.00

☐ Memo Item
Personal funds

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

2092.00

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

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

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for each category of the
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Committee to Elect Alan Grayson

Full Name (Last, First, Middle Initial)
Grayson, Alan Mark, , ,

Mailing Address 870 N Miramar Ave
Box 242

City
Indialantic

State
FL

Zip Code
32903-3054

FEC ID number of contributing
federal political committee.

C S2FL00581

Name of Employer
Self

Occupation
Candidate

Receipt For: 2022

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

20223.23

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 13 2022

Transaction ID : AC986090CEAAA448AB8B

Amount of Each Receipt this Period

507.00

☐ Memo Item
Personal funds

Full Name (Last, First, Middle Initial)
Grayson, Alan Mark, , ,

Mailing Address 870 N Miramar Ave
Box 242

City
Indialantic

State
FL

Zip Code
32903-3054

FEC ID number of contributing
federal political committee.

C S2FL00581

Name of Employer
Self

Occupation
Candidate

Receipt For: 2022

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

20856.23

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 28 2022

Transaction ID : A37589BB322F74C8689A

Amount of Each Receipt this Period

330.00

☐ Memo Item
Personal funds

Full Name (Last, First, Middle Initial)
Grayson, Alan Mark, , ,

Mailing Address 870 N Miramar Ave
Box 242

City
Indialantic

State
FL

Zip Code
32903-3054

FEC ID number of contributing
federal political committee.

C S2FL00581

Name of Employer
Self

Occupation
Candidate

Receipt For: 2022

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

20856.23

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 28 2022

Transaction ID : A28016265BDE74A4A8FB

Amount of Each Receipt this Period

303.00

☐ Memo Item
Loan made from candidate personal funds

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

1140.00

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

60018.79

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
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☐ 20a	☐ 20b	☐ 20c	☐ 21

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NAME OF COMMITTEE (In Full)

Committee to Elect Alan Grayson

Full Name (Last, First, Middle Initial)

A. AAdvantage MC BarclayMailing Address Barclays
PO Box 13337City
PhiladelphiaState
PAZip Code
19101-3337Purpose of Disbursement
Credit Card Payment

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	0		0	2		2	0	2	2

FEC Identification Number

C

Amount of Each Disbursement this Period

26.75

Transaction ID : BE18C3F8EE9FE415BB42

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Quad Cities River Bandits

Mailing Address 209 S Gaines Street

City
DavenportState
IAZip Code
52802-1403Purpose of Disbursement
Advertising Expense

004

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
0	8		1	6		2	0	2	2

FEC Identification Number

C

Amount of Each Disbursement this Period

26.75

Transaction ID : B10797882F79E4D5D8DF

☒ Memo Item

Full Name (Last, First, Middle Initial)

C. AAdvantage MC BarclayMailing Address Barclays
PO Box 13337City
PhiladelphiaState
PAZip Code
19101-3337Purpose of Disbursement
Credit card interest

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	1		0	2		2	0	2	2

FEC Identification Number

C

Amount of Each Disbursement this Period

119.59

Transaction ID : B58B00E0A74284AF79A4

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

146.34

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)

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☒ 17	☐ 18	☐ 19a	☐ 19b
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NAME OF COMMITTEE (In Full)

Committee to Elect Alan Grayson

Full Name (Last, First, Middle Initial)

A. AAdvantage MC BarclayMailing Address Barclays
PO Box 13337City
PhiladelphiaState
PAZip Code
19101-3337Purpose of Disbursement
Principle repayment - digital advertising

001

Candidate Name

Category/
Type

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	1		0	2		2	0	2	2

FEC Identification Number

C

Amount of Each Disbursement this Period

51.48

Transaction ID : B09918AF5E9E0460D84D

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. ActBlueMailing Address 14 Arrow St
Ste 11City
CambridgeState
MAZip Code
02138-5106Purpose of Disbursement
Credit card processing fees

001

Candidate Name
ActBlueCategory/
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
1	0		3	0		2	0	2	2

FEC Identification Number

C C00401224

Amount of Each Disbursement this Period

74.36

Transaction ID : BE3B6C0DDE7F9490699D

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Alliant Visa

Mailing Address PO Box 1666

City
Des PlainesState
ILZip Code
60017-1666Purpose of Disbursement
Principal repayment

001

Candidate Name

Category/
Type

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	1		2	3		2	0	2	2

FEC Identification Number

C

Amount of Each Disbursement this Period

943.24

Transaction ID : BC7E191D2888F4711BB1

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

1069.08

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:
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☐ 20a	☐ 20b	☐ 20c	☐ 21

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NAME OF COMMITTEE (In Full)

Committee to Elect Alan Grayson

Full Name (Last, First, Middle Initial)

A. Alliant Visa

Mailing Address PO Box 1666

City
Des PlainesState
ILZip Code
60017-1666Purpose of Disbursement
Credit card interest

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
11			23			2022			

FEC Identification Number

C

Amount of Each Disbursement this Period

227.76

Transaction ID : BEF565A57F7FD4F378BF

☐ Memo Item**B. Radio Haiti Tropical**

Mailing Address 749 S Bluford Ave

City
OcoeeState
FLZip Code
34761Purpose of Disbursement
Radio advertising

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
09			13			2022			

FEC Identification Number

C

Amount of Each Disbursement this Period

500.00

Transaction ID : B2F86A5D870CE46688CB

☒ Memo Item**C. Quad Cities River Bandits**

Mailing Address 209 S Gaines Street

City
DavenportState
IAZip Code
52802-1403Purpose of Disbursement
Outdoor Advertising

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
09			23			2022			

FEC Identification Number

C

Amount of Each Disbursement this Period

7000.00

Transaction ID : BD4CD713358EE4B50B46

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

227.76

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
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☒ 17	☐ 18	☐ 19a	☐ 19b
☐ 20a	☐ 20b	☐ 20c	☐ 21

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NAME OF COMMITTEE (In Full)

Committee to Elect Alan Grayson

Full Name (Last, First, Middle Initial)

A. Harta Communications/Fireside CampaignsMailing Address 815 16th St, NW
4th FloorCity
WashingtonState
DCZip Code
20006-4101Purpose of Disbursement
Sub-Vendor

003

Candidate Name

Category/
Type

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
0	5		1	4		2	0	2	1

FEC Identification Number

C

Amount of Each Disbursement this Period

40000.00

Transaction ID : B997F1FFBE4474F83A1A

☒ Memo Item

Full Name (Last, First, Middle Initial)

B. Kaplan Strategies, Inc.

Mailing Address 2692 Lounsbury Ct

City
KissimmeeState
FLZip Code
34746Purpose of Disbursement
Polling

005

Candidate Name

Category/
Type

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
0	5		1	6		2	0	2	1

FEC Identification Number

C

Amount of Each Disbursement this Period

1000.00

Transaction ID : BCF1A681CF3D0443099B

☒ Memo Item

Full Name (Last, First, Middle Initial)

C. Kaplan Strategies, Inc.

Mailing Address 2692 Lounsbury Ct

City
KissimmeeState
FLZip Code
34746Purpose of Disbursement
Polling

005

Candidate Name

Category/
Type

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
0	6		1	0		2	0	2	1

FEC Identification Number

C

Amount of Each Disbursement this Period

3500.00

Transaction ID : B4366CEE5C6CA4857AA3

☒ 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 DISBURSEMENTS**Use separate schedule(s)
for each category of the
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☒ 17	☐ 18	☐ 19a	☐ 19b
☐ 20a	☐ 20b	☐ 20c	☐ 21

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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
CC Interest

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	1		0	9		2	0	2	2

FEC Identification Number

C

Amount of Each Disbursement this Period

83.97

Transaction ID : BB3D0E9C6D0BE4CF6909

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. American Express Blue Bus+

Mailing Address PO Box 650448

City
DallasState
TXZip Code
75265Purpose of Disbursement
Principal Pmt

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	1		0	9		2	0	2	2

FEC Identification Number

C

Amount of Each Disbursement this Period

1121.03

Transaction ID : B2C9CF59C18E544FDB4D

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. American Express Blue Bus+

Mailing Address PO Box 650448

City
DallasState
TXZip Code
75265Purpose of Disbursement
Principal Pmt - polling expenses

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		1	0		2	0	2	2

FEC Identification Number

C

Amount of Each Disbursement this Period

3930.00

Transaction ID : B755612E0F0C44C95BD6

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

5135.00

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

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NAME OF COMMITTEE (In Full)

Committee to Elect Alan Grayson

Full Name (Last, First, Middle Initial)

A. American Express Business Gold

Mailing Address PO Box 650448

City
DallasState
TXZip Code
75265-0448Purpose of Disbursement
CREDIT CARD: SEE BELOW

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
10			03			2022			

FEC Identification Number

C

Amount of Each Disbursement this Period

28517.38

Transaction ID : B8AB0E237D35A4CA6981

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Facebook Advertising

Mailing Address 156 University Avenue

City
Palo AltoState
CAZip Code
94301-1688Purpose of Disbursement
Advertising Expense

004

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
08			23			2022			

FEC Identification Number

C

Amount of Each Disbursement this Period

28410.64

Transaction ID : B11292D13C9A34124924

☒ Memo Item

Full Name (Last, First, Middle Initial)

C. American Express Business Gold

Mailing Address PO Box 650448

City
DallasState
TXZip Code
75265-0448Purpose of Disbursement
CC Interest and 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
09			02			2022			

FEC Identification Number

C

Amount of Each Disbursement this Period

106.74

Transaction ID : B2C5173EA9F8242B790E

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

28517.38

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

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NAME OF COMMITTEE (In Full)

Committee to Elect Alan Grayson

Full Name (Last, First, Middle Initial)

A. American Express Business Gold

Mailing Address PO Box 650448

City
DallasState
TXZip Code
75265-0448Purpose of Disbursement
Credit card interest

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	1		0	3		2	0	2	2

FEC Identification Number

C

Amount of Each Disbursement this Period

68.28

Transaction ID : BD9D5996D5000433FBAC

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. American Express Business Gold

Mailing Address PO Box 650448

City
DallasState
TXZip Code
75265-0448Purpose of Disbursement
Credit card principle

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	1		0	3		2	0	2	2

FEC Identification Number

C

Amount of Each Disbursement this Period

45.72

Transaction ID : BF93E3F92E60A4DFCA7B

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. American Express Business Green

Mailing Address PO Box 650448

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

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	1		0	8		2	0	2	2

FEC Identification Number

C

Amount of Each Disbursement this Period

1725.15

Transaction ID : BB4ADC8F4142C4D2BA60

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

1839.15

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

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
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☐ 20a	☐ 20b	☐ 20c	☐ 21

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NAME OF COMMITTEE (In Full)

Committee to Elect Alan Grayson

Full Name (Last, First, Middle Initial)

A. Aristotle

Mailing Address 205 Pennsylvania Ave, SE

Date of Disbursement

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

City
WashingtonState
DCZip Code
20003-1164

FEC Identification Number

C

Purpose of Disbursement
Compliance software

001

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

1000.00

Transaction ID : B655155BC18DA4FE8853

☒ Memo Item

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

B. Google, Inc.

Mailing Address 1600 Amphitheatre Parkway

Date of Disbursement

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

City
Mountain ViewState
CAZip Code
94043-1351

FEC Identification Number

C

Purpose of Disbursement
Cloud storage and GSuite Apps

001

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

13.99

Transaction ID : B8E480309D63A434AAE1

☒ Memo Item

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

C. Action Network Toolset

Mailing Address 12180 Millennium Drive, Suite 500

Date of Disbursement

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

City
Playa VistaState
CAZip Code
90094

FEC Identification Number

C

Purpose of Disbursement
Computer Data Services

001

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

450.00

Transaction ID : B3E651B63FE1949888A6

☒ Memo Item

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

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

0.00

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

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
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☒ 17	☐ 18	☐ 19a	☐ 19b
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NAME OF COMMITTEE (In Full)

Committee to Elect Alan Grayson

Full Name (Last, First, Middle Initial)

A. Public Storage

Mailing Address 1510 Spring Hill Road

Date of Disbursement

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

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 : BE4F8DE6C50FA4056B56

☒ Memo Item

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☒ 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
1	0		0	5		2	0	2	2

City
DallasState
TXZip Code
75265-0448

FEC Identification Number

C

Purpose of Disbursement
Principal pmt - digital ads

001

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

495.00

Transaction ID : BEAC40142B0DA46D7996

☐ Memo Item

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

C. A4 Media

Mailing Address One Court Square 47th Floor

Date of Disbursement

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

City
Long Island CityState
NYZip Code
11120-0001

FEC Identification Number

C

Purpose of Disbursement
Digital Advertising

004

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

2500.00

Transaction ID : B8B8F6BDB671544769F3

☒ Memo Item

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

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

495.00

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
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☐ 20a	☐ 20b	☐ 20c	☐ 21

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NAME OF COMMITTEE (In Full)

Committee to Elect Alan Grayson

Full Name (Last, First, Middle Initial)

A. Google, Inc.

Mailing Address 1600 Amphitheatre Parkway

Date of Disbursement

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

City
Mountain ViewState
CAZip Code
94043-1351Purpose of Disbursement
Internet Advertising

004

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

FEC Identification Number

C

Amount of Each Disbursement this Period

13251.01

Transaction ID : B7F939DBB6CA54745BBC

☒ Memo Item

Full Name (Last, First, Middle Initial)

B. NGPVAN, Inc. - EveryactionMailing Address 1445 New York Ave NW
Suite 200

Date of Disbursement

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

City
WashingtonState
DCZip Code
20005-2158Purpose of Disbursement
Digital advertising

004

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

FEC Identification Number

C

Amount of Each Disbursement this Period

3990.00

Transaction ID : B6F74509CC9484F07925

☒ Memo Item

Full Name (Last, First, Middle Initial)

C. Google, Inc.

Mailing Address 1600 Amphitheatre Parkway

Date of Disbursement

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

City
Mountain ViewState
CAZip Code
94043-1351Purpose of Disbursement
Digital Advertising

004

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

FEC Identification Number

C

Amount of Each Disbursement this Period

7898.65

Transaction ID : B573103F4458C4F8C848

☒ 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 DISBURSEMENTS**Use separate schedule(s)
for each category of the
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(check only one)

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☐ 20a	☐ 20b	☐ 20c	☐ 21

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NAME OF COMMITTEE (In Full)

Committee to Elect Alan Grayson

Full Name (Last, First, Middle Initial)

A. Comcast

Mailing Address 1701 JFK Boulevard

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	9		2	0	2	2

City
PhiladelphiaState
PAZip Code
19103-2833Purpose of Disbursement
Internet Service

001

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

FEC Identification Number

C

Amount of Each Disbursement this Period

94.00

Transaction ID : B364052CB1FA04933B0A

☒ Memo Item

Full Name (Last, First, Middle Initial)

B. Google, Inc.

Mailing Address 1600 Amphitheatre Parkway

Date of Disbursement

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

City
Mountain ViewState
CAZip Code
94043-1351Purpose of Disbursement
Advertising/micotargeting

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

FEC Identification Number

C

Amount of Each Disbursement this Period

4529.32

Transaction ID : B9CB289F56D834106B0D

☒ Memo Item

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
1	1		0	5		2	0	2	2

City
DallasState
TXZip Code
75265-0448Purpose of Disbursement
Credit card interest

001

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

FEC Identification Number

C

Amount of Each Disbursement this Period

428.66

Transaction ID : B805CAA3C4A774600B6A

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

428.66

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

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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

City
DallasState
TXZip Code
75265-0448Purpose of Disbursement
credit card principle

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
11			05			2022			

FEC Identification Number

C

Amount of Each Disbursement this Period

232.34

Transaction ID : B126C8D9B62054E60AE6

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. American Express Gold 2

Mailing Address PO Box 650448

City
DallasState
TXZip Code
75265-0448Purpose of Disbursement
Credit card principle

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
12			05			2022			

FEC Identification Number

C

Amount of Each Disbursement this Period

244.00

Transaction ID : B513F1CA0B6FC454FB94

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Main Street Communications

Mailing Address 1300 NE 94th St

City
Miami ShoresState
FLZip Code
33138-2902Purpose of Disbursement
Media Purchase

004

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
07			27			2022			

FEC Identification Number

C

Amount of Each Disbursement this Period

38102.18

Transaction ID : B1E15C337CD71446780C

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

476.34

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
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NAME OF COMMITTEE (In Full)

Committee to Elect Alan Grayson

Full Name (Last, First, Middle Initial)

A. Main Street Communications

Mailing Address 1300 NE 94th St

City
Miami ShoresState
FLZip Code
33138-2902Purpose of Disbursement
Media Purchase

004

Candidate Name

Category/
Type

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
0	8		0	5		2	0	2	2

FEC Identification Number

C

Amount of Each Disbursement this Period

20600.00

Transaction ID : B520027C780374130892

☒ Memo Item

Full Name (Last, First, Middle Initial)

B. American Express Schwab Business Platinum

Mailing Address PO Box 650448

City
DallasState
TXZip Code
75265-0448Purpose of Disbursement
Print Media

004

Candidate Name

Category/
Type

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	1		0	9		2	0	2	2

FEC Identification Number

C

Amount of Each Disbursement this Period

5813.25

Transaction ID : BF1F9A265850F4C21B77

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. American Express Schwab Business Platinum

Mailing Address PO Box 650448

City
DallasState
TXZip Code
75265-0448Purpose of Disbursement
Principle

001

Candidate Name

Category/
Type

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		1	0		2	0	2	2

FEC Identification Number

C

Amount of Each Disbursement this Period

71.00

Transaction ID : B2508190DF5754F74B63

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

5884.25

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
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NAME OF COMMITTEE (In Full)

Committee to Elect Alan Grayson

Full Name (Last, First, Middle Initial)

A. Quad Cities River Bandits

Mailing Address 209 S Gaines Street

City
DavenportState
IAZip Code
52802-1403Purpose of Disbursement
Advertising Expense

004

Candidate Name

Category/
Type

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
0	7		2	2		2	0	2	2

FEC Identification Number

C

Amount of Each Disbursement this Period

22506.53

Transaction ID : B5D4BFD39EDEB4BC9809

☒ Memo Item

Full Name (Last, First, Middle Initial)

B. Bank Of America Free Spirit

Mailing Address PO Box 851001

City
DallasState
TXZip Code
75285-1001Purpose of Disbursement
Fees

001

Candidate Name

Category/
Type

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
0	7		2	2		2	0	2	2

FEC Identification Number

C

Amount of Each Disbursement this Period

79.00

Transaction ID : BD7CCFE36778B4A4CB6D

☒ Memo Item

Full Name (Last, First, Middle Initial)

C. Bank Of America Free Spirit

Mailing Address PO Box 851001

City
DallasState
TXZip Code
75285-1001Purpose of Disbursement
CC Interest

Candidate Name

Category/
Type

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	0		1	4		2	0	2	2

FEC Identification Number

C

Amount of Each Disbursement this Period

338.20

Transaction ID : B751D8AC731C94299B67

☒ 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
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☒ 17	☐ 18	☐ 19a	☐ 19b
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NAME OF COMMITTEE (In Full)

Committee to Elect Alan Grayson

Full Name (Last, First, Middle Initial)

A. Quad Cities River Bandits

Mailing Address 209 S Gaines Street

Date of Disbursement

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

City
DavenportState
IAZip Code
52802-1403

FEC Identification Number

C

Purpose of Disbursement
CC Interest

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

220.80

Transaction ID : B831ECB39B8994FEAA60

☒ Memo Item

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2022

☒	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
1	0		1	4		2	0	2	2

City
DallasState
TXZip Code
75285-1001

FEC Identification Number

C

Purpose of Disbursement
Credit card min payment

Candidate Name

001
Category/
Type

Amount of Each Disbursement this Period

559.00

Transaction ID : B27BDFFBE10F84EE28DB

☐ Memo Item

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2022

☒	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
1	0		0	3		2	0	2	2

City
PortlandState
MEZip Code
04101-4177

FEC Identification Number

C

Purpose of Disbursement
Bankcard processing fees

Candidate Name

001
Category/
Type

Amount of Each Disbursement this Period

42.95

Transaction ID : BAF9DCF8A3D244527B6F

☐ Memo Item

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☒	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

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

601.95

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
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☒ 17	☐ 18	☐ 19a	☐ 19b
20a	20b	20c	21

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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 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
1	1		0	2		2	0	2	2

FEC Identification Number

C

Amount of Each Disbursement this Period

42.95

Transaction ID : BD144D4AF90F44421869

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Outfront MediaMailing Address 405 Lexington Ave
Fl 14City
New YorkState
NYZip Code
10174-0002Purpose of Disbursement
Billboards

004

Candidate Name

Category/
Type

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
0	8		0	9		2	0	2	2

FEC Identification Number

C

Amount of Each Disbursement this Period

8000.00

Transaction ID : BB165BD63B2564E5489E

☒ Memo Item

Full Name (Last, First, Middle Initial)

C. Outfront MediaMailing Address 405 Lexington Ave
Fl 14City
New YorkState
NYZip Code
10174-0002Purpose of Disbursement
Billboard Advertising

004

Candidate Name

Category/
Type

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
0	8		0	9		2	0	2	2

FEC Identification Number

C

Amount of Each Disbursement this Period

212.00

Transaction ID : B583BB47D2757452B8C0

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

42.95

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

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

Committee to Elect Alan Grayson

Full Name (Last, First, Middle Initial)

A. Lamar Media Corporation

Mailing Address 16560 Old Perkins Rd

City
Baton RougeState
LAZip Code
70810-3711Purpose of Disbursement
Sub-Vendor

004

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
0	8		0	9		2	0	2	2

FEC Identification Number

C

Amount of Each Disbursement this Period

10500.00

Transaction ID : B940E82B3ECF34D0CB5A

☒ Memo Item

Full Name (Last, First, Middle Initial)

B. BofA Virgin Atlantic

Mailing Address PO Box 660710

City
DallasState
TXZip Code
75266-3240Purpose of Disbursement
Principle repayment

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	1		0	9		2	0	2	2

FEC Identification Number

C

Amount of Each Disbursement this Period

222.99

Transaction ID : BF73D603A4D2A45A1BAD

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. BofA Virgin Atlantic

Mailing Address PO Box 660710

City
DallasState
TXZip Code
75266-3240Purpose of Disbursement
Credit card interest

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	1		0	9		2	0	2	2

FEC Identification Number

C

Amount of Each Disbursement this Period

294.01

Transaction ID : B3A7671F1B60E45C3B74

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

517.00

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

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NAME OF COMMITTEE (In Full)

Committee to Elect Alan Grayson

Full Name (Last, First, Middle Initial)

A. BofA Virgin Atlantic

Mailing Address PO Box 660710

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			08			2022			

City
DallasState
TXZip Code
75266-3240

FEC Identification Number

C

Purpose of Disbursement
Credit card interest

001

Candidate Name

Category/
Type

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2022

☒	Primary	☐	General
☐	Other (specify) ▼		

Amount of Each Disbursement this Period

515.00

Transaction ID : B4BE2DE54FD5546E6A7E

☐ Memo Item

State:

District:

Full Name (Last, First, Middle Initial)

B. British Airways Chase

Mailing Address PO Box 6294

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			08			2022			

City
Carol StreamState
ILZip Code
60197-6294

FEC Identification Number

C

Purpose of Disbursement
CC Interest

Candidate Name

Category/
Type

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2022

☒	Primary	☐	General
☐	Other (specify) ▼		

Amount of Each Disbursement this Period

1096.21

Transaction ID : BA889B21C8BDC4ABF969

☒ Memo Item

State:

District:

Full Name (Last, First, Middle Initial)

C. British Airways Chase

Mailing Address PO Box 6294

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			08			2022			

City
Carol StreamState
ILZip Code
60197-6294

FEC Identification Number

C

Purpose of Disbursement
Principal balance payment

001

Candidate Name

Category/
Type

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2022

☒	Primary	☐	General
☐	Other (specify) ▼		

Amount of Each Disbursement this Period

699.79

Transaction ID : B2B2B71438DC14AD69A9

☒ Memo Item

State:

District:

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

515.00

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:
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20a	20b	20c	21

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NAME OF COMMITTEE (In Full)

Committee to Elect Alan Grayson

Full Name (Last, First, Middle Initial)

A. British Airways Chase

Mailing Address PO Box 6294

Date of Disbursement

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

City
Carol StreamState
ILZip Code
60197-6294

FEC Identification Number

C

Purpose of Disbursement
CC repayment

001

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

1796.00

Transaction ID : BF10397947ABC410D9BD

☐ Memo Item

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2022

☒	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Full Name (Last, First, Middle Initial)

B. British Airways Chase

Mailing Address PO Box 6294

Date of Disbursement

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

City
Carol StreamState
ILZip Code
60197-6294

FEC Identification Number

C

Purpose of Disbursement
Principle repayment

001

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

692.03

Transaction ID : B2F80E2A7CD164792B78

☐ Memo Item

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2022

☒	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Full Name (Last, First, Middle Initial)

C. British Airways Chase

Mailing Address PO Box 6294

Date of Disbursement

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

City
Carol StreamState
ILZip Code
60197-6294

FEC Identification Number

C

Purpose of Disbursement
CC interest

001

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

1096.97

Transaction ID : BB0C6F3FB925C43FD88F

☐ Memo Item

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2022

☒	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

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

3585.00

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)

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20a	20b	20c	21

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NAME OF COMMITTEE (In Full)

Committee to Elect Alan Grayson

Full Name (Last, First, Middle Initial)

A. British Airways Chase

Mailing Address PO Box 6294

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		08		2022

City
Carol StreamState
ILZip Code
60197-6294

FEC Identification Number

C

Purpose of Disbursement
Principle repayment

001

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

685.83

Transaction ID : BDF4F9158621B4BCC85A

☐ Memo Item

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2022

☒	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Full Name (Last, First, Middle Initial)

B. British Airways Chase

Mailing Address PO Box 6294

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		08		2022

City
Carol StreamState
ILZip Code
60197-6294

FEC Identification Number

C

Purpose of Disbursement
CC interest

001

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

1168.17

Transaction ID : BAB2D588F046843F38CC

☐ Memo Item

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2022

☒	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Full Name (Last, First, Middle Initial)

C. Kaplan Strategies, Inc.

Mailing Address 2692 Lounsbury Ct

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		28		2022

City
KissimmeeState
FLZip Code
34746

FEC Identification Number

C

Purpose of Disbursement
Polling

005

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

4500.00

Transaction ID : B2939250F1FCB403FA86

☒ Memo Item

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2022

☒	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

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

1854.00

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)

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

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NAME OF COMMITTEE (In Full)

Committee to Elect Alan Grayson

Full Name (Last, First, Middle Initial)

A. Chase BA Visa

Mailing Address PO Box 1423

Date of Disbursement

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

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

001

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☐ Primary ☒ General
☐ Other (specify) ▼

State:

District:

FEC Identification Number

C

Amount of Each Disbursement this Period

29.00

Transaction ID : B8507980EA90B488696B

☒ Memo Item

Full Name (Last, First, Middle Initial)

B. Chase BA Visa

Mailing Address PO Box 1423

Date of Disbursement

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

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

001

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☐ Primary ☒ General
☐ Other (specify) ▼

State:

District:

FEC Identification Number

C

Amount of Each Disbursement this Period

205.71

Transaction ID : BCBCD20BB45B7428988A

☒ Memo Item

Full Name (Last, First, Middle Initial)

C. Chase BA Visa

Mailing Address PO Box 1423

Date of Disbursement

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

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

001

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☐ Primary ☒ General
☐ Other (specify) ▼

State:

District:

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 DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
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☐ 20a	☐ 20b	☐ 20c	☐ 21

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NAME OF COMMITTEE (In Full)

Committee to Elect Alan Grayson

Full Name (Last, First, Middle Initial)

A. Chase BA Visa

Mailing Address PO Box 1423

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

001

Candidate Name

Category/
Type

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	0		0	1		2	0	2	2

FEC Identification Number

C

Amount of Each Disbursement this Period

276.00

Transaction ID : B9A998A0536A64402BAE

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Chase BA Visa

Mailing Address PO Box 1423

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

001

Candidate Name

Category/
Type

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	0		2	7		2	0	2	2

FEC Identification Number

C

Amount of Each Disbursement this Period

201.56

Transaction ID : BCBC0E8F7D7764D69921

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Chase BA Visa

Mailing Address PO Box 1423

City
CharlotteState
NCZip Code
28201-1423Purpose of Disbursement
Principle payment

001

Candidate Name

Category/
Type

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	0		2	7		2	0	2	2

FEC Identification Number

C

Amount of Each Disbursement this Period

127.44

Transaction ID : B27F1C46307344A91B27

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

605.00

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
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NAME OF COMMITTEE (In Full)

Committee to Elect Alan Grayson

Full Name (Last, First, Middle Initial)

A. Chase BA Visa

Mailing Address PO Box 1423

Date of Disbursement

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

City
CharlotteState
NCZip Code
28201-1423

FEC Identification Number

C

Purpose of Disbursement
credit card interest

001

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

206.19

Transaction ID : B99D41F607AB5451F8D5

☐ Memo Item

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2022

☒	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Full Name (Last, First, Middle Initial)

B. Chase BA Visa

Mailing Address PO Box 1423

Date of Disbursement

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

City
CharlotteState
NCZip Code
28201-1423

FEC Identification Number

C

Purpose of Disbursement
Principle payment

001

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

125.81

Transaction ID : B6C084323FBB54C72927

☐ Memo Item

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2022

☒	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Full Name (Last, First, Middle Initial)

C. Chase BA Visa

Mailing Address PO Box 1423

Date of Disbursement

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

City
CharlotteState
NCZip Code
28201-1423

FEC Identification Number

C

Purpose of Disbursement
Credit card payment

001

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

330.00

Transaction ID : BA1B60B50289740F3AE9

☐ Memo Item

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2022

☐	Primary	☒	General
☐	Other (specify) ▼		

State:

District:

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

662.00

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

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NAME OF COMMITTEE (In Full)

Committee to Elect Alan Grayson

Full Name (Last, First, Middle Initial)

A. Chase Card Services

Mailing Address PO Box 94014

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			27			2022			

City
PalatineState
ILZip Code
60094-4014

FEC Identification Number

C

Purpose of Disbursement
Principle repayment

001

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

1041.36

Transaction ID : BFB196110FB8D4324A41

☐ Memo Item

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2022

☒	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Full Name (Last, First, Middle Initial)

B. Chase Card Services

Mailing Address PO Box 94014

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			27			2022			

City
PalatineState
ILZip Code
60094-4014

FEC Identification Number

C

Purpose of Disbursement
Credit Card interest

001

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

1612.64

Transaction ID : B77C2DF01CC454CDC901

☐ Memo Item

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2022

☒	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Full Name (Last, First, Middle Initial)

C. Chase United

Mailing Address PO Box 6294

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			27			2022			

City
Carol StreamState
ILZip Code
60197-6294

FEC Identification Number

C

Purpose of Disbursement
Bank interest

001

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

2715.00

Transaction ID : B3C64096B40C54EE4A42

☐ Memo Item

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2022

☒	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

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

5369.00

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
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20a	20b	20c	21

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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

City
Sioux FallsState
SDZip Code
57117-6062Purpose of Disbursement
Credit card interest

001

Candidate Name

Category/
Type

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		0	8		2	0	2	2

FEC Identification Number

C

Amount of Each Disbursement this Period

583.96

Transaction ID : BDE96E828853649B88E1

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Citi Bank Double Cash

Mailing Address PO Box 6062

City
Sioux FallsState
SDZip Code
57117-6062Purpose of Disbursement
Principle repayment

001

Candidate Name

Category/
Type

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		0	8		2	0	2	2

FEC Identification Number

C

Amount of Each Disbursement this Period

952.02

Transaction ID : B59A3E98882ED4FE5B50

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Citi Prestige

Mailing Address PO Box 6004

City
Sioux FallsState
SDZip Code
57117-6004Purpose of Disbursement
Credit Card Interest

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
1	0		2	2		2	0	2	2

FEC Identification Number

C

Amount of Each Disbursement this Period

501.20

Transaction ID : B4FCCBB68E45C4CADAEA

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

2037.18

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

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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
10			22			2022			

City
Sioux FallsState
SDZip Code
57117-6004

FEC Identification Number

C

Purpose of Disbursement
Credit Card Fees

001

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

495.00

Transaction ID : BF70252B775AF496388B

☐ Memo Item

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☒	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Full Name (Last, First, Middle Initial)

B. Quad Cities River Bandits

Mailing Address 209 S Gaines Street

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
07			18			2022			

City
DavenportState
IAZip Code
52802-1403

FEC Identification Number

C

Purpose of Disbursement
Digital Advertising

004

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

356.00

Transaction ID : BD4E8EAE608174D18B71

☒ Memo Item

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2022

☒	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Full Name (Last, First, Middle Initial)

C. Quad Cities River Bandits

Mailing Address 209 S Gaines Street

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
07			20			2022			

City
DavenportState
IAZip Code
52802-1403

FEC Identification Number

C

Purpose of Disbursement
Advertising Expense

004

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

35552.01

Transaction ID : B690707B146AC42F7BCC

☒ Memo Item

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2022

☒	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

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

495.00

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

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NAME OF COMMITTEE (In Full)

Committee to Elect Alan Grayson

Full Name (Last, First, Middle Initial)

A. Quad Cities River Bandits

Mailing Address 209 S Gaines Street

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		20		2022

City
DavenportState
IAZip Code
52802-1403

FEC Identification Number

C

Purpose of Disbursement
Digital Advertising

004

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

354.55

Transaction ID : B4C92DC71E40A4699907

☒ Memo Item

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2022

☒	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Full Name (Last, First, Middle Initial)

B. Coastal Community X1 CardMailing Address Credit Card Division
PO Box 12220

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		11		2022

City
EverettState
WAZip Code
98206-2220

FEC Identification Number

C

Purpose of Disbursement
CC interest expense

001

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

451.12

Transaction ID : B42919DBEC41144D4BA5

☐ Memo Item

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2022

☒	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Full Name (Last, First, Middle Initial)

C. Coastal Community X1 CardMailing Address Credit Card Division
PO Box 12220

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		11		2022

City
EverettState
WAZip Code
98206-2220

FEC Identification Number

C

Purpose of Disbursement
Principal pmt - outdoor ads

004

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

352.88

Transaction ID : BFA881599DB3A479FB6F

☐ Memo Item

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2022

☒	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

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

804.00

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)

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

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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
Principle repayment - outdoor advertising

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
11		11		2022

FEC Identification Number

C

Amount of Each Disbursement this Period

348.12

Transaction ID : B9E586D941A504A2DACD

☐ 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
Credit Card Interest

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
11		11		2022

FEC Identification Number

C

Amount of Each Disbursement this Period

439.88

Transaction ID : B49038203846E436AB2D

☐ 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
Credit Card Interest

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
12		11		2022

FEC Identification Number

C

Amount of Each Disbursement this Period

816.00

Transaction ID : BF953D937D2EE4189AA7

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

1604.00

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)

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☒ 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
10			27			2022			

City
Carol StreamState
ILZip Code
60197-6103Purpose of Disbursement
Credit card interest

001

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

FEC Identification Number

C

Amount of Each Disbursement this Period

181.36

Transaction ID : BF1EE2F5B71FD4C708A4

☐ Memo Item

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
10			27			2022			

City
Carol StreamState
ILZip Code
60197-6103Purpose of Disbursement
Principle repayment

001

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

FEC Identification Number

C

Amount of Each Disbursement this Period

117.64

Transaction ID : B3BE4ADA320664EF4854

☐ Memo Item

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
11			28			2022			

City
Carol StreamState
ILZip Code
60197-6103Purpose of Disbursement
Principle repayment

001

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

FEC Identification Number

C

Amount of Each Disbursement this Period

110.37

Transaction ID : B4A188E44F5EB41CEA65

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

409.37

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
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(check only one)

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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
1	1		2	8		2	0	2	2

City
Carol StreamState
ILZip Code
60197-6103

FEC Identification Number

C

Purpose of Disbursement
CC interest

001

Candidate Name

Category/
Type

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2022

☒	Primary	☐ General
☐	Other (specify) ▼	

Amount of Each Disbursement this Period

194.63

Transaction ID : B22874A0DFCF849B7A44

☐ Memo Item

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
1	2		2	8		2	0	2	2

City
Carol StreamState
ILZip Code
60197-6103

FEC Identification Number

C

Purpose of Disbursement
Credit card interest

001

Candidate Name

Category/
Type

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2022

☐	Primary	☒ General
☐	Other (specify) ▼	

Amount of Each Disbursement this Period

197.37

Transaction ID : B84BA6D4C5E7C4EF385B

☐ Memo Item

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
1	2		2	8		2	0	2	2

City
Carol StreamState
ILZip Code
60197-6103

FEC Identification Number

C

Purpose of Disbursement
Credit card payment

001

Candidate Name

Category/
Type

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2022

☐	Primary	☒ General
☐	Other (specify) ▼	

Amount of Each Disbursement this Period

105.64

Transaction ID : B32131F93D7AE4C70A09

☐ Memo Item

State:

District:

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

497.64

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
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☒ 17	☐ 18	☐ 19a	☐ 19b
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NAME OF COMMITTEE (In Full)

Committee to Elect Alan Grayson

Full Name (Last, First, Middle Initial)

A. USAlliance Visa

Mailing Address PO Box 4517

City
Carol StreamState
ILZip Code
60197-4517Purpose of Disbursement
Principle - outdoor advertising

004

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
10			14			2022			

FEC Identification Number

C

Amount of Each Disbursement this Period

194.62

Transaction ID : BAE45B3FFB7AE4B1291A

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. USAlliance Visa

Mailing Address PO Box 4517

City
Carol StreamState
ILZip Code
60197-4517Purpose of Disbursement
CC Interest expense

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
10			14			2022			

FEC Identification Number

C

Amount of Each Disbursement this Period

315.38

Transaction ID : B2061A3F2C5D14BE08B5

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. USAlliance Visa

Mailing Address PO Box 4517

City
Carol StreamState
ILZip Code
60197-4517Purpose of Disbursement
Principal Pmt

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
12			13			2022			

FEC Identification Number

C

Amount of Each Disbursement this Period

166.25

Transaction ID : B317584679731449E899

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

676.25

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)

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☒ 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

City
Carol StreamState
ILZip Code
60197-4517Purpose of Disbursement
CC Interest

001

Candidate Name

Category/
Type

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
12		13		2022

FEC Identification Number

C

Amount of Each Disbursement this Period

342.00

Transaction ID : BCCCC81E7DF174C4886E

☐ Memo Item

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y

FEC Identification Number

C

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

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y

FEC Identification Number

C

Amount of Each Disbursement this Period

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

342.00

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

64836.30

SCHEDULE C (FEC Form 3)
LOANS

PAGE 103 OF 213

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

Election: 2022

☒ Primary☐ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

870 N Miramar Ave
Box 242

City

Indialantic

State

FL

ZIP Code

32903-3054

☒ 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 M / D D / Y Y Y Y
10 / 27 / 2022M M / D D / Y Y Y Y
NoneM M / D D / Y Y Y Y
NoneM M / D D / Y Y Y Y
None

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)
LOANS

PAGE 104 OF 213

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 : CA9E8A74C30A546FF835

Committee to Elect Alan Grayson

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

Election: 2022

☒ Primary☐ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

870 N Miramar Ave
Box 242

City

Indialantic

State

FL

ZIP Code

32903-3054

☒ 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 M / D D / Y Y Y Y
11 / 27 / 2022

M M / D D / Y Y Y Y

None

Y Y Y 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).....▶

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 213

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 : CE2633519C8EC4FC29E2

Committee to Elect Alan Grayson

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

Election: 2014

☐ Primary☒ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

870 N Miramar Ave
Box 242

City

Indialantic

State

FL

ZIP Code

32903-3054

☒ 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 M / D D / Y Y Y Y
09 26 / 2014

M M / D D / Y Y Y Y

None

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)
LOANS

PAGE 106 OF 213

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 : CB9A1B81C3A1A452D858

Committee to Elect Alan Grayson

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

Election: 2022

☒ Primary☐ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

870 N Miramar Ave
Box 242

City

Indialantic

State

FL

ZIP Code

32903-3054

☒ 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 M / D D / Y Y Y Y
10 / 27 / 2022

M M / D D / Y Y Y Y

None

Y Y Y 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)
LOANS

PAGE 107 OF 213

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 : C94B280A7778C42F094B

Committee to Elect Alan Grayson

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

Election: 2022

☒ Primary☐ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

870 N Miramar Ave
Box 242

City

Indialantic

State

FL

ZIP Code

32903-3054

☒ 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 M / D D / Y Y Y Y
12 03 / 2022

M M / D D / Y Y Y Y

None

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)
LOANS

PAGE 108 OF 213

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 : CBB2D1E04D4C049B8BA2

Committee to Elect Alan Grayson

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

Election: 2010

☒ Primary☐ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

870 N Miramar Ave
Box 242

City

Indialantic

State

FL

ZIP Code

32903-3054

☒ 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 M / D D / Y Y Y Y
11 17 / 2008

M M / D D / Y Y Y Y

None

Y Y Y 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 109 OF 213

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 : C413B086AB6AD4EA3B22

Committee to Elect Alan Grayson

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

Election: 2022

☒ Primary☐ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

870 N Miramar Ave
Box 242

City

Indialantic

State

FL

ZIP Code

32903-3054

☒ 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 M / D D / Y Y Y Y
09 02 / 2022M M / D D / Y Y Y Y
NoneY Y Y Y
None

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)
LOANS

PAGE 110 OF 213

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 : CFB7B251FEC4449A5895

Committee to Elect Alan Grayson

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

Election: 2010

☐ Primary☒ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

870 N Miramar Ave
Box 242

City

Indialantic

State

FL

ZIP Code

32903-3054

☒ 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 M / D D / Y Y Y Y
10 19 / 2010

M M / D D / Y Y Y Y

None

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 111 OF 213

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

Election: 2022

☒ Primary☐ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

870 N Miramar Ave
Box 242

City

Indialantic

State

FL

ZIP Code

32903-3054

☒ 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 M / D D / Y Y Y Y
06 / 25 / 2021M M / D D / Y Y Y Y
NoneM M / D D / Y Y Y Y
NoneY Y Y Y
None

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)
LOANS

PAGE 112 OF 213

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 : CD230EDB9C8CB40EB833

Committee to Elect Alan Grayson

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

Election: 2022

☒ Primary☐ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

870 N Miramar Ave
Box 242

City

Indialantic

State

FL

ZIP Code

32903-3054

☒ Personal Funds of the Candidate

Original Amount of Loan

305.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

305.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
11 / 28 / 2022M M / D D / Y Y Y Y
NoneY Y Y Y
None

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)
LOANS

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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 : CBB75DBFF89AB4A7AA64

Committee to Elect Alan Grayson

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

Election: 2020

☒ Primary☐ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

870 N Miramar Ave
Box 242

City

Indialantic

State

FL

ZIP Code

32903-3054

☒ 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 M / D D / Y Y Y Y
10 15 / 2019

M M / D D / Y Y Y Y

None

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)
LOANS

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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

Election: 2022

☒ Primary☐ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

870 N Miramar Ave
Box 242

City

Indialantic

State

FL

ZIP Code

32903-3054

☒ 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 M / D D / Y Y Y Y
12 11 / 2022

M M / D D / Y Y Y Y

None

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)
LOANS

PAGE 115 OF 213

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 : C851B413DBE174AFFA35

Committee to Elect Alan Grayson

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

Election: 2006

☒ Primary☐ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

870 N Miramar Ave
Box 242

City

Indialantic

State

FL

ZIP Code

32903-3054

☒ 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 M / D D / Y Y Y Y
09 07 2006

M M / D D / Y Y Y Y

None

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

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

NAME OF COMMITTEE (In Full)

Transaction ID : C0C772C00B032471E8D1

Committee to Elect Alan Grayson

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

Election: 2022

☒ Primary☐ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

870 N Miramar Ave
Box 242

City

Indialantic

State

FL

ZIP Code

32903-3054

☒ 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 M / D D / Y Y Y Y
11 23 / 2022

M M / D D / Y Y Y Y

None

Y Y Y 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

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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

Election: 2022

☒ Primary☐ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

870 N Miramar Ave
Box 242

City

Indialantic

State

FL

ZIP Code

32903-3054

☒ 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 M / D D / Y Y Y Y
12 10 / 2022M M / D D / Y Y Y Y
NoneM M / D D / Y Y Y Y
NoneM M / D D / Y Y Y Y
None

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)
LOANS

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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

Election: 2020

☒ Primary☐ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

870 N Miramar Ave
Box 242

City

Indialantic

State

FL

ZIP Code

32903-3054

☒ 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 M / D D / Y Y Y Y
10 02 / 2019

M M / D D / Y Y Y Y

None

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

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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

Election: 2008

☒ Primary☐ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

870 N Miramar Ave
Box 242

City

Indialantic

State

FL

ZIP Code

32903-3054

☒ 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 M / D D / Y Y Y Y
05 09 / 2008

M M / D D / Y Y Y Y

None

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

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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

Election: 2010

☒ Primary☐ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

870 N Miramar Ave
Box 242

City

Indialantic

State

FL

ZIP Code

32903-3054

☒ 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 M / D D / Y Y Y Y
12 01 / 2008

M M / D D / Y Y Y Y

None

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 121 OF 213

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

Election: 2006

☒ Primary☐ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

870 N Miramar Ave
Box 242

City

Indialantic

State

FL

ZIP Code

32903-3054

☒ 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 M / D D / Y Y Y Y
09 20 2006

M M / D D / Y Y Y Y

None

Y Y Y 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

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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

Election: 2022

☒ Primary☐ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

870 N Miramar Ave
Box 242

City

Indialantic

State

FL

ZIP Code

32903-3054

☒ Personal Funds of the Candidate

Original Amount of Loan

1796.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

1796.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
10 08 / 2022

M M / D D / Y Y Y Y

None

Y Y Y 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).....▶

1796.00

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 123 OF 213

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

☐ Primary☒ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

870 N Miramar Ave
Box 242

City

Indialantic

State

FL

ZIP Code

32903-3054

☒ Personal Funds of the Candidate

Original Amount of Loan

74193.28

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

74193.28

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
10 14 / 2014

M M / D D / Y Y Y Y

None

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 124 OF 213

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 : C9E7EB957C9D74D80A6D

Committee to Elect Alan Grayson

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

Election: 2016

☒ Primary☐ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

870 N Miramar Ave
Box 242

City

Indialantic

State

FL

ZIP Code

32903-3054

☒ 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 M / D D / Y Y Y Y
07 10 / 2015

M M / D D / Y Y Y Y

None

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 125 OF 213

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 : CA63A16085F7D4B8AB6D

Committee to Elect Alan Grayson

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

Election: 2006

☒ Primary☐ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

870 N Miramar Ave
Box 242

City

Indialantic

State

FL

ZIP Code

32903-3054

☒ 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 M / D D / Y Y Y Y
08 / 27 / 2006

M M / D D / Y Y Y Y

None

Y Y Y 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 126 OF 213

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

Election: 2008

☐ Primary☒ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

870 N Miramar Ave
Box 242

City

Indialantic

State

FL

ZIP Code

32903-3054

☒ 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 M / D D / Y Y Y Y
08 / 27 / 2008

M M / D D / Y Y Y Y

None

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 127 OF 213

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

☒ Primary☐ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

870 N Miramar Ave
Box 242

City

Indialantic

State

FL

ZIP Code

32903-3054

☒ Personal Funds of the Candidate

Original Amount of Loan

1854.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

1854.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
12 / 08 / 2022M M / D D / Y Y Y Y
NoneM M / D D / Y Y Y Y
None

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).....▶

1854.00

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 128 OF 213

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 : C917EEE1423DF426582C

Committee to Elect Alan Grayson

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

Election: 2006

☒ Primary☐ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

870 N Miramar Ave
Box 242

City

Indialantic

State

FL

ZIP Code

32903-3054

☒ 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 M / D D / Y Y Y Y
09 28 / 2006

M M / D D / Y Y Y Y

None

Y Y Y 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)
LOANS

PAGE 129 OF 213

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 : CF55030E886354D1983A

Committee to Elect Alan Grayson

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

Election: 2022

☒ Primary☐ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

870 N Miramar Ave
Box 242

City

Indialantic

State

FL

ZIP Code

32903-3054

☒ 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 M / D D / Y Y Y Y
09 23 / 2022M M / D D / Y Y Y Y
NoneM M / D D / Y Y Y Y
NoneM M / D D / Y Y Y Y
None

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 130 OF 213

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

Election: 2008

☒ Primary☐ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

870 N Miramar Ave
Box 242

City

Indialantic

State

FL

ZIP Code

32903-3054

☒ 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 M / D D / Y Y Y Y
05 16 / 2008

M M / D D / Y Y Y Y

None

Y Y Y 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 131 OF 213

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 : C97DEAF8AB1E547A5860

Committee to Elect Alan Grayson

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

Election: 2014

☒ Primary☐ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

870 N Miramar Ave
Box 242

City

Indialantic

State

FL

ZIP Code

32903-3054

☒ 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 M / D D / Y Y Y Y
11 / 08 / 2012

M M / D D / Y Y Y Y

None

Y Y Y 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 132 OF 213

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 : CBB356A566D6B44E38F3

Committee to Elect Alan Grayson

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

Election: 2008

☐ Primary☒ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

870 N Miramar Ave
Box 242

City

Indialantic

State

FL

ZIP Code

32903-3054

☒ 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 M / D D / Y Y Y Y
09 11 / 2008

M M / D D / Y Y Y Y

None

Y Y Y 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 213

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

Election: 2016

☒ Primary☐ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

870 N Miramar Ave
Box 242

City

Indialantic

State

FL

ZIP Code

32903-3054

☒ 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 M / D D / Y Y Y Y
09 01 / 2016

M M / D D / Y Y Y Y

None

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)
LOANS

PAGE 134 OF 213

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 : C44D43933008647099D2

Committee to Elect Alan Grayson

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

Election: 2022

☒ Primary☐ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

870 N Miramar Ave
Box 242

City

Indialantic

State

FL

ZIP Code

32903-3054

☒ 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 M / D D / Y Y Y Y
12 / 05 / 2022

M M / D D / Y Y Y Y

D D / Y Y Y Y

None

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)
LOANS

PAGE 135 OF 213

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 : CC986090CEAAA448AB8B

Committee to Elect Alan Grayson

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

Election: 2022

☐ Primary☒ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

870 N Miramar Ave
Box 242

City

Indialantic

State

FL

ZIP Code

32903-3054

☒ 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 M / D D / Y Y Y Y
12 13 / 2022

M M / D D / Y Y Y Y

None

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 136 OF 213

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

☒ Primary☐ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

870 N Miramar Ave
Box 242

City

Indialantic

State

FL

ZIP Code

32903-3054

☒ 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 M / D D / Y Y Y Y
09 11 / 2022

M M / D D / Y Y Y Y

None

Y Y Y 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 137 OF 213

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

Election: 2010

☐ Primary☒ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

870 N Miramar Ave
Box 242

City

Indialantic

State

FL

ZIP Code

32903-3054

☒ 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 M / D D / Y Y Y Y
11 / 02 / 2010

M M / D D / Y Y Y Y

None

Y Y Y 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 138 OF 213

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

Election: 2016

☒ Primary☐ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

870 N Miramar Ave
Box 242

City

Indialantic

State

FL

ZIP Code

32903-3054

☒ 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 M / D D / Y Y Y Y
11 / 05 / 2014

M M / D D / Y Y Y Y

D D / Y Y Y Y

None

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

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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

Election: 2018

☒ Primary☐ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

870 N Miramar Ave
Box 242

City

Indialantic

State

FL

ZIP Code

32903-3054

☒ 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 M / D D / Y Y Y Y
09 08 2018

M M / D D / Y Y Y Y

None

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

PAGE 140 OF 213

FOR 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

Election: 2022

☒ Primary☐ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

870 N Miramar Ave
Box 242

City

Indialantic

State

FL

ZIP Code

32903-3054

☒ 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 M / D D / Y Y Y Y
11 / 28 / 2022M M / D D / Y Y Y Y
NoneM M / D D / Y Y Y Y
NoneM M / D D / Y Y Y Y
None

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

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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

☒ Primary☐ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

870 N Miramar Ave
Box 242

City

Indialantic

State

FL

ZIP Code

32903-3054

☒ Personal Funds of the Candidate

Original Amount of Loan

559.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

559.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
10 14 / 2022

M M / D D / Y Y Y Y

None

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

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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

Election: 2022

☒ Primary☐ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

870 N Miramar Ave
Box 242

City

Indialantic

State

FL

ZIP Code

32903-3054

☒ 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 M / D D / Y Y Y Y
12 11 / 2022

M M / D D / Y Y Y Y

None

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

PAGE 143 OF 213

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

NAME OF COMMITTEE (In Full)

Transaction ID : C0FB43489C4104413820

Committee to Elect Alan Grayson

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

Election: 2022

☒ Primary☐ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

870 N Miramar Ave
Box 242

City

Indialantic

State

FL

ZIP Code

32903-3054

☒ Personal Funds of the Candidate

Original Amount of Loan

299.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

299.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
10 / 27 / 2022M M / D D / Y Y Y Y
NoneM M / D D / Y Y Y Y
NoneY Y Y Y
None

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).....▶

299.00

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 144 OF 213

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

☒ Primary☐ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

870 N Miramar Ave
Box 242

City

Indialantic

State

FL

ZIP Code

32903-3054

☒ 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 M / D D / Y Y Y Y
11 / 26 / 2008

M M / D D / Y Y Y Y

None

Y Y Y 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

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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 : C3D707683356849F6A83

Committee to Elect Alan Grayson

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

Election: 2022

☒ Primary☐ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

870 N Miramar Ave
Box 242

City

Indialantic

State

FL

ZIP Code

32903-3054

☒ 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 M / D D / Y Y Y Y
11 / 09 / 2022

M M / D D / Y Y Y Y

None

Y Y Y 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).....▶

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)
LOANS

PAGE 146 OF 213

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

Election: 2016

☒ Primary☐ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

870 N Miramar Ave
Box 242

City

Indialantic

State

FL

ZIP Code

32903-3054

☒ 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 M / D D / Y Y Y Y
06 / 26 / 2015M M / D D / Y Y Y Y
NoneY Y Y Y
None

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 147 OF 213

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 : C4AF4CAA35CE74AEDB09

Committee to Elect Alan Grayson

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

Election: 2022

☒ Primary☐ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

870 N Miramar Ave
Box 242

City

Indialantic

State

FL

ZIP Code

32903-3054

☒ 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 M / D D / Y Y Y Y
11 / 09 / 2022

M M / D D / Y Y Y Y

D D / Y Y Y Y

None

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)
LOANS

PAGE 148 OF 213

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

Election: 2022

☒ Primary☐ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

870 N Miramar Ave
Box 242

City

Indialantic

State

FL

ZIP Code

32903-3054

☒ 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 M / D D / Y Y Y Y
11 / 03 / 2022

M M / D D / Y Y Y Y

D D / Y Y Y Y

None

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)
LOANS

PAGE 149 OF 213

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 : CFDA920512C944098815

Committee to Elect Alan Grayson

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

Election: 2022

☒ Primary☐ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

870 N Miramar Ave
Box 242

City

Indialantic

State

FL

ZIP Code

32903-3054

☒ 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 M / D D / Y Y Y Y
11 / 05 / 2022

M M / D D / Y Y Y Y

D D / Y Y Y Y

None

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)
LOANS

PAGE 150 OF 213

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 : CC28FDF7AA5594CB3968

Committee to Elect Alan Grayson

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

Election: 2022

☒ Primary☐ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

870 N Miramar Ave
Box 242

City

Indialantic

State

FL

ZIP Code

32903-3054

☒ Personal Funds of the Candidate

Original Amount of Loan

58702.18

Cumulative Payment To Date

5813.25

Balance Outstanding at Close of This Period

52888.93

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
09 08 / 2022

M M / D D / Y Y Y Y

None

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).....▶

52888.93

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 213

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

Election: 2022

☒ Primary☐ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

870 N Miramar Ave
Box 242

City

Indialantic

State

FL

ZIP Code

32903-3054

☒ 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 M / D D / Y Y Y Y
11 / 08 / 2022

M M / D D / Y Y Y Y

None

Y Y Y 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

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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

☒ Primary☐ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

870 N Miramar Ave
Box 242

City

Indialantic

State

FL

ZIP Code

32903-3054

☒ 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 M / D D / Y Y Y Y
12 12 / 2007M M / D D / Y Y Y Y
NoneY Y Y Y
None

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)
LOANS

PAGE 153 OF 213

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 : C2B9171494D8B4148837

Committee to Elect Alan Grayson

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

Election: 2012

☒ Primary☐ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

870 N Miramar Ave
Box 242

City

Indialantic

State

FL

ZIP Code

32903-3054

☒ 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 M / D D / Y Y Y Y
11 / 03 / 2010

M M / D D / Y Y Y Y

D D / Y Y Y Y

None

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 154 OF 213

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

☒ Primary☐ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

870 N Miramar Ave
Box 242

City

Indialantic

State

FL

ZIP Code

32903-3054

☒ 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 M / D D / Y Y Y Y
11 17 / 2015

M M / D D / Y Y Y Y

None

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)
LOANS

PAGE 155 OF 213

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 : C37589BB322F74C8689A

Committee to Elect Alan Grayson

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

Election: 2022

☐ Primary☒ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

870 N Miramar Ave
Box 242

City

Indialantic

State

FL

ZIP Code

32903-3054

☒ 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 M / D D / Y Y Y Y
12 28 / 2022M M / D D / Y Y Y Y
NoneY Y Y Y
None

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 156 OF 213

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 : CBD91D7C19B8E4F74823

Committee to Elect Alan Grayson

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

Election: 2022

☒ Primary☐ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

870 N Miramar Ave
Box 242

City

Indialantic

State

FL

ZIP Code

32903-3054

☒ Personal Funds of the Candidate

Original Amount of Loan

804.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

804.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
10 11 / 2022M M / D D / Y Y Y Y
NoneM M / D D / Y Y Y Y
NoneM M / D D / Y Y Y Y
None

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).....▶

804.00

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

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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 : C94DF857BC0C14A4DA3C

Committee to Elect Alan Grayson

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

Election: 2022

☒ Primary☐ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

870 N Miramar Ave
Box 242

City

Indialantic

State

FL

ZIP Code

32903-3054

☒ Personal Funds of the Candidate

Original Amount of Loan

955.03

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

955.03

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
09 23 / 2022

M M / D D / Y Y Y Y

None

Y Y Y 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).....▶

955.03

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

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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

Election: 2006

☒ Primary☐ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

870 N Miramar Ave
Box 242

City

Indialantic

State

FL

ZIP Code

32903-3054

☒ 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 M / D D / Y Y Y Y
08 09 / 2006

M M / D D / Y Y Y Y

None

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

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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

Election: 2022

☒ Primary☐ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

870 N Miramar Ave
Box 242

City

Indialantic

State

FL

ZIP Code

32903-3054

☒ 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 M / D D / Y Y Y Y
09 15 2022

M M / D D / Y Y Y Y

None

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 160 OF 213

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

☒ Primary☐ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

870 N Miramar Ave
Box 242

City

Indialantic

State

FL

ZIP Code

32903-3054

☒ 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 M / D D / Y Y Y Y
12 10 / 2008

M M / D D / Y Y Y Y

None

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)
LOANS

PAGE 161 OF 213

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 : C6D256DB27D89434DA11

Committee to Elect Alan Grayson

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

Election: 2008

☒ Primary☐ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

870 N Miramar Ave
Box 242

City

Indialantic

State

FL

ZIP Code

32903-3054

☒ 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 M / D D / Y Y Y Y
02 28 / 2008

M M / D D / Y Y Y Y

None

Y Y Y 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 162 OF 213

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

Election: 2006

☒ Primary☐ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

870 N Miramar Ave
Box 242

City

Indialantic

State

FL

ZIP Code

32903-3054

☒ 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 M / D D / Y Y Y Y
08 16 / 2006

M M / D D / Y Y Y Y

None

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 163 OF 213

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 : C541BBEA839854BC488B

Committee to Elect Alan Grayson

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

Election: 2022

☒ Primary☐ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

870 N Miramar Ave
Box 242

City

Indialantic

State

FL

ZIP Code

32903-3054

☒ Personal Funds of the Candidate

Original Amount of Loan

171.07

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

171.07

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
11 / 02 / 2022

M M / D D / Y Y Y Y

D D / Y Y Y Y

None

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 164 OF 213

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

☒ Primary☐ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

870 N Miramar Ave
Box 242

City

Indialantic

State

FL

ZIP Code

32903-3054

☒ Personal Funds of the Candidate

Original Amount of Loan

119.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

119.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
12 / 02 / 2019M M / D D / Y Y Y Y
NoneM M / D D / Y Y Y Y
None

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

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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

Election: 2018

☒ Primary☐ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

870 N Miramar Ave
Box 242

City

Indialantic

State

FL

ZIP Code

32903-3054

☒ 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 M / D D / Y Y Y Y
07 17 / 2018

M M / D D / Y Y Y Y

None

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

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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

Election: 2008

☒ Primary☐ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

870 N Miramar Ave
Box 242

City

Indialantic

State

FL

ZIP Code

32903-3054

☒ 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 M / D D / Y Y Y Y
04 17 / 2008

M M / D D / Y Y Y Y

None

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

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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

Election: 2016

☒ Primary☐ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

870 N Miramar Ave
Box 242

City

Indialantic

State

FL

ZIP Code

32903-3054

☒ 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 M / D D / Y Y Y Y
11 12 / 2014

M M / D D / Y Y Y Y

None

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

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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 : CEA5991F231C74039B6A

Committee to Elect Alan Grayson

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

Election: 2008

☐ Primary☒ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

870 N Miramar Ave
Box 242

City

Indialantic

State

FL

ZIP Code

32903-3054

☒ 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 M / D D / Y Y Y Y
09 12 / 2008

M M / D D / Y Y Y Y

None

Y Y Y 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

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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

Election: 2014

☒ Primary☐ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

870 N Miramar Ave
Box 242

City

Indialantic

State

FL

ZIP Code

32903-3054

☒ 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 M / D D / Y Y Y Y
12 / 07 / 2012

M M / D D / Y Y Y Y

None

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

PAGE 170 OF 213

FOR 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

Election: 2020

☒ Primary☐ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

870 N Miramar Ave
Box 242

City

Indialantic

State

FL

ZIP Code

32903-3054

☒ 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 M / D D / Y Y Y Y
11 / 04 / 2019

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

None

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

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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

☒ Primary☐ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

870 N Miramar Ave
Box 242

City

Indialantic

State

FL

ZIP Code

32903-3054

☒ 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 M / D D / Y Y Y Y
08 14 / 2018

M M / D D / Y Y Y Y

None

Y Y Y 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 172 OF 213

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 : C23F888F25D66402F82A

Committee to Elect Alan Grayson

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

Election: 2022

☒ Primary☐ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

870 N Miramar Ave
Box 242

City

Indialantic

State

FL

ZIP Code

32903-3054

☒ 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 M / D D / Y Y Y Y
08 / 26 / 2022M M / D D / Y Y Y Y
NoneY Y Y Y
None

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 173 OF 213

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

☒ Primary☐ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

870 N Miramar Ave
Box 242

City

Indialantic

State

FL

ZIP Code

32903-3054

☒ 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 M / D D / Y Y Y Y
02 12 / 2008

M M / D D / Y Y Y Y

None

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 174 OF 213

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

☐ Primary☒ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

870 N Miramar Ave
Box 242

City

Indialantic

State

FL

ZIP Code

32903-3054

☒ 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 M / D D / Y Y Y Y
10 13 / 2010

M M / D D / Y Y Y Y

None

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

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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

Election: 2012

☒ Primary☐ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

870 N Miramar Ave
Box 242

City

Indialantic

State

FL

ZIP Code

32903-3054

☒ 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 M / D D / Y Y Y Y
12 12 / 2010

M M / D D / Y Y Y Y

None

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 176 OF 213

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

☒ Primary☐ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

870 N Miramar Ave
Box 242

City

Indialantic

State

FL

ZIP Code

32903-3054

☒ Personal Funds of the Candidate

Original Amount of Loan

25246.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

25246.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
09 02 / 2022M M / D D / Y Y Y Y
NoneM M / D D / Y Y Y Y
NoneM M / D D / Y Y Y Y
None

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

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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

Election: 2008

☒ Primary☐ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

870 N Miramar Ave
Box 242

City

Indialantic

State

FL

ZIP Code

32903-3054

☒ 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 M / D D / Y Y Y Y
05 21 / 2008

M M / D D / Y Y Y Y

None

Y Y Y 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 178 OF 213

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 : C07DDFC3AC0FC423780C

Committee to Elect Alan Grayson

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

Election: 2010

☒ Primary☐ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

870 N Miramar Ave
Box 242

City

Indialantic

State

FL

ZIP Code

32903-3054

☒ 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 M / D D / Y Y Y Y
11 / 05 / 2008

M M / D D / Y Y Y Y

None

Y Y Y 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 179 OF 213

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

Election: 2012

☐ Primary☒ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

870 N Miramar Ave
Box 242

City

Indialantic

State

FL

ZIP Code

32903-3054

☒ 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 M / D D / Y Y Y Y
09 / 27 / 2012M M / D D / Y Y Y Y
NoneY Y Y Y
None

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 180 OF 213

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

Election: 2016

☒ Primary☐ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

870 N Miramar Ave
Box 242

City

Indialantic

State

FL

ZIP Code

32903-3054

☒ 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 M / D D / Y Y Y Y
11 / 07 / 2014

M M / D D / Y Y Y Y

None

Y Y Y 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

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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

Election: 2022

☒ Primary☐ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

870 N Miramar Ave
Box 242

City

Indialantic

State

FL

ZIP Code

32903-3054

☒ 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 M / D D / Y Y Y Y
12 / 08 / 2022M M / D D / Y Y Y Y
NoneY Y Y Y
None

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

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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 : CD58DE85CC31B4334875

Committee to Elect Alan Grayson

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

Election: 2008

☒ Primary☐ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

870 N Miramar Ave
Box 242

City

Indialantic

State

FL

ZIP Code

32903-3054

☒ 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 M / D D / Y Y Y Y
05 05 / 2008

M M / D D / Y Y Y Y

None

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 183 OF 213

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

Election: 2022

☒ Primary☐ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

870 N Miramar Ave
Box 242

City

Indialantic

State

FL

ZIP Code

32903-3054

☒ 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 M / D D / Y Y Y Y
10 14 / 2022

M M / D D / Y Y Y Y

None

Y Y Y 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)
LOANS

PAGE 184 OF 213

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

Election: 2022

☐ Primary☒ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

870 N Miramar Ave
Box 242

City

Indialantic

State

FL

ZIP Code

32903-3054

☒ 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 M / D D / Y Y Y Y
10 / 22 / 2022M M / D D / Y Y Y Y
NoneM M / D D / Y Y Y Y
NoneY Y Y Y
None

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

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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

Election: 2022

☐ Primary☒ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

870 N Miramar Ave
Box 242

City

Indialantic

State

FL

ZIP Code

32903-3054

☒ 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 M / D D / Y Y Y Y
12 28 / 2022M M / D D / Y Y Y Y
NoneY Y Y Y
None

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 186 OF 213

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

☒ Primary☐ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

870 N Miramar Ave
Box 242

City

Indialantic

State

FL

ZIP Code

32903-3054

☒ 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 M / D D / Y Y Y Y
05 05 / 2008

M M / D D / Y Y Y Y

None

Y Y Y 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 187 OF 213

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

Election: 2020

☒ Primary☐ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

870 N Miramar Ave
Box 242

City

Indialantic

State

FL

ZIP Code

32903-3054

☒ 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 M / D D / Y Y Y Y
10 / 08 / 2019

M M / D D / Y Y Y Y

None

Y Y Y 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 188 OF 213

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

Election: 2018

☒ Primary☐ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

870 N Miramar Ave
Box 242

City

Indialantic

State

FL

ZIP Code

32903-3054

☒ 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 M / D D / Y Y Y Y
08 09 / 2018

M M / D D / Y Y Y Y

None

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

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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

Election: 2010

☒ Primary☐ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

870 N Miramar Ave
Box 242

City

Indialantic

State

FL

ZIP Code

32903-3054

☒ 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 M / D D / Y Y Y Y
08 / 23 / 2010

M M / D D / Y Y Y Y

D D / Y Y Y Y

None

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

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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

Election: 2022

☒ Primary☐ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

870 N Miramar Ave
Box 242

City

Indialantic

State

FL

ZIP Code

32903-3054

☒ 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 M / D D / Y Y Y Y
06 30 / 2022

M M / D D / Y Y Y Y

None

Y Y Y 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

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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

Election: 2022

☒ Primary☐ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

870 N Miramar Ave
Box 242

City

Indialantic

State

FL

ZIP Code

32903-3054

☒ 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 M / D D / Y Y Y Y
09 18 / 2022M M / D D / Y Y Y Y
NoneM M / D D / Y Y Y Y
NoneM M / D D / Y Y Y Y
None

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

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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

Election: 2022

☒ Primary☐ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

870 N Miramar Ave
Box 242

City

Indialantic

State

FL

ZIP Code

32903-3054

☒ Personal Funds of the Candidate

Original Amount of Loan

5813.25

Cumulative Payment To Date

5813.25

Balance Outstanding at Close of This Period

0.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
11 / 09 / 2022

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

None

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).....▶

0.00

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

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FOR 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

Election: 2014

☒ Primary☐ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

870 N Miramar Ave
Box 242

City

Indialantic

State

FL

ZIP Code

32903-3054

☒ 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 M / D D / Y Y Y Y
11 21 / 2012

M M / D D / Y Y Y Y

None

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

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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

☒ Primary☐ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

870 N Miramar Ave
Box 242

City

Indialantic

State

FL

ZIP Code

32903-3054

☒ Personal Funds of the Candidate

Original Amount of Loan

1535.98

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

1535.98

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
12 / 08 / 2022

M M / D D / Y Y Y Y

None

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)
LOANS

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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 : CA923FB1141764C8C881

Committee to Elect Alan Grayson

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

Election: 2022

☒ Primary☐ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

870 N Miramar Ave
Box 242

City

Indialantic

State

FL

ZIP Code

32903-3054

☒ 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 M / D D / Y Y Y Y
10 02 / 2022

M M / D D / Y Y Y Y

None

Y Y Y 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

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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 : C9C733066071E4A8BA7A

Committee to Elect Alan Grayson

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

Election: 2022

☒ Primary☐ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

870 N Miramar Ave
Box 242

City

Indialantic

State

FL

ZIP Code

32903-3054

☒ 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 M / D D / Y Y Y Y
11 11 / 2022

M M / D D / Y Y Y Y

D D / Y Y Y Y

None

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)
LOANS

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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

☒ Primary☐ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

870 N Miramar Ave
Box 242

City

Indialantic

State

FL

ZIP Code

32903-3054

☒ 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 M / D D / Y Y Y Y
09 30 2006

M M / D D / Y Y Y Y

None

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 198 OF 213

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

☒ Primary☐ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

870 N Miramar Ave
Box 242

City

Indialantic

State

FL

ZIP Code

32903-3054

☒ 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 M / D D / Y Y Y Y
11 10 / 2008M M / D D / Y Y Y Y
NoneY Y Y Y
None

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 199 OF 213

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

Election: 2010

☐ Primary☒ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

870 N Miramar Ave
Box 242

City

Indialantic

State

FL

ZIP Code

32903-3054

☒ 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 M / D D / Y Y Y Y
10 30 / 2010

M M / D D / Y Y Y Y

None

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 200 OF 213

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

Election: 2022

☒ Primary☐ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

870 N Miramar Ave
Box 242

City

Indialantic

State

FL

ZIP Code

32903-3054

☒ 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 M / D D / Y Y Y Y
10 03 / 2022

M M / D D / Y Y Y Y

None

Y Y Y 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).....▶

2955284.22

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 201 OF 213

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 MC Barclay

Nature of Debt (Purpose):

Digital Advertising

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

Outstanding Balance Beginning This Period

0.00

Transaction ID : D75091DED62D7446895A

Amount Incurred This Period

5150.00

Payment This Period

78.23

Outstanding Balance at Close of This Period

5071.77

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

Alliant Visa

Nature of Debt (Purpose):

Credit Card: See Below

Mailing Address PO Box 1666

City
Des PlainesState
ILZip Code
60017-1666

Outstanding Balance Beginning This Period

11688.50

Transaction ID : DE681A5C2256749DF86D

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

11688.50

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

Alliant Visa

Nature of Debt (Purpose):

Credit Card: See Below

Mailing Address PO Box 1666

City
Des PlainesState
ILZip Code
60017-1666

Outstanding Balance Beginning This Period

7500.00

Transaction ID : D6F28AF0ED76148F2B6D

Amount Incurred This Period

0.00

Payment This Period

1171.00

Outstanding Balance at Close of This Period

6329.00

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

23089.27

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 202 OF 213

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

0.00

Transaction ID : D1566029082A147999B0

Amount Incurred This Period

0.00

Payment This Period

5051.03

Outstanding Balance at Close of This Period

- 5051.03

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

American Express Business Gold

Nature 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 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

27733.66

Transaction ID : D68BB431804974809A96

Amount Incurred This Period

4529.32

Payment This Period

739.00

Outstanding Balance at Close of This Period

31523.98

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

31065.68

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 203 OF 213

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 Schwab Business Platinum

Nature of Debt (Purpose):

Print media

Mailing Address PO Box 650448

City

Dallas

State

TX

Zip Code

75265-0448

Outstanding Balance Beginning This Period

0.00

Transaction ID : DBA3C7B0ED1164F1F938

Amount Incurred This Period

0.00

Payment This Period

5813.25

Outstanding Balance at Close of This Period

- 5813.25

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

23987.09

Transaction ID : D6E53386C97364DAFB94

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

23987.09

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

18175.84

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 204 OF 213

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 205 OF 213

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 Flying Blue

Nature of Debt (Purpose):

Outdoor Advertising

Mailing Address PO Box 660710

City

Dallas

State

TX

Zip Code

75266-0710

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

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

Bank of America Flying Blue

Nature of Debt (Purpose):

Credit Card Transactions

Mailing Address PO Box 660710

City

Dallas

State

TX

Zip Code

75266-0710

Outstanding Balance Beginning This Period

33652.84

Transaction ID : D49DF434BFBC54B14927

Amount Incurred This Period

3312.45

Payment This Period

0.00

Outstanding Balance at Close of This Period

36965.29

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

100964.35

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 206 OF 213

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

22027.53

Transaction ID : D32FF2238DDE84A2FB98

Amount Incurred This Period

0.00

Payment This Period

559.00

Outstanding Balance at Close of This Period

21468.53

B. 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

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

BofA 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

19082.53

Transaction ID : D4F265D41C0B9428799C

Amount Incurred This Period

0.00

Payment This Period

517.00

Outstanding Balance at Close of This Period

18565.53

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

42534.06

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 207 OF 213

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

British Airways Chase

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

67489.79

Transaction ID : D281C1614F1A8448DAA1

Amount Incurred This Period

0.00

Payment This Period

3173.86

Outstanding Balance at Close of This Period

64315.93

B. 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

30000.00

Transaction ID : DC2BC14AFAFD54E69B40

Amount Incurred This Period

4222.86

Payment This Period

0.00

Outstanding Balance at Close of This Period

34222.86

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

Chase BA Visa

Nature of Debt (Purpose):

Polling

Mailing Address PO Box 1423

City

Charlotte

State

NC

Zip Code

28201-1423

Outstanding Balance Beginning This Period

12843.12

Transaction ID : D03614FA0D1C14E5A99E

Amount Incurred This Period

0.00

Payment This Period

1267.00

Outstanding Balance at Close of This Period

11576.12

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

110114.91

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 208 OF 213

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

11399.83

Transaction ID : D61088B5EB0B14318900

Amount Incurred This Period

0.00

Payment This Period

2654.00

Outstanding Balance at Close of This Period

8745.83

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

Chase United

Nature of Debt (Purpose):

Printing and Direct Mail

Mailing Address PO Box 6294

City
Carol StreamState
ILZip Code
60197-6294

Outstanding Balance Beginning This Period

103572.75

Transaction ID : DDD487735FDB044DFAEE

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

103572.75

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

Citi Bank Double Cash

Nature of Debt (Purpose):

Outdoor Advertising

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)

113526.58

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 209 OF 213

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

4610.24

Transaction ID : DF1A7CECD375B4FD18D5

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

4610.24

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

Citi Prestige

Nature of Debt (Purpose):

Printing/Advertising/Signs

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

0.00

Outstanding Balance at Close of This Period

16234.21

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

Coastal Community X1 Card

Nature of Debt (Purpose):

Outdoor Advertising

Mailing Address Credit Card Division
PO Box 12220

City

Everett

State

WA

Zip Code

98206-2220

Outstanding Balance Beginning This Period

34746.34

Transaction ID : D301D2E1EA7A84BC09B4

Amount Incurred This Period

0.00

Payment This Period

701.00

Outstanding Balance at Close of This Period

34045.34

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

54889.79

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 210 OF 213

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
AtlantaState
GAZip 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 GCity
OrlandoState
FLZip 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

NGPVAN, Inc. - Everyaction

Nature of Debt (Purpose):

Email distribution Services

Mailing 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

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

2615.20

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 211 OF 213

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

Rape Abuse & Incest National Network

Nature of Debt (Purpose):

Charitable Donation

Mailing Address 1220 L Street, NW, S505

City

Washington

State

DC

Zip 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

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

Spirit Airlines

Nature of Debt (Purpose):

Airfare

Mailing Address 2800 Executive Way

City

Miramar

State

FL

Zip 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

C. 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

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

2174.85

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
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numbered line)

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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

Tribune Publishing Company

Nature of Debt (Purpose):

Subscription

Mailing Address 633 North Orange Ave

City
OrlandoState
FLZip 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

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

Uber Technologies

Nature of Debt (Purpose):

Car service

Mailing Address 182 Howard Street
8City
San FranciscoState
CAZip 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

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

USAlliance Visa

Nature of Debt (Purpose):

Outdoor Advertising - Billboards/Signs

Mailing Address PO Box 4517

City
Carol StreamState
ILZip Code
60197-4517

Outstanding Balance Beginning This Period

25172.41

Transaction ID : D4A133307CC82485095E

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

25172.41

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

25202.04

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
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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

Weaver, Benjamin, , ,

Nature of Debt (Purpose):

Field Work

Mailing Address 2532 Park Street
BACKHOUSECity
JacksonvilleState
FLZip 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

B. 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

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)

3601.80

2) **TOTALS** This Period (last page this line number only)

530471.48

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only)

2955284.22

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

3485755.70