FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **TYPE OR PRINT ▼** Example: If typing, type over the lines. 12FE4M5

FRIENDS OF NEAL DUNN

ADDRESS (number and street) ▼

PO BOX 10037

☐ Check if different than previously reported. (ACC)

TALLAHASSEE | FL | 32302 –

CITY ▲ STATE ▲ ZIP CODE ▲

2. **FEC IDENTIFICATION NUMBER ▼**

C C00582304

3. IS THIS REPORT ☒ NEW (N) **OR** ☐ AMENDED (A)

STATE ▼ DISTRICT: FL 02

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 11 / 26 / 2024 through 12 / 31 / 2024

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 CROSBY, CALEB, , ,

Signature of Treasurer *CROSBY, CALEB, , ,* Date 01 / 31 / 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							

Image# 202501319748918530

SUMMARY PAGE
of Receipts and Disbursements

FEC **Form 3** (Revised 03/2016)

Write or Type Committee Name

FRIENDS OF NEAL DUNN

Report Covering the Period: From: 11/26/2024 To: 12/31/2024

	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))	2036.00	6706.00
(b) Total Contribution Refunds (from Line 20(d))	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	2036.00	6706.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	80894.49	137800.97
(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))	80894.49	137800.97
8. Cash on Hand at Close of Reporting Period (from Line 27)	89457.98	
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)	661.91	

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

Image# 202501319748918531

DETAILED SUMMARY PAGE
of Receipts

FEC **Form 3** (Revised 05/2016)

Write or Type Committee Name

FRIENDS OF NEAL DUNN

Report Covering the Period: From: 11/26/2024 To: 12/31/2024

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	2000.00	2965.00
(ii) Unitemized	36.00	2741.00
(iii) TOTAL of contributions from individuals ▶	2036.00	5706.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	1000.00
(d) The Candidate	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))	2036.00	6706.00
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate	0.00	0.00
(b) All Other Loans	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b))	0.00	0.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	0.00	0.00
15. OTHER RECEIPTS (Dividends, Interest, etc.)	8790.00	8790.00
16. **TOTAL RECEIPTS** (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4) ▶	10826.00	15496.00

DETAILED SUMMARY PAGE

of Disbursements

FEC **Form 3** (Revised 05/2016)

II. DISBURSEMENTS

	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES	80894.49	137800.97
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate	0.00	510231.20
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b))	0.00	510231.20
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c))	0.00	0.00
21. OTHER DISBURSEMENTS	0.00	0.00
22. **TOTAL DISBURSEMENTS** (add Lines 17, 18, 19(c), 20(d), and 21) ▶	80894.49	648032.17

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD	159526.47
24 TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3)	10826.00
25. SUBTOTAL (add Line 23 and Line 24)	170352.47
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)	80894.49
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25)	89457.98

Image# 202501319748918533

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 11d ☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

NAME OF COMMITTEE (In Full)
FRIENDS OF NEAL DUNN

A.
Full Name (Last, First, Middle Initial)
WINRED
Mailing Address PO BOX 9891
City: ARLINGTON | State: VA | Zip Code: 22219-1891
FEC ID number of contributing federal political committee: C C00694323
Name of Employer:
Occupation:
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 2000.00

Date of Receipt: 12 / 19 / 2024
Transaction ID : SA11C.18337
Amount of Each Receipt this Period: 2000.00
☒ Memo Item
CONTRIBUTION
SEE ATTRIBUTION BELOW FOR ALL DONORS ABOVE ITEMIZATION THRESHOLD

B.
Full Name (Last, First, Middle Initial)
LEWIS, NICHOLAS, , ,
Mailing Address 1040 CODY CHURCH RD
City: MONTICELLO | State: FL | Zip Code: 32344-1218
FEC ID number of contributing federal political committee: C
Name of Employer: KINGDOM INSURANCE GROUP
Occupation: PRESIDENT
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 2000.00

Date of Receipt: 12 / 19 / 2024
Transaction ID : SA11A.18338
Amount of Each Receipt this Period: 2000.00
☐ Memo Item
CONTRIBUTION
EARMARKED FROM WINRED

C.
Full Name (Last, First, Middle Initial)
Mailing Address
City | State | Zip Code
FEC ID number of contributing federal political committee: C
Name of Employer
Occupation
Receipt For:
☐ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date

Date of Receipt: M M / D D / Y Y Y Y
Amount of Each Receipt this Period
☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 2000.00

TOTAL This Period (last page this line number only) ▶ 2000.00

Image# 202501319748918534

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
☐ 11a ☐ 11b ☐ 11c ☐ 11d
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☒ 15

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

NAME OF COMMITTEE (In Full)
FRIENDS OF NEAL DUNN

A.
Full Name (Last, First, Middle Initial)
CHECK FRAUD
Mailing Address P.O. BOX 10037
City: TALLAHASSEE | State: FL | Zip Code: 32302
FEC ID number of contributing federal political committee: C
Name of Employer | Occupation
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 8790.00

Date of Receipt: 11 / 29 / 2024
Transaction ID : SA15.4423
Amount of Each Receipt this Period: 4395.00
☐ Memo Item
FRAUDULENT FUNDS RECOVERED
SEE DISBURSEMENT TO CHECK FRAUD IN THE AMOUNT OF $4,395 ON 10/31/24

B.
Full Name (Last, First, Middle Initial)
CHECK FRAUD
Mailing Address P.O. BOX 10037
City: TALLAHASSEE | State: FL | Zip Code: 32302
FEC ID number of contributing federal political committee: C
Name of Employer | Occupation
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 8790.00

Date of Receipt: 11 / 29 / 2024
Transaction ID : SA15.4424
Amount of Each Receipt this Period: 4395.00
☐ Memo Item
FRAUDULENT FUNDS RECOVERED
SEE DISBURSEMENT TO CHECK FRAUD IN THE AMOUNT OF $4,395 ON 10/31/24

C.
Full Name (Last, First, Middle Initial)
Mailing Address
City | State | Zip Code
FEC ID number of contributing federal political committee: C
Name of Employer | Occupation
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date

Date of Receipt: M M / D D / Y Y Y Y
Amount of Each Receipt this Period
☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 8790.00

TOTAL This Period (last page this line number only) ▶ 8790.00

Image# 202501319748918535

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
☒ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21

NAME OF COMMITTEE (In Full)
FRIENDS OF NEAL DUNN

A. Full Name (Last, First, Middle Initial)
ONPOINT DATA STRATEGY LLC

Mailing Address 20130 LAKEVIEW CENTER PLAZA
SUITE 300

City: ASHBURN | State: VA | Zip Code: 20147

Purpose of Disbursement: DATABASE SERVICES

Candidate Name

Category/ Type

Office Sought: ☐ House ☐ Senate ☐ President
State: District:

Disbursement For: ☐ Primary ☐ General ☐ Other (specify)

Date of Disbursement: 11 / 27 / 2024

FEC Identification Number: C

Amount of Each Disbursement this Period: 240.00

Transaction ID : SB17.I4384

☐ Memo Item

B. Full Name (Last, First, Middle Initial)
ELITE PROCESSING

Mailing Address 13701 MAUGANSVILLE RD, 5

City: HAGERSTOWN | State: MD | Zip Code: 21740

Purpose of Disbursement: CREDIT CARD PROCESSING FEE

Candidate Name

Category/ Type

Office Sought: ☐ House ☐ Senate ☐ President
State: District:

Disbursement For: ☐ Primary ☐ General ☐ Other (specify)

Date of Disbursement: 12 / 03 / 2024

FEC Identification Number: C

Amount of Each Disbursement this Period: 218.93

Transaction ID : SB17.I4379

☐ Memo Item

C. Full Name (Last, First, Middle Initial)
DMP - DIRECT MAIL PROCESSORS

Mailing Address 1150 CONRAD CT

City: HAGERSTOWN | State: MD | Zip Code: 21740

Purpose of Disbursement: DATABASE SERVICES

Candidate Name

Category/ Type

Office Sought: ☐ House ☐ Senate ☐ President
State: District:

Disbursement For: ☐ Primary ☐ General ☐ Other (specify)

Date of Disbursement: 12 / 05 / 2024

FEC Identification Number: C

Amount of Each Disbursement this Period: 650.61

Transaction ID : SB17.I4378

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 1109.54

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 Page

FOR LINE NUMBER: (check only one)
☒ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21

NAME OF COMMITTEE (In Full)
FRIENDS OF NEAL DUNN

A. Full Name (Last, First, Middle Initial)
VISA

Mailing Address PO BOX 6818

City: CAROL STREAM | State: IL | Zip Code: 60197

Purpose of Disbursement: CREDIT CARD PAYMENT

Candidate Name

Category/ Type

Office Sought: ☐ House ☐ Senate ☐ President
State: District:

Disbursement For: ☐ Primary ☐ General ☐ Other (specify)

Date of Disbursement: 12 / 09 / 2024

FEC Identification Number: C

Amount of Each Disbursement this Period: 9752.47

Transaction ID : SB17.I4385

☐ Memo Item

B. Full Name (Last, First, Middle Initial)
CAMP CREEK INN

Mailing Address 684 FAZIO DR

City: INLET BEACH | State: FL | Zip Code: 32461

Purpose of Disbursement: TRAVEL

Candidate Name

Category/ Type

Office Sought: ☐ House ☐ Senate ☐ President
State: District:

Disbursement For: ☐ Primary ☐ General ☐ Other (specify)

Date of Disbursement: 12 / 09 / 2024

FEC Identification Number: C

Amount of Each Disbursement this Period: 730.28

Transaction ID : SB17.I4417

☒ Memo Item

C. Full Name (Last, First, Middle Initial)
CAPITOL HILL CLUB

Mailing Address 300 FIRST STREET SE

City: WASHINGTON | State: DC | Zip Code: 20003

Purpose of Disbursement: CATERING/FACILITY RENTAL

Candidate Name

Category/ Type

Office Sought: ☐ House ☐ Senate ☐ President
State: District:

Disbursement For: ☐ Primary ☐ General ☐ Other (specify)

Date of Disbursement: 12 / 09 / 2024

FEC Identification Number: C

Amount of Each Disbursement this Period: 151.41

Transaction ID : SB17.I4395

☒ Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 9752.47

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 Page

FOR LINE NUMBER: (check only one)
☒ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21

NAME OF COMMITTEE (In Full)
FRIENDS OF NEAL DUNN

A. Full Name (Last, First, Middle Initial)
FIREFLY
Mailing Address 535 N RICHARD JACKSON BLVD
City: PANAMA CITY BEACH | State: FL | Zip Code: 32407
Purpose of Disbursement: FOOD/BEVERAGE
Candidate Name
Category/ Type
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: ☐ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 12 / 09 / 2024
FEC Identification Number: C
Amount of Each Disbursement this Period: 205.73
Transaction ID : SB17.I4396
☒ Memo Item

B. Full Name (Last, First, Middle Initial)
GRANNY CANTRELLS
Mailing Address 103 W 23RD STREET
City: PANAMA CITY | State: FL | Zip Code: 32405
Purpose of Disbursement: FOOD/BEVERAGE
Candidate Name
Category/ Type
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: ☐ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 12 / 09 / 2024
FEC Identification Number: C
Amount of Each Disbursement this Period: 272.48
Transaction ID : SB17.I4402
☒ Memo Item

C. Full Name (Last, First, Middle Initial)
HALLMARK FLOWER SHOP
Mailing Address 702 US-98 BUS
City: PANAMA CITY | State: FL | Zip Code: 32401
Purpose of Disbursement: FLORAL EXPENSE
Candidate Name
Category/ Type
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: ☐ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 12 / 09 / 2024
FEC Identification Number: C
Amount of Each Disbursement this Period: 299.58
Transaction ID : SB17.I4400
☒ Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 0.00

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

Image# 202501319748918538

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
☒ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21

NAME OF COMMITTEE (In Full)
FRIENDS OF NEAL DUNN

A. Full Name (Last, First, Middle Initial)
HOTEL INDIGO

Mailing Address 3 RAVINIA DR
SUITE 100

City: ATLANTA | State: GA | Zip Code: 30346

Purpose of Disbursement: TRAVEL

Candidate Name

Category/ Type

Office Sought: ☐ House ☐ Senate ☐ President
State: District:

Disbursement For: ☐ Primary ☐ General ☐ Other (specify)

Date of Disbursement: 12 / 09 / 2024

FEC Identification Number: C

Amount of Each Disbursement this Period: 667.87

Transaction ID : SB17.I4418

☒ Memo Item

B. Full Name (Last, First, Middle Initial)
HOUSE GIFT SHOP

Mailing Address US CAPITOL
B217 LONGWORTH

City: WASHINGTON | State: DC | Zip Code: 20515

Purpose of Disbursement: DONOR MEMENTOS

Candidate Name

Category/ Type

Office Sought: ☐ House ☐ Senate ☐ President
State: District:

Disbursement For: ☐ Primary ☐ General ☐ Other (specify)

Date of Disbursement: 12 / 09 / 2024

FEC Identification Number: C

Amount of Each Disbursement this Period: 3800.00

Transaction ID : SB17.I4399

☒ Memo Item

C. Full Name (Last, First, Middle Initial)
META

Mailing Address 1 HACKER WAY

City: MENLO PARK | State: CA | Zip Code: 94025

Purpose of Disbursement: MEDIA

Candidate Name

Category/ Type

Office Sought: ☐ House ☐ Senate ☐ President
State: District:

Disbursement For: ☐ Primary ☐ General ☐ Other (specify)

Date of Disbursement: 12 / 09 / 2024

FEC Identification Number: C

Amount of Each Disbursement this Period: 170.39

Transaction ID : SB17.I4412

☒ Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 0.00

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

Image# 202501319748918539

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
☒ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21

NAME OF COMMITTEE (In Full)
FRIENDS OF NEAL DUNN

A.
Full Name (Last, First, Middle Initial)
OLD FLORIDA FISH HOUSE
Mailing Address 33 HERON'S WATCH WAY
City: SANTA ROSA BEACH | State: FL | Zip Code: 32459
Purpose of Disbursement: CATERING/FACILITY RENTAL
Candidate Name
Category/ Type
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: ☐ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 12 / 09 / 2024
FEC Identification Number: C
Amount of Each Disbursement this Period: 1194.10
Transaction ID : SB17.I4397
☒ Memo Item

B.
Full Name (Last, First, Middle Initial)
THE CAROUSEL
Mailing Address 19400 FRONT BEACH ROAD
City: PANAMA CITY BEACH | State: FL | Zip Code: 32413
Purpose of Disbursement: FOOD/BEVERAGE
Candidate Name
Category/ Type
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: ☐ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 12 / 09 / 2024
FEC Identification Number: C
Amount of Each Disbursement this Period: 729.32
Transaction ID : SB17.I4406
☒ Memo Item

C.
Full Name (Last, First, Middle Initial)
THE FRANKLIN CAFE
Mailing Address 51 AVE C
City: APALACHICOLA | State: FL | Zip Code: 32320
Purpose of Disbursement: FOOD/BEVERAGE
Candidate Name
Category/ Type
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: ☐ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 12 / 09 / 2024
FEC Identification Number: C
Amount of Each Disbursement this Period: 633.05
Transaction ID : SB17.I4407
☒ 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 Page

FOR LINE NUMBER: (check only one)
☒ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21

NAME OF COMMITTEE (In Full)
FRIENDS OF NEAL DUNN

A. Full Name (Last, First, Middle Initial)
THE GIBSON INN

Mailing Address 51 AVE C

City: APALACHICOLA | State: FL | Zip Code: 32320

Purpose of Disbursement: TRAVEL

Candidate Name:

Category/ Type:

Office Sought: ☐ House ☐ Senate ☐ President
State: District:

Disbursement For: ☐ Primary ☐ General ☐ Other (specify)

Date of Disbursement: 12 / 09 / 2024

FEC Identification Number: C

Amount of Each Disbursement this Period: 1565.73

Transaction ID : SB17.I4420

☒ Memo Item

B. Full Name (Last, First, Middle Initial)
THE STORAGE INN

Mailing Address 3000 FL-77, STE A

City: LYNN HAVEN | State: FL | Zip Code: 32444

Purpose of Disbursement: RENT

Candidate Name:

Category/ Type:

Office Sought: ☐ House ☐ Senate ☐ President
State: District:

Disbursement For: ☐ Primary ☐ General ☐ Other (specify)

Date of Disbursement: 12 / 09 / 2024

FEC Identification Number: C

Amount of Each Disbursement this Period: 164.44

Transaction ID : SB17.I4416

☒ Memo Item

C. Full Name (Last, First, Middle Initial)
TRATTORIA ALBERTO

Mailing Address 508 8TH STREET SE

City: WASHINGTON | State: DC | Zip Code: 20003

Purpose of Disbursement: FOOD/BEVERAGE

Candidate Name:

Category/ Type:

Office Sought: ☐ House ☐ Senate ☐ President
State: District:

Disbursement For: ☐ Primary ☐ General ☐ Other (specify)

Date of Disbursement: 12 / 09 / 2024

FEC Identification Number: C

Amount of Each Disbursement this Period: 725.84

Transaction ID : SB17.I4398

☒ Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 0.00

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

Image# 202501319748918541

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
[X] 17 [ ] 18 [ ] 19a [ ] 19b
[ ] 20a [ ] 20b [ ] 20c [ ] 21

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NAME OF COMMITTEE (In Full)
FRIENDS OF NEAL DUNN

A. Full Name (Last, First, Middle Initial)
VERIZON

Mailing Address PO BOX 4001

City: ACWORTH | State: GA | Zip Code: 30101

Purpose of Disbursement: PHONE SERVICE

Candidate Name

Category/ Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Date of Disbursement: 12 / 09 / 2024

FEC Identification Number: C

Amount of Each Disbursement this Period: 493.97

Transaction ID : SB17.I4414

[X] Memo Item

B. Full Name (Last, First, Middle Initial)
GRAND VALLEY CONSULTING LLC

Mailing Address 439 NEW JERSEY AVE SE

City: WASHINGTON | State: DC | Zip Code: 20003

Purpose of Disbursement: FUNDRAISING CONSULTING / DELIVERY

Candidate Name

Category/ Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Date of Disbursement: 12 / 16 / 2024

FEC Identification Number: C

Amount of Each Disbursement this Period: 5208.36

Transaction ID : SB17.I4380

[ ] Memo Item

C. Full Name (Last, First, Middle Initial)
MCLAUGHLIN & ASSOCIATES, INC.

Mailing Address 566 SOUTH ROUTE 303

City: BLAUVELT | State: NY | Zip Code: 10913

Purpose of Disbursement: SURVEY RESEARCH

Candidate Name

Category/ Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Date of Disbursement: 12 / 17 / 2024

FEC Identification Number: C

Amount of Each Disbursement this Period: 25740.00

Transaction ID : SB17.I4382

[ ] Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 30948.36

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 Page

FOR LINE NUMBER: (check only one)
☒ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21

NAME OF COMMITTEE (In Full)
FRIENDS OF NEAL DUNN

A. Full Name (Last, First, Middle Initial)
BOGGS, BETHANY, , ,

Mailing Address 1809 BOWMAN LN

City: LYNN HAVEN | State: FL | Zip Code: 32444

Purpose of Disbursement: GENERAL CAMPAIGN CONSULTING

Candidate Name

Category/ Type

Office Sought: ☐ House ☐ Senate ☐ President
State: District:

Disbursement For: ☐ Primary ☐ General ☐ Other (specify)

Date of Disbursement: 12 / 18 / 2024

FEC Identification Number: C

Amount of Each Disbursement this Period: 500.00

Transaction ID : SB17.I4387

☐ Memo Item

B. Full Name (Last, First, Middle Initial)
GILBERT, SARAH, , ,

Mailing Address P.O. BOX 10037

City: TALLAHASSEE | State: FL | Zip Code: 32302

Purpose of Disbursement: GENERAL CAMPAIGN CONSULTING

Candidate Name

Category/ Type

Office Sought: ☐ House ☐ Senate ☐ President
State: District:

Disbursement For: ☐ Primary ☐ General ☐ Other (specify)

Date of Disbursement: 12 / 18 / 2024

FEC Identification Number: C

Amount of Each Disbursement this Period: 500.00

Transaction ID : SB17.I4392

☐ Memo Item

C. Full Name (Last, First, Middle Initial)
MALEY, MATTHEW, , ,

Mailing Address 400 15TH ST S APT 706

City: ARLINGTON | State: VA | Zip Code: 22202

Purpose of Disbursement: COMMUNICATIONS CONSULTING

Candidate Name

Category/ Type

Office Sought: ☐ House ☐ Senate ☐ President
State: District:

Disbursement For: ☐ Primary ☐ General ☐ Other (specify)

Date of Disbursement: 12 / 18 / 2024

FEC Identification Number: C

Amount of Each Disbursement this Period: 500.00

Transaction ID : SB17.I4390

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 1500.00

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 Page

FOR LINE NUMBER: (check only one)
☒ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21

NAME OF COMMITTEE (In Full)
FRIENDS OF NEAL DUNN

A. Full Name (Last, First, Middle Initial)
MUNK, CALDWELL, , ,

Mailing Address 1451 IRONWOOD DR

City: MCLEAN | State: VA | Zip Code: 22101

Purpose of Disbursement: GENERAL CAMPAIGN CONSULTING

Candidate Name

Category/ Type

Office Sought: ☐ House ☐ Senate ☐ President
State: District:

Disbursement For: ☐ Primary ☐ General ☐ Other (specify)

Date of Disbursement: 12 / 18 / 2024

FEC Identification Number: C

Amount of Each Disbursement this Period: 200.00

Transaction ID : SB17.I4388

☐ Memo Item

B. Full Name (Last, First, Middle Initial)
SMITH, NICOLE, , ,

Mailing Address PO BOX 1325

City: LYNN HAVEN | State: FL | Zip Code: 32444

Purpose of Disbursement: GENERAL CAMPAIGN CONSULTING

Candidate Name

Category/ Type

Office Sought: ☐ House ☐ Senate ☐ President
State: District:

Disbursement For: ☐ Primary ☐ General ☐ Other (specify)

Date of Disbursement: 12 / 18 / 2024

FEC Identification Number: C

Amount of Each Disbursement this Period: 500.00

Transaction ID : SB17.I4391

☐ Memo Item

C. Full Name (Last, First, Middle Initial)
WILLIAMS, CRAIG, , ,

Mailing Address P.O. BOX 10037

City: TALLAHASSEE | State: FL | Zip Code: 32302

Purpose of Disbursement: GENERAL CAMPAIGN CONSULTING

Candidate Name

Category/ Type

Office Sought: ☐ House ☐ Senate ☐ President
State: District:

Disbursement For: ☐ Primary ☐ General ☐ Other (specify)

Date of Disbursement: 12 / 18 / 2024

FEC Identification Number: C

Amount of Each Disbursement this Period: 500.00

Transaction ID : SB17.I4389

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 1200.00

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 Page

FOR LINE NUMBER: (check only one)
☒ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21

NAME OF COMMITTEE (In Full)
FRIENDS OF NEAL DUNN

A. Full Name (Last, First, Middle Initial)
CMDI

Mailing Address 1595 SPRING HILL ROAD
SUITE 500

City: TYSONS CORNER | State: VA | Zip Code: 22182

Purpose of Disbursement: DATABASE SERVICES

Candidate Name:

Category/ Type:

Office Sought: ☐ House ☐ Senate ☐ President
State: District:

Disbursement For: ☐ Primary ☐ General ☐ Other (specify)

Date of Disbursement: 12 / 19 / 2024

FEC Identification Number: C

Amount of Each Disbursement this Period: 798.00

Transaction ID : SB17.I4376

☐ Memo Item

B. Full Name (Last, First, Middle Initial)
WINRED TECHNICAL SERVICES LLC

Mailing Address 1776 WILSON BLVD
STE 530

City: ARLINGTON | State: VA | Zip Code: 22209

Purpose of Disbursement: CONDUIT PROCESSING FEE

Candidate Name:

Category/ Type:

Office Sought: ☐ House ☐ Senate ☐ President
State: District:

Disbursement For: ☐ Primary ☐ General ☐ Other (specify)

Date of Disbursement: 12 / 23 / 2024

FEC Identification Number: C

Amount of Each Disbursement this Period: 78.80

Transaction ID : SB17.I4386

☐ Memo Item

C. Full Name (Last, First, Middle Initial)
CROSBY OTTENHOFF GROUP

Mailing Address 421 OFFICE PARK DR

City: MOUNTAIN BROOK | State: AL | Zip Code: 35223

Purpose of Disbursement: COMPLIANCE CONSULTING / POSTAGE

Candidate Name:

Category/ Type:

Office Sought: ☐ House ☐ Senate ☐ President
State: District:

Disbursement For: ☐ Primary ☐ General ☐ Other (specify)

Date of Disbursement: 12 / 31 / 2024

FEC Identification Number: C

Amount of Each Disbursement this Period: 5041.80

Transaction ID : SB17.I4377

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 5918.60

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

Image# 202501319748918545

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
PAGE 17 OF 29

- [X] 17
- [ ] 18
- [ ] 19a
- [ ] 19b
- [ ] 20a
- [ ] 20b
- [ ] 20c
- [ ] 21

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NAME OF COMMITTEE (In Full)
FRIENDS OF NEAL DUNN

A.
Full Name (Last, First, Middle Initial)
GRAND VALLEY CONSULTING LLC

Mailing Address 439 NEW JERSEY AVE SE

City: WASHINGTON | State: DC | Zip Code: 20003

Purpose of Disbursement: FUNDRAISING CONSULTING

Candidate Name

Category/ Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Date of Disbursement: M M / D D / Y Y Y Y: 12 / 31 / 2024

FEC Identification Number: C

Amount of Each Disbursement this Period: 30231.90

Transaction ID : SB17.I4381

[ ] Memo Item

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

Mailing Address

City | State | Zip Code

Purpose of Disbursement

Candidate Name

Category/ Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Date of Disbursement: M M / D D / Y Y Y Y

FEC Identification Number: C

Amount of Each Disbursement this Period

[ ] Memo Item

C.
Full Name (Last, First, Middle Initial)

Mailing Address

City | State | Zip Code

Purpose of Disbursement

Candidate Name

Category/ Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

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) ▶	30231.90
TOTAL This Period (last page this line number only) ▶	80660.87

Image# 202501319748918546

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one)
- [X] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)
FRIENDS OF NEAL DUNN

Transaction ID : SD102.3265.36523.1

LOAN SOURCE Full Name (Last, First, Middle Initial)
DUNN, NEAL, PATRICK, ,

[ ] Memo Item

Mailing Address
PO BOX 16088

City: PANAMA CITY | State: FL | ZIP Code: 32406

Election: 2016
- [X] Primary
- [ ] General
- [ ] Other (specify) ▼

[X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
53381.20	53381.20	0.00

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
12/31/2015	N/A	NONE % (apr)	[ ] Yes [X] No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   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.

Image# 202501319748918547

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one)
- [X] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)
FRIENDS OF NEAL DUNN

Transaction ID : SD102.3265.36523.2

LOAN SOURCE Full Name (Last, First, Middle Initial)
DUNN, NEAL, PATRICK, ,

[ ] Memo Item

Election: 2016
- [X] Primary
- [ ] General
- [ ] Other (specify) ▼

Mailing Address
PO BOX 16088

City	State	ZIP Code
PANAMA CITY	FL	32406

[X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
100000.00	100000.00	0.00

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
06/30/2016	N/A	NONE % (apr)	[ ] Yes [X] No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   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.

Image# 202501319748918548

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one)
- [X] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)
FRIENDS OF NEAL DUNN

Transaction ID : SD102.3265.36523.3

LOAN SOURCE Full Name (Last, First, Middle Initial)
DUNN, NEAL, PATRICK, ,

[ ] Memo Item

Mailing Address
PO BOX 16088

City: PANAMA CITY | State: FL | ZIP Code: 32406

Election: 2016
- [X] Primary
- [ ] General
- [ ] Other (specify) ▼

[X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
25000.00	25000.00	0.00

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
07/28/2016	N/A	NONE % (apr)	[ ] Yes [X] No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   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.

Image# 202501319748918549

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one)
- [X] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)
FRIENDS OF NEAL DUNN

Transaction ID : SD102.3265.36523.4

LOAN SOURCE Full Name (Last, First, Middle Initial)
DUNN, NEAL, PATRICK, ,

[ ] Memo Item

Mailing Address
PO BOX 16088

City: PANAMA CITY | State: FL | ZIP Code: 32406

Election: 2016
- [X] Primary
- [ ] General
- [ ] Other (specify) ▼

[X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
20000.00	20000.00	0.00

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
08/02/2016	N/A	NONE % (apr)	[ ] Yes [X] No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   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.

Image# 202501319748918550

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one)
- [X] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)
FRIENDS OF NEAL DUNN

Transaction ID : SD102.3265.36523.5

LOAN SOURCE Full Name (Last, First, Middle Initial)
DUNN, NEAL, PATRICK, ,

[ ] Memo Item

Mailing Address
PO BOX 16088

City: PANAMA CITY | State: FL | ZIP Code: 32406

Election: 2016
- [X] Primary
- [ ] General
- [ ] Other (specify) ▼

[X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
155000.00	155000.00	0.00

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
08/05/2016	NONE	0.00 % (apr)	[ ] Yes [X] No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   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.

Image# 202501319748918551

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one)
- [X] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)
FRIENDS OF NEAL DUNN

Transaction ID : SD102.3265.36523.6

LOAN SOURCE Full Name (Last, First, Middle Initial)
DUNN, NEAL, PATRICK, ,

[ ] Memo Item

Election: 2016
- [X] Primary
- [ ] General
- [ ] Other (specify) ▼

Mailing Address
PO BOX 16088

City	State	ZIP Code
PANAMA CITY	FL	32406

[X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
50000.00	50000.00	0.00

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
08/18/2016	NONE	0.00 % (apr)	[ ] Yes [X] No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
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.

Image# 202501319748918552

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one)
- [X] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)
FRIENDS OF NEAL DUNN

Transaction ID : SD102.3265.36523.8

LOAN SOURCE Full Name (Last, First, Middle Initial)
DUNN, NEAL, PATRICK, ,

[ ] Memo Item

Mailing Address
PO BOX 16088

City: PANAMA CITY | State: FL | ZIP Code: 32406

Election: 2016
- [X] Primary
- [ ] General
- [ ] Other (specify) ▼

[X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
50000.00	50000.00	0.00

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
08/23/2016	NONE	0.00 % (apr)	[ ] Yes [X] No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   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.

Image# 202501319748918553

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one)
- [X] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)
FRIENDS OF NEAL DUNN

Transaction ID : SD102.3265.36523.7

LOAN SOURCE Full Name (Last, First, Middle Initial)
DUNN, NEAL, PATRICK, ,

☐ Memo Item

Election: 2016
- [X] Primary
- [ ] General
- [ ] Other (specify) ▼

Mailing Address
PO BOX 16088

City	State	ZIP Code
PANAMA CITY	FL	32406

[X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
50000.00	50000.00	0.00

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
08/26/2016	NONE	0.00 % (apr)	☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
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.

Image# 202501319748918554

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one)
- [X] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)
FRIENDS OF NEAL DUNN

Transaction ID : SD102.3265.36523.9

LOAN SOURCE Full Name (Last, First, Middle Initial)
DUNN, NEAL, PATRICK, ,

☐ Memo Item

Election: 2016
- [ ] Primary
- [X] General
- [ ] Other (specify) ▼

Mailing Address
PO BOX 16088

City	State	ZIP Code
PANAMA CITY	FL	32406

[X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
30000.00	30000.00	0.00

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
10/04/2016	N/A	NONE % (apr)	☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   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.

Image# 202501319748918555

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one)
- [X] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)
FRIENDS OF NEAL DUNN

Transaction ID : SD102.3265.36523.10

LOAN SOURCE Full Name (Last, First, Middle Initial)
DUNN, NEAL, PATRICK, ,

[ ] Memo Item

Mailing Address
PO BOX 16088

City: PANAMA CITY | State: FL | ZIP Code: 32406

Election: 2016
- [ ] Primary
- [X] General
- [ ] Other (specify) ▼

[X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
54000.00	54000.00	0.00

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
12/14/2016	N/A	NONE % (apr)	[ ] Yes [X] No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   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.

Image# 202501319748918556

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one)
- [X] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)
FRIENDS OF NEAL DUNN

Transaction ID : SD102.3265.36523.11

LOAN SOURCE Full Name (Last, First, Middle Initial)
DUNN, NEAL, PATRICK, ,

[ ] Memo Item

Mailing Address
PO BOX 16088

City: PANAMA CITY | State: FL | ZIP Code: 32406

Election: 2018
- [X] Primary
- [ ] General
- [ ] Other (specify) ▼

[X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
4000.00	4000.00	0.00

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
12/14/2016	N/A	NONE % (apr)	[ ] Yes [X] No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶	0.00
TOTALS This Period (last page in this line only) ▶	0.00

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

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)
- [ ] 9
- [X] 10

NAME OF COMMITTEE (In Full)

FRIENDS OF NEAL DUNN

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

DMP - Direct Mail Processors

Mailing Address 1150 CONRAD CT

City: HAGERSTOWN | State: MD | Zip Code: 21740

Nature of Debt (Purpose): DATABASE SERVICES

Transaction ID : SD10.1

Outstanding Balance Beginning This Period	Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
0.00	471.91	0.00	471.91

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

ONPOINT DATA STRATEGY

Mailing Address 20130 LAKEVIEW CENTER PLAZA SUITE 300

City: ASHBURN | State: VA | Zip Code: 20147

Nature of Debt (Purpose): DATABASE SERVICES

Transaction ID : SD10.2

Outstanding Balance Beginning This Period	Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
0.00	190.00	0.00	190.00

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

Mailing Address

City | State | Zip Code

Nature of Debt (Purpose):

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) ▶	661.91
2) **TOTALS** This Period (last page this line number only) ▶	661.91
3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ▶	0.00
4) **ADD 2)** and **3)** and carry forward to appropriate line of Summary Page (last page only) ▶	661.91