

**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

RICK SCOTT FOR FLORIDA

ADDRESS (number and street)

PO BOX 130708

Check if different  
than previously  
reported. (ACC)

TAMPA

FL

33681

CITY ▲

STATE ▲

ZIP CODE ▲

2. FEC IDENTIFICATION NUMBER ▼

C

C00676965

3. IS THIS  
REPORTNEW  
(N)

OR

AMENDED  
(A)

STATE ▼ DISTRICT

FL

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  
04 / 01 / 2025

through

M M / D D / Y Y Y Y  
06 / 30 / 2025*I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.*

Type or Print Name of Treasurer

PURPURA, SALVATORE, A, MR,

Signature of Treasurer

PURPURA, SALVATORE, A, MR,

Date

M M / D D / Y Y Y Y  
07 / 15 / 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

**RICK SCOTT FOR FLORIDA**

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	1		2	0	2	5

To:

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

	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)) ....	242063.76	583576.78
(b) Total Contribution Refunds (from Line 20(d)) .....	0.00	25137.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)) .....	242063.76	558439.78
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	343533.75	1469605.58
(b) Total Offsets to Operating Expenditures (from Line 14) .....	0.00	32316.22
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)) .....	343533.75	1437289.36
8. Cash on Hand at Close of Reporting Period (from Line 27) .....	732926.23	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	24138834.00	

**For further information, contact the Federal Election Commission at 800-424-9530 or visit [www.fec.gov](http://www.fec.gov).**

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3 (Revised 05/2016)

Write or Type Committee Name

RICK SCOTT FOR FLORIDA

Report Covering the Period:

From:

MM / DD / YYYY  
04 / 01 / 2025

To:

MM / DD / YYYY  
06 / 30 / 2025**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).....

46926.26

203206.94

(ii) Unitemized .....

43177.75

145276.25

(iii) TOTAL of contributions  
from individuals ▶

90104.01

348483.19

(b) Political Party Committees.....

0.00

0.00

(c) Other Political Committees  
(such as PACs) .....

19000.00

33597.00

(d) The Candidate .....

132959.75

201496.59

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

242063.76

583576.78

12. TRANSFERS FROM OTHER  
AUTHORIZED COMMITTEES .....

0.00

949922.99

## 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

32316.22

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

1245.02

3138.64

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

243308.78

1568954.63

# **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.....	343533.75	1469605.58
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES .....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans .....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	25137.00
(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	25137.00
21. OTHER DISBURSEMENTS .....	0.00	2960.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	343533.75	1497702.58

## **III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	833151.20
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	243308.78
25. SUBTOTAL (add Line 23 and Line 24).....	1076459.98
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	343533.75
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	732926.23

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

PAGE 5 OF 244

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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

NAME OF COMMITTEE (In Full)

**RICK SCOTT FOR FLORIDA**

Full Name (Last, First, Middle Initial)

COOK, CHARLES, , MR.,

**A.**

Mailing Address 31 OCEAN REEF DR C101-194

City

KEY LARGO

State

FL

Zip Code

33037-5282

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

430.00

Date of Receipt

M M / D D / Y Y Y Y Y  
04 19 2025

Transaction ID : SA11A.570218

Amount of Each Receipt this Period

50.00

☐ Memo Item  
CONTRIBUTION**B.**

Full Name (Last, First, Middle Initial)

COOK, CHARLES, , MR.,

Mailing Address 31 OCEAN REEF DR C101-194

City

KEY LARGO

State

FL

Zip Code

33037-5282

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

430.00

Date of Receipt

M M / D D / Y Y Y Y Y  
05 19 2025

Transaction ID : SA11A.574176

Amount of Each Receipt this Period

50.00

☐ Memo Item  
CONTRIBUTION**C.**

Full Name (Last, First, Middle Initial)

COOK, CHARLES, , MR.,

Mailing Address 31 OCEAN REEF DR C101-194

City

KEY LARGO

State

FL

Zip Code

33037-5282

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

430.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 19 2025

Transaction ID : SA11A.576600

Amount of Each Receipt this Period

50.00

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

150.00

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
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Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

**RICK SCOTT FOR FLORIDA**

Full Name (Last, First, Middle Initial)

LYSTER, MICHAEL, D., MR.,

**A.**

Mailing Address 5931 BARCLAY LANE

City  
NAPLESState  
FLZip Code  
34110-7306FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
04 29 2025

Transaction ID : SA11A.571053

Amount of Each Receipt this Period

1000.00

☐ Memo Item  
CONTRIBUTION

Full Name (Last, First, Middle Initial)

MINTZ, MICHAEL, ROY, MR.,

**B.**

Mailing Address 19458 WATERS REACH LN

City  
BOCA RATONState  
FLZip Code  
33434-5115FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WASTE COST SOLUTIONSOccupation  
CEO

Receipt For: 2024

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

724.25

Date of Receipt

M M / D D / Y Y Y Y Y  
04 07 2025

Transaction ID : SA11A.569741

Amount of Each Receipt this Period

- 1.25

☐ Memo Item  
CONTRIBUTION

EARMARKED BY WINRED - CHARGED BACK

Full Name (Last, First, Middle Initial)

MUNK, JEFFREY, WILLIAM, ,

**C.**

Mailing Address 1425 IRONWOOD DRIVE

City  
MCLEANState  
VAZip Code  
22101-2522FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MUNK POLICY AND LAWOccupation  
ATTORNEY

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
04 29 2025

Transaction ID : SA11A.571056

Amount of Each Receipt this Period

500.00

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

1498.75

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

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

**RICK SCOTT FOR FLORIDA**

Full Name (Last, First, Middle Initial)

RAUNER, BRUCE, , HON.,

**A.** Mailing Address 3 CARD SOUND ROADCity  
KEY LARGOState  
FLZip Code  
33037-3771FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED IL GOVERNOROccupation  
RETIRED IL GOVERNOR

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
04 25 2025

Transaction ID : SA11A.570733

Amount of Each Receipt this Period

5000.00

☐ Memo Item  
CONTRIBUTION

SEE REDESIGNATION

**B.** Full Name (Last, First, Middle Initial)  
RAUNER, BRUCE, , HON.,  
Mailing Address 3 CARD SOUND ROADCity  
KEY LARGOState  
FLZip Code  
33037-3771FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED IL GOVERNOROccupation  
RETIRED IL GOVERNOR

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
04 25 2025

Transaction ID : SA11A.570734

Amount of Each Receipt this Period

- 1500.00

☒ Memo Item  
CONTRIBUTION

REDESIGNATION TO GENERAL

**C.** Full Name (Last, First, Middle Initial)  
RAUNER, BRUCE, , HON.,  
Mailing Address 3 CARD SOUND ROADCity  
KEY LARGOState  
FLZip Code  
33037-3771FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED IL GOVERNOROccupation  
RETIRED IL GOVERNOR

Receipt For: 2030

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
04 25 2025

Transaction ID : SA11A.570735

Amount of Each Receipt this Period

1500.00

☒ Memo Item  
CONTRIBUTION

REDESIGNATION FROM PRIMARY

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

5000.00

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

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

**RICK SCOTT FOR FLORIDA**

Full Name (Last, First, Middle Initial)

ZIMMERMAN, JEAN, , MS.,

A. Mailing Address 60 SEAGATE DR APT 1101

City  
NAPLESState  
FLZip Code  
34103-2443FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
04 14 2025

Transaction ID : SA11A.570187

Amount of Each Receipt this Period

- 100.00

☐ Memo Item  
CONTRIBUTION

EARMARKED BY WINRED - CHARGED BACK

B. Full Name (Last, First, Middle Initial)  
SENATE CONSERVATIVES FUND EARMARKS

Mailing Address 300 INDEPENDENCE AVE. SE

City  
WASHINGTONState  
DCZip Code  
20003-1021FEC ID number of contributing  
federal political committee.

C C00448696

Name of Employer

Occupation

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

54513.54

Date of Receipt

M M / D D / Y Y Y Y Y  
04 09 2025

Transaction ID : SA11C.569747

Amount of Each Receipt this Period

6545.50

☒ Memo Item  
CONTRIBUTIONSCF EARMARKED; SEE ATTRIBUTION BELOW FOR  
ALL DONORS ABOVE ITEMIZATION THRESHOLDC. Full Name (Last, First, Middle Initial)  
GORE, DAVID, , ,Mailing Address 445 DATURA ST  
APT 601City  
WEST PALM BEACHState  
FLZip Code  
33401-5492FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
04 01 2025

Transaction ID : SA11A.569863

Amount of Each Receipt this Period

3000.00

☐ Memo Item  
CONTRIBUTIONEARMARKED FROM SENATE CONSERVATIVES  
FUND EARMARKS

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

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

2900.00



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

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

**RICK SCOTT FOR FLORIDA**

Full Name (Last, First, Middle Initial)

MERCER, DOROTHY, M., DR.,

**A.**

Mailing Address 404 N YOUNG ST

City

FOLLETT

State

TX

Zip Code

79034-2102

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2030

☒ Primary    ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	4		2	0	2	5

Transaction ID : SA11A.569858

Amount of Each Receipt this Period

150.00

☐ Memo Item

CONTRIBUTION

EARMARKED FROM SENATE CONSERVATIVES  
FUND EARMARKS

Full Name (Last, First, Middle Initial)

STEWART, SCOTT, ENGEL, MR.,

**B.**

Mailing Address 4601 LAFAYETTE AVE

City

FORT WORTH

State

TX

Zip Code

76107-3721

FEC ID number of contributing  
federal political committee.

C

Name of Employer

STEWART PLLC

Occupation

ATTORNEY

Receipt For: 2030

☒ Primary    ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

600.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	4		2	0	2	5

Transaction ID : SA11A.569845

Amount of Each Receipt this Period

50.00

☐ Memo Item

CONTRIBUTION

EARMARKED FROM SENATE CONSERVATIVES  
FUND EARMARKS

Full Name (Last, First, Middle Initial)

SWENSON, GARY, E., MR.,

**C.**

Mailing Address 34385 N IRONWOOD RD

City

SCOTTSDALE

State

AZ

Zip Code

85266-1299

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

INVESTMENTS

Receipt For: 2030

☒ Primary    ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

375.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	4		2	0	2	5

Transaction ID : SA11A.569860

Amount of Each Receipt this Period

375.00

☐ Memo Item

CONTRIBUTION

EARMARKED FROM SENATE CONSERVATIVES  
FUND EARMARKS**SUBTOTAL** of Receipts This Page (optional)..... ▶

575.00

**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  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**RICK SCOTT FOR FLORIDA**

Full Name (Last, First, Middle Initial)

WOOLLETT, BEVERLY, M., MRS.,

**A.**

Mailing Address 1516 WHITNEY CT

City

BARTLESVILLE

State

OK

Zip Code

74006-6032

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOMEMAKER

Occupation  
HOMEMAKER

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 01 2025

Transaction ID : SA11A.569861

Amount of Each Receipt this Period

500.00

☐ Memo Item  
CONTRIBUTION

EARMARKED FROM SENATE CONSERVATIVES  
FUND EARMARKS

Full Name (Last, First, Middle Initial)

YODER, DAVID, ., MR.,

**B.**

Mailing Address 33102 JAN CIR

City

MENIFEE

State

CA

Zip Code

92584-8742

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 01 2025

Transaction ID : SA11A.569862

Amount of Each Receipt this Period

600.00

☐ Memo Item  
CONTRIBUTION

EARMARKED FROM SENATE CONSERVATIVES  
FUND EARMARKS

Full Name (Last, First, Middle Initial)

SENATE CONSERVATIVES FUND EARMARKS

**C.**

Mailing Address 300 INDEPENDENCE AVE. SE

City

WASHINGTON

State

DC

Zip Code

20003-1021

FEC ID number of contributing  
federal political committee.

C

C00448696

Name of Employer

Occupation

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

54513.54

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 22 2025

Transaction ID : SA11C.570675

Amount of Each Receipt this Period

894.25

☒ Memo Item  
CONTRIBUTION

SCF EARMARKED; SEE ATTRIBUTION BELOW FOR  
ALL DONORS ABOVE ITEMIZATION THRESHOLD

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

1100.00

**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  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**RICK SCOTT FOR FLORIDA**

Full Name (Last, First, Middle Initial)  
MILLER, MARY, VIRGINIA, MS.,

A. Mailing Address P.O. BOX 7543

City  
HUNTSVILLE

State  
TX

Zip Code  
77342-7543

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
04 15 2025

Transaction ID : SA11A.570677

Amount of Each Receipt this Period

250.00

☐ Memo Item  
CONTRIBUTION

EARMARKED FROM SENATE CONSERVATIVES  
FUND EARMARKS

Full Name (Last, First, Middle Initial)

B. SENATE CONSERVATIVES FUND EARMARKS

Mailing Address 300 INDEPENDENCE AVE. SE

City  
WASHINGTON

State  
DC

Zip Code  
20003-1021

FEC ID number of contributing  
federal political committee.

C C00448696

Name of Employer

Occupation

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

54513.54

Date of Receipt

M M / D D / Y Y Y Y  
05 06 2025

Transaction ID : SA11C.572556

Amount of Each Receipt this Period

6740.75

☒ Memo Item  
CONTRIBUTION

SCF EARMARKED; SEE ATTRIBUTION BELOW FOR  
ALL DONORS ABOVE ITEMIZATION THRESHOLD

Full Name (Last, First, Middle Initial)

C. DETERS, MERLIN, L., ,

Mailing Address 249 NORTH ST

City  
BAILEYVILLE

State  
KS

Zip Code  
66404-9419

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
04 28 2025

Transaction ID : SA11A.573296

Amount of Each Receipt this Period

500.00

☐ Memo Item  
CONTRIBUTION

EARMARKED FROM SENATE CONSERVATIVES  
FUND EARMARKS

750.00

**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)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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

**RICK SCOTT FOR FLORIDA**

Full Name (Last, First, Middle Initial)

LEVIN, HERBERT, ALAN, MR.,

**A.** Mailing Address 724 E GRINNELL DR

City  
BURBANK

State  
CA

Zip Code  
91501-1720

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NONE

Occupation  
RETIRED

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

207.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 28 2025

Transaction ID : SA11A.573131

Amount of Each Receipt this Period

7.00

☐ Memo Item  
CONTRIBUTION

EARMARKED FROM SENATE CONSERVATIVES  
FUND EARMARKS

Full Name (Last, First, Middle Initial)

STEWART, SCOTT, ENGEL, MR.,

**B.** Mailing Address 4601 LAFAYETTE AVE

City  
FORT WORTH

State  
TX

Zip Code  
76107-3721

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
STEWART PLLC

Occupation  
ATTORNEY

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 28 2025

Transaction ID : SA11A.573281

Amount of Each Receipt this Period

50.00

☐ Memo Item  
CONTRIBUTION

EARMARKED FROM SENATE CONSERVATIVES  
FUND EARMARKS

Full Name (Last, First, Middle Initial)

WINFREE, JAMES, HAMILTON, MR.,

**C.** Mailing Address 354 BAKER ST

City  
KILGORE

State  
TX

Zip Code  
75662-0117

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation  
TREE PLANTER

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 28 2025

Transaction ID : SA11A.573285

Amount of Each Receipt this Period

50.00

☐ Memo Item  
CONTRIBUTION

EARMARKED FROM SENATE CONSERVATIVES  
FUND EARMARKS

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

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

107.00

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 13 OF 244

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

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NAME OF COMMITTEE (In Full)

**RICK SCOTT FOR FLORIDA**

Full Name (Last, First, Middle Initial)

**SENATE CONSERVATIVES FUND EARMARKS**

**A.**

Mailing Address 300 INDEPENDENCE AVE. SE

City

WASHINGTON

State

DC

Zip Code

20003-1021

FEC ID number of contributing  
federal political committee.

**C** C00448696

Name of Employer

Occupation

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

54513.54

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 13 2025

**Transaction ID : SA11C.573582**

Amount of Each Receipt this Period

7971.75

☒ Memo Item

CONTRIBUTION

SCF EARMARKED; SEE ATTRIBUTION BELOW FOR  
ALL DONORS ABOVE ITEMIZATION THRESHOLD

**B.**

Full Name (Last, First, Middle Initial)

**DENNIS, DONALD, D., MR.,**

Mailing Address 5751 GREEN HILL RD  
APT 412

City

SAN ANGELO

State

TX

Zip Code

76901-1590

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

RETIRED

RETIRED

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 05 2025

**Transaction ID : SA11A.574139**

Amount of Each Receipt this Period

100.00

☐ Memo Item

CONTRIBUTION

EARMARKED FROM SENATE CONSERVATIVES  
FUND EARMARKS

**C.**

Full Name (Last, First, Middle Initial)

**HOWES, ALVIN, L., MR.,**

Mailing Address 1841 ARBOR KNOLL LOOP

City

TRINITY

State

FL

Zip Code

34655-7205

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

RETIRED

RETIRED

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 05 2025

**Transaction ID : SA11A.574098**

Amount of Each Receipt this Period

10.00

☐ Memo Item

CONTRIBUTION

EARMARKED FROM SENATE CONSERVATIVES  
FUND EARMARKS

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

110.00

**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  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

**RICK SCOTT FOR FLORIDA**

Full Name (Last, First, Middle Initial)

PALMER, JEAN, B., MRS.,

**A.**

Mailing Address 224 ARNOLD AVE

City  
SYRACUSEState  
NYZip Code  
13210-3714FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For: 2030

☒ Primary    ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

217.50

Date of Receipt

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

Transaction ID : SA11A.573627

Amount of Each Receipt this Period

3.00

☐ Memo Item  
 CONTRIBUTION
EARMARKED FROM SENATE CONSERVATIVES  
FUND EARMARKS

Full Name (Last, First, Middle Initial)

RYDIN, MICHAEL, , MR.,

**B.**

Mailing Address 5500 HOLLY ST

City  
HOUSTONState  
TXZip Code  
77081-7410FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For: 2030

☒ Primary    ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

3500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	8		2	0	2	5

Transaction ID : SA11A.574156

Amount of Each Receipt this Period

3500.00

☐ Memo Item  
 CONTRIBUTION
EARMARKED FROM SENATE CONSERVATIVES  
FUND EARMARKS

Full Name (Last, First, Middle Initial)

SENATE CONSERVATIVES FUND EARMARKS

**C.**

Mailing Address 300 INDEPENDENCE AVE. SE

City  
WASHINGTONState  
DCZip Code  
20003-1021FEC ID number of contributing  
federal political committee.

C C00448696

Name of Employer

Occupation

Receipt For: 2030

☒ Primary    ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

54513.54

Date of Receipt

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

Transaction ID : SA11C.574452

Amount of Each Receipt this Period

710.50

☒ Memo Item  
 CONTRIBUTION
SCF EARMARKED; SEE ATTRIBUTION BELOW FOR  
ALL DONORS ABOVE ITEMIZATION THRESHOLD**SUBTOTAL** of Receipts This Page (optional)..... ▶**TOTAL** This Period (last page this line number only)..... ▶

3503.00
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**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
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(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

**RICK SCOTT FOR FLORIDA**

Full Name (Last, First, Middle Initial)

STEWART, SCOTT, ENGEL, MR.,

**A.** Mailing Address 4601 LAFAYETTE AVE

City

FORT WORTH

State

TX

Zip Code

76107-3721

FEC ID number of contributing  
federal political committee.

C

Name of Employer

STEWART PLLC

Occupation

ATTORNEY

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y  
05 14 2025

Transaction ID : SA11A.574523

Amount of Each Receipt this Period

50.00

☐ Memo Item  
CONTRIBUTIONEARMARKED FROM SENATE CONSERVATIVES  
FUND EARMARKS

Full Name (Last, First, Middle Initial)

SENATE CONSERVATIVES FUND EARMARKS

**B.** Mailing Address 300 INDEPENDENCE AVE. SE

City

WASHINGTON

State

DC

Zip Code

20003-1021

FEC ID number of contributing  
federal political committee.

C C00448696

Name of Employer

Occupation

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

54513.54

Date of Receipt

M M / D D / Y Y Y Y Y  
06 04 2025

Transaction ID : SA11C.576020

Amount of Each Receipt this Period

844.00

☒ Memo Item  
CONTRIBUTIONSCF EARMARKED; SEE ATTRIBUTION BELOW FOR  
ALL DONORS ABOVE ITEMIZATION THRESHOLD

Full Name (Last, First, Middle Initial)

SOSNICK, NIKKE, , ,

**C.** Mailing Address 510 PAJARO COURT

City

SACRAMENTO

State

CA

Zip Code

95864-7229

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

460.00

Date of Receipt

M M / D D / Y Y Y Y Y  
05 27 2025

Transaction ID : SA11A.576087

Amount of Each Receipt this Period

10.00

☐ Memo Item  
CONTRIBUTIONEARMARKED FROM SENATE CONSERVATIVES  
FUND EARMARKS

60.00

**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)  
for each category of the  
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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

**RICK SCOTT FOR FLORIDA**

Full Name (Last, First, Middle Initial)

**SENATE CONSERVATIVES FUND EARMARKS****A.**

Mailing Address 300 INDEPENDENCE AVE. SE

City

WASHINGTON

State

DC

Zip Code

20003-1021

FEC ID number of contributing  
federal political committee.**C** C00448696

Name of Employer

Occupation

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

54513.54

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	7		2	0	2	5

Transaction ID : SA11C.576551

Amount of Each Receipt this Period

4218.50

☒ Memo Item  
CONTRIBUTIONSEE ATTRIBUTION BELOW FOR ALL DONORS  
ABOVE ITEMIZATION THRESHOLD**B.**

Full Name (Last, First, Middle Initial)

**STORK, ROBERT, W., MR.,**

Mailing Address 4450 U.S. 1

City

VERO BEACH

State

FL

Zip Code

32967-1561

FEC ID number of contributing  
federal political committee.**C**

Name of Employer

COMM INT'L INC

Occupation

CEO

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

3500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	3		2	0	2	5

Transaction ID : SA11A.576595

Amount of Each Receipt this Period

3500.00

☐ Memo Item  
CONTRIBUTIONEARMARKED FROM SENATE CONSERVATIVES  
FUND EARMARKS**C.**

Full Name (Last, First, Middle Initial)

**SENATE CONSERVATIVES FUND EARMARKS**

Mailing Address 300 INDEPENDENCE AVE. SE

City

WASHINGTON

State

DC

Zip Code

20003-1021

FEC ID number of contributing  
federal political committee.**C** C00448696

Name of Employer

Occupation

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

54513.54

Date of Receipt

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

Transaction ID : SA11C.576931

Amount of Each Receipt this Period

212.00

☒ Memo Item  
CONTRIBUTIONSCF EARMARKED; SEE ATTRIBUTION BELOW FOR  
ALL DONORS ABOVE ITEMIZATION THRESHOLD**SUBTOTAL** of Receipts This Page (optional)..... ▶

3500.00

**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  
Detailed Summary Page

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(check only one)

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

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NAME OF COMMITTEE (In Full)

**RICK SCOTT FOR FLORIDA**

Full Name (Last, First, Middle Initial)

MERCER, DOROTHY, M., DR.,

**A.**

Mailing Address 404 N YOUNG ST

City

FOLLETT

State

TX

Zip Code

79034-2102

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2030

☒ Primary

☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 24 2025

Transaction ID : SA11A.576934

Amount of Each Receipt this Period

150.00

☐ Memo Item

CONTRIBUTION

EARMARKED FROM SENATE CONSERVATIVES  
FUND EARMARKS

Full Name (Last, First, Middle Initial)

WINRED

**B.**

Mailing Address P.O. 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: 2030

☒ Primary

☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

192747.89

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 07 2025

Transaction ID : SA11C.569513

Amount of Each Receipt this Period

3379.77

☒ Memo Item

CONTRIBUTION

SEE ATTRIBUTION BELOW FOR ALL DONORS  
ABOVE ITEMIZATION THRESHOLD

Full Name (Last, First, Middle Initial)

AHLBUM, JONATHAN, , MR.,

**C.**

Mailing Address 660 NORTHWEST 49TH AVENUE

City

COCONUT CREEK

State

FL

Zip Code

33063-4629

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

INSURANCE AGENT

Receipt For: 2030

☒ Primary

☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 31 2025

Transaction ID : SA11A.569722

Amount of Each Receipt this Period

50.00

☐ Memo Item

CONTRIBUTION

EARMARKED FROM WINRED

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

200.00

**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  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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

NAME OF COMMITTEE (In Full)

**RICK SCOTT FOR FLORIDA**

Full Name (Last, First, Middle Initial)

ALIOTA, PAULETTE, , ,

**A.** Mailing Address 538 MARGO COURTCity  
ERIEState  
PAZip Code  
16505-2112FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
04 01 2025

Transaction ID : SA11A.569725

Amount of Each Receipt this Period

100.00

☐ Memo Item  
CONTRIBUTION

EARMARKED FROM WINRED

**B.** Full Name (Last, First, Middle Initial)  
BALDOR, LIANA, , ,  
Mailing Address 5021 SOUTH SHORE CREST DRIVECity  
TAMPAState  
FLZip Code  
33609-3623FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BST GLOBALOccupation  
ADMINISTRATOR

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

255.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 31 2025

Transaction ID : SA11A.569707

Amount of Each Receipt this Period

25.00

☐ Memo Item  
CONTRIBUTION

EARMARKED FROM WINRED

**C.** Full Name (Last, First, Middle Initial)  
BANGERT, MARILYN, , MS.,  
Mailing Address 8713 US HWY 85City  
FORT LUPTONState  
COZip Code  
80621-9309FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

955.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 28 2025

Transaction ID : SA11A.569727

Amount of Each Receipt this Period

100.00

☐ Memo Item  
CONTRIBUTION

EARMARKED FROM WINRED

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

225.00

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

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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

NAME OF COMMITTEE (In Full)

**RICK SCOTT FOR FLORIDA**

Full Name (Last, First, Middle Initial)

BENNETT, LAKISHA, , ,

**A.**

Mailing Address 7016 ANDREWS AVE

City

PHILADELPHIA

State

PA

Zip Code

19138-2110

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AL TAYLOR

Occupation

COUNSELOR

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

305.50

Date of Receipt

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

Transaction ID : SA11A.569628

Amount of Each Receipt this Period

10.00

☐ Memo Item  
CONTRIBUTION

EARMARKED FROM WINRED

**B.**

Full Name (Last, First, Middle Initial)

BRYANT, MARY, D., MS.,

Mailing Address 1700 PARK SHORE RD

City

LA GRANGE

State

KY

Zip Code

40031-8024

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

375.00

Date of Receipt

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

Transaction ID : SA11A.569709

Amount of Each Receipt this Period

25.00

☐ Memo Item  
CONTRIBUTION

EARMARKED FROM WINRED

**C.**

Full Name (Last, First, Middle Initial)

BURNS, MICHAEL, J., MR.,

Mailing Address 7287 HORIZON DR.

City

WEST PALM BEACH

State

FL

Zip Code

33412-3027

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

538.70

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3		3	1		2	0	2	5

Transaction ID : SA11A.569723

Amount of Each Receipt this Period

50.00

☐ Memo Item  
CONTRIBUTION

EARMARKED FROM WINRED

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

85.00

**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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(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

**RICK SCOTT FOR FLORIDA**

Full Name (Last, First, Middle Initial)

EAST, ALICE, , ,

**A.**

Mailing Address P.O. BOX 56

City

LINN

State

TX

Zip Code

78563-0056

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

RANCHER

Receipt For: 2030

☒ Primary    ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1329.68

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	1		2	0	2	5

Transaction ID : SA11A.569672

Amount of Each Receipt this Period

20.24

☐ Memo Item  
 CONTRIBUTION

EARMARKED FROM WINRED

**B.**

Full Name (Last, First, Middle Initial)

HACKL, MARK, , MR. ,

Mailing Address 485 HICKORY NUT AVE

City

OLDSMAR

State

FL

Zip Code

34677-2016

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2030

☒ Primary    ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

237.67

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	1		2	0	2	5

Transaction ID : SA11A.569673

Amount of Each Receipt this Period

20.24

☐ Memo Item  
 CONTRIBUTION

EARMARKED FROM WINRED

**C.**

Full Name (Last, First, Middle Initial)

HALEY, DENNIS, , ,

Mailing Address 3431 BAISDEN ROAD

City

PENSACOLA

State

FL

Zip Code

32503-3457

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2030

☒ Primary    ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

256.50

Date of Receipt

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

Transaction ID : SA11A.569717

Amount of Each Receipt this Period

42.75

☐ Memo Item  
 CONTRIBUTION

EARMARKED FROM WINRED

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

83.23
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**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
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(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

**RICK SCOTT FOR FLORIDA**

Full Name (Last, First, Middle Initial)

KROWLES, JOSEPH, , MR.,

**A.**

Mailing Address 86 SMITH STREET

City

NESCONSET

State

NY

Zip Code

11767-3358

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

269.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	1		2	0	2	5

Transaction ID : SA11A.569536

Amount of Each Receipt this Period

1.00

☐ Memo Item  
CONTRIBUTION

EARMARKED FROM WINRED

**B.**

Full Name (Last, First, Middle Initial)

KROWLES, JOSEPH, , MR.,

Mailing Address 86 SMITH STREET

City

NESCONSET

State

NY

Zip Code

11767-3358

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

269.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3		3	1		2	0	2	5

Transaction ID : SA11A.569546

Amount of Each Receipt this Period

1.00

☐ Memo Item  
CONTRIBUTION

EARMARKED FROM WINRED

**C.**

Full Name (Last, First, Middle Initial)

KROWLES, JOSEPH, , MR.,

Mailing Address 86 SMITH STREET

City

NESCONSET

State

NY

Zip Code

11767-3358

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

269.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	9		2	0	2	5

Transaction ID : SA11A.569550

Amount of Each Receipt this Period

1.00

☐ Memo Item  
CONTRIBUTION

EARMARKED FROM WINRED

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

3.00

**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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(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

**RICK SCOTT FOR FLORIDA**

Full Name (Last, First, Middle Initial)

LOHMAN, CAROLYN, , ,

**A.** Mailing Address 3229 WALNUT CREEK COURTCity  
BRYANState  
TXZip Code  
77807-4852FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

270.24

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	9		2	0	2	5

Transaction ID : SA11A.569711

Amount of Each Receipt this Period

25.00

☐ Memo Item  
CONTRIBUTION

EARMARKED FROM WINRED

Full Name (Last, First, Middle Initial)

MANNO, JOHN, , ,

**B.** Mailing Address 101 WOODVALE CREEKCity  
BOSSIER CITYState  
LAZip Code  
71111-2285FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1360.92

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	1		2	0	2	5

Transaction ID : SA11A.569674

Amount of Each Receipt this Period

20.24

☐ Memo Item  
CONTRIBUTION

EARMARKED FROM WINRED

Full Name (Last, First, Middle Initial)

MEREDITH, RANDY, , ,

**C.** Mailing Address 266 BULLFINCH RDCity  
MOORESVILLEState  
NCZip Code  
28117-5407FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

343.23

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	9		2	0	2	5

Transaction ID : SA11A.569658

Amount of Each Receipt this Period

15.00

☐ Memo Item  
CONTRIBUTION

EARMARKED FROM WINRED

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

60.24

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

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

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

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NAME OF COMMITTEE (In Full)

**RICK SCOTT FOR FLORIDA**

Full Name (Last, First, Middle Initial)

NEWELL, KENNETH, , MR.,

**A.**

Mailing Address 5101 CLIFFROSE LANE

City

FORT WORTH

State

TX

Zip Code

76109-4852

FEC ID number of contributing  
federal political committee.

C

Name of Employer

FW ACQUISITION CORP

Occupation

CONSTRUCTION

Receipt For: 2030

☒ Primary

☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

262.50

Date of Receipt

M M / D D / Y Y Y Y Y  
03 29 2025

Transaction ID : SA11A.569716

Amount of Each Receipt this Period

37.50

☐ Memo Item

CONTRIBUTION

EARMARKED FROM WINRED

Full Name (Last, First, Middle Initial)

OGDEN, JAMES, , MR.,

**B.**

Mailing Address 118 E OCEAN AVE

City

EDGEWATER

State

FL

Zip Code

32132-1908

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2030

☒ Primary

☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 28 2025

Transaction ID : SA11A.569728

Amount of Each Receipt this Period

100.00

☐ Memo Item

CONTRIBUTION

EARMARKED FROM WINRED

Full Name (Last, First, Middle Initial)

POWELL, SCOTT, , MR.,

**C.**

Mailing Address 1717 FREEDOM DR

City

MELBOURNE

State

FL

Zip Code

32940-6714

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2030

☒ Primary

☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

2190.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 28 2025

Transaction ID : SA11A.569724

Amount of Each Receipt this Period

50.00

☐ Memo Item

CONTRIBUTION

EARMARKED FROM WINRED

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

187.50

**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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(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

**RICK SCOTT FOR FLORIDA**

Full Name (Last, First, Middle Initial)

SCHULCZ , ARTHUR, A., MR., SR.

**A.**

Mailing Address 21043 HONEYCREEPER PL.

City

LEESBURG

State

VA

Zip Code

20175-6598

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYEDOccupation  
ATTORNEY

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

385.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	1		2	0	2	5

Transaction ID : SA11A.569593

Amount of Each Receipt this Period

5.00

☐ Memo Item  
CONTRIBUTION

EARMARKED FROM WINRED

**B.**

Full Name (Last, First, Middle Initial)

SCHULTZ, DONNA, , MS.,

Mailing Address 4801 ZINFANDEL LN

City

BAKERSFIELD

State

CA

Zip Code

93306-1859

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

375.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3		3	1		2	0	2	5

Transaction ID : SA11A.569708

Amount of Each Receipt this Period

25.00

☐ Memo Item  
CONTRIBUTION

EARMARKED FROM WINRED

**C.**

Full Name (Last, First, Middle Initial)

SHEARS, LARRY, , DR.,

Mailing Address 553 MARINER WAY

City

CHATTANOOGA

State

TN

Zip Code

37402-2923

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ERLANGEROccupation  
SURGEON

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

346.50

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	8		2	0	2	5

Transaction ID : SA11A.569719

Amount of Each Receipt this Period

49.50

☐ Memo Item  
CONTRIBUTION

EARMARKED FROM WINRED

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

79.50

**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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(check only one)

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

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NAME OF COMMITTEE (In Full)

**RICK SCOTT FOR FLORIDA**

Full Name (Last, First, Middle Initial)

SMITH, MERRILL, , ,

**A.**

Mailing Address 1700 SOUTHEAST 9TH STREET

City

FORT LAUDERDALE

State

FL

Zip Code

33316-1416

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INCOMM

Occupation  
EXECUTIVE

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 31 2025

Transaction ID : SA11A.569726

Amount of Each Receipt this Period

100.00

☐ Memo Item  
CONTRIBUTION

EARMARKED FROM WINRED

Full Name (Last, First, Middle Initial)

WADE, EDWARD, , ,

**B.**

Mailing Address 617 N POWELL CIR

City

WICHITA

State

KS

Zip Code

67230-1524

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 02 2025

Transaction ID : SA11A.569729

Amount of Each Receipt this Period

500.00

☐ Memo Item  
CONTRIBUTION

EARMARKED FROM WINRED

Full Name (Last, First, Middle Initial)

WINRED

**C.**

Mailing Address P.O. 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: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

192747.89

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 14 2025

Transaction ID : SA11C.570032

Amount of Each Receipt this Period

5197.47

☒ Memo Item  
CONTRIBUTION

SEE ATTRIBUTION BELOW FOR ALL DONORS  
ABOVE ITEMIZATION THRESHOLD

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

600.00

**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  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**RICK SCOTT FOR FLORIDA**

Full Name (Last, First, Middle Initial)

BUCKNO, ANDREA, , ,

**A.**

Mailing Address 916 N. 21ST STREET

City

ALLENTOWN

State

PA

Zip Code

18104-3706

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NOT APPLICABLE

Occupation

DISABILITY

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

350.99

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 08 2025

Transaction ID : SA11A.570163

Amount of Each Receipt this Period

25.00

☐ Memo Item

CONTRIBUTION

EARMARKED FROM WINRED

Full Name (Last, First, Middle Initial)

BURGESS, LLOYD, , ,

**B.**

Mailing Address 22334 N CO RD 1940

City

MANGUM

State

OK

Zip Code

73554-3305

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

346.50

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 08 2025

Transaction ID : SA11A.570171

Amount of Each Receipt this Period

49.50

☐ Memo Item

CONTRIBUTION

EARMARKED FROM WINRED

Full Name (Last, First, Middle Initial)

CANTRELL, JOHN, , MR.,

**C.**

Mailing Address 433 HARRISON AVE

City

PANAMA CITY

State

FL

Zip Code

32401-2731

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 08 2025

Transaction ID : SA11A.570182

Amount of Each Receipt this Period

100.00

☐ Memo Item

CONTRIBUTION

EARMARKED FROM WINRED

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

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

174.50

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

PAGE 27 OF 244

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

**RICK SCOTT FOR FLORIDA**

Full Name (Last, First, Middle Initial)

CRONIN, MICHAEL, F., ,

**A.**

Mailing Address 200 CLARENDON STREET

City  
BOSTONState  
MAZip Code  
02116-5021FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WESTON PRESIDIOOccupation  
VENTURE CAPITAL

Receipt For: 2030

☒ Primary    ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
04		09		2025

Transaction ID : SA11A.570186

Amount of Each Receipt this Period

2500.00

☐ Memo Item  
 CONTRIBUTION

EARMARKED FROM WINRED

Full Name (Last, First, Middle Initial)

EDGINGTON, CAROL, , COL.,

**B.**

Mailing Address 20 CASTLE DR

City  
DAYTONState  
OHZip Code  
45429-1720FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For: 2030

☒ Primary    ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

305.99

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
04		08		2025

Transaction ID : SA11A.570178

Amount of Each Receipt this Period

50.00

☐ Memo Item  
 CONTRIBUTION

EARMARKED FROM WINRED

Full Name (Last, First, Middle Initial)

GROH, BARBARA, , ,

**C.**

Mailing Address 4003 ARBORCREEK CT

City  
CINCINNATIState  
OHZip Code  
45242-6300FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For: 2030

☒ Primary    ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

320.99

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
04		08		2025

Transaction ID : SA11A.570170

Amount of Each Receipt this Period

45.00

☐ Memo Item  
 CONTRIBUTION

EARMARKED FROM WINRED

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

2595.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**RICK SCOTT FOR FLORIDA**

Full Name (Last, First, Middle Initial)

HADFIELD, DAVID, , MR.,

**A.**

Mailing Address 5571 65TH AVE

City

PINELLAS PARK

State

FL

Zip Code

33781-5529

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 08 2025

Transaction ID : SA11A.570168

Amount of Each Receipt this Period

30.00

☐ Memo Item

CONTRIBUTION

EARMARKED FROM WINRED

Full Name (Last, First, Middle Initial)

HILL, VERNON, W., , II

**B.**

Mailing Address 50 SOUTH 16TH STREET  
SUITE 2400

City

PHILADELPHIA

State

PA

Zip Code

19102-2526

FEC ID number of contributing  
federal political committee.

C

Name of Employer

HILL CO

Occupation

INVESTOR

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

490.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 10 2025

Transaction ID : SA11A.570173

Amount of Each Receipt this Period

50.00

☐ Memo Item

CONTRIBUTION

EARMARKED FROM WINRED

Full Name (Last, First, Middle Initial)

HILL, VERNON, W., , II

**C.**

Mailing Address 50 SOUTH 16TH STREET  
SUITE 2400

City

PHILADELPHIA

State

PA

Zip Code

19102-2526

FEC ID number of contributing  
federal political committee.

C

Name of Employer

HILL CO

Occupation

INVESTOR

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

490.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 09 2025

Transaction ID : SA11A.570174

Amount of Each Receipt this Period

50.00

☐ Memo Item

CONTRIBUTION

EARMARKED FROM WINRED

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

130.00

**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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(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
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NAME OF COMMITTEE (In Full)

**RICK SCOTT FOR FLORIDA**Full Name (Last, First, Middle Initial)  
JACOPPOALLEN, MARIE, , MS.,**A.** Mailing Address 923 COUTURE STCity  
THE VILLAGESState  
FLZip Code  
32163-5573FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

203.00

Date of Receipt

M M / D D / Y Y Y Y Y  
04 08 2025

Transaction ID : SA11A.570164

Amount of Each Receipt this Period

29.00

☐ Memo Item  
CONTRIBUTION

EARMARKED FROM WINRED

Full Name (Last, First, Middle Initial)  
KROWLES, JOSEPH, , MR.,**B.** Mailing Address 86 SMITH STREETCity  
NESCONSETState  
NYZip Code  
11767-3358FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

269.00

Date of Receipt

M M / D D / Y Y Y Y Y  
04 08 2025

Transaction ID : SA11A.570052

Amount of Each Receipt this Period

1.00

☐ Memo Item  
CONTRIBUTION

EARMARKED FROM WINRED

Full Name (Last, First, Middle Initial)  
KROWLES, JOSEPH, , MR.,**C.** Mailing Address 86 SMITH STREETCity  
NESCONSETState  
NYZip Code  
11767-3358FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

269.00

Date of Receipt

M M / D D / Y Y Y Y Y  
04 08 2025

Transaction ID : SA11A.570056

Amount of Each Receipt this Period

1.00

☐ Memo Item  
CONTRIBUTION

EARMARKED FROM WINRED

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

31.00

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

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

**RICK SCOTT FOR FLORIDA**

Full Name (Last, First, Middle Initial)

NAYLON, JENNIFER, , ,

**A.** Mailing Address 5808 HIGHCLIFFE COURTCity  
THOUSAND OAKSState  
CAZip Code  
91362-5247FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y  
04 08 2025

Transaction ID : SA11A.570180

Amount of Each Receipt this Period

75.00

☐ Memo Item  
CONTRIBUTION

EARMARKED FROM WINRED

**B.** Full Name (Last, First, Middle Initial)  
PAYNE, JOHN, , MR.,  
Mailing Address 9900 NORTHEAST 114TH CIRCLECity  
VANCOUVERState  
WAZip Code  
98662-1588FEC ID number of contributing  
federal political committee.

C

Name of Employer  
PET HEALTH INNOVATIONS, LLCOccupation  
CEO

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y  
04 08 2025

Transaction ID : SA11A.570184

Amount of Each Receipt this Period

100.00

☐ Memo Item  
CONTRIBUTION

EARMARKED FROM WINRED

**C.** Full Name (Last, First, Middle Initial)  
POWELL, SCOTT, , MR.,  
Mailing Address 1717 FREEDOM DRCity  
MELBOURNEState  
FLZip Code  
32940-6714FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2190.00

Date of Receipt

M M / D D / Y Y Y Y Y  
04 08 2025

Transaction ID : SA11A.570176

Amount of Each Receipt this Period

50.00

☐ Memo Item  
CONTRIBUTION

EARMARKED FROM WINRED

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

225.00

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

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NAME OF COMMITTEE (In Full)

**RICK SCOTT FOR FLORIDA**

Full Name (Last, First, Middle Initial)  
RAFFENSBERGER, VERN, E., ,

**A.** Mailing Address 214 GLEN ROCK RD

City  
GLEN ROCK

State  
PA

Zip Code  
17327-8300

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

760.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 09 2025

Transaction ID : SA11A.570181

Amount of Each Receipt this Period

95.00

☐ Memo Item  
CONTRIBUTION

EARMARKED FROM WINRED

Full Name (Last, First, Middle Initial)  
RATLIFF, DONALD, , ,

**B.** Mailing Address 1812 RATLIFF RD

City  
BIG STONE GAP

State  
VA

Zip Code  
24219-4572

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 08 2025

Transaction ID : SA11A.570183

Amount of Each Receipt this Period

100.00

☐ Memo Item  
CONTRIBUTION

EARMARKED FROM WINRED

Full Name (Last, First, Middle Initial)  
SCHULCZ, ARTHUR, A., MR., SR.

**C.** Mailing Address 21043 HONEYCREEPER PL.

City  
LEESBURG

State  
VA

Zip Code  
20175-6598

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation  
ATTORNEY

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

385.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 08 2025

Transaction ID : SA11A.570177

Amount of Each Receipt this Period

50.00

☐ Memo Item  
CONTRIBUTION

EARMARKED FROM WINRED

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

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

245.00

# **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)

**RICK SCOTT FOR FLORIDA**

Full Name (Last, First, Middle Initial)

SCOTT, MARY, , MS.,

**A.**

Mailing Address 11605 WHITEWING AVE

City  
AUSTIN

State  
TX

Zip Code  
78753-2247

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
04 08 2025

Transaction ID : SA11A.570165

Amount of Each Receipt this Period

30.00

☐ Memo Item  
CONTRIBUTION

EARMARKED FROM WINRED

**B.**

Full Name (Last, First, Middle Initial)

TRABUE, NELSON, , ,

Mailing Address 920 TRABUE DRIVE

City  
ASHLAND CITY

State  
TN

Zip Code  
37015-4929

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

342.00

Date of Receipt

M M / D D / Y Y Y Y Y  
04 09 2025

Transaction ID : SA11A.570169

Amount of Each Receipt this Period

42.75

☐ Memo Item  
CONTRIBUTION

EARMARKED FROM WINRED

**C.**

Full Name (Last, First, Middle Initial)

WASMER, PEDRO, ENRIQUE, MR.,

Mailing Address 642 BOUGAINVILLEA RD

City  
NAPLES

State  
FL

Zip Code  
34102-5525

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NONE

Occupation  
RETIRED

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
04 08 2025

Transaction ID : SA11A.570185

Amount of Each Receipt this Period

250.00

☐ Memo Item  
CONTRIBUTION

EARMARKED FROM WINRED

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

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

322.75



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

**RICK SCOTT FOR FLORIDA**Full Name (Last, First, Middle Initial)  
WINRED**A.** Mailing Address P.O. BOX 9891City  
ARLINGTONState  
VAZip Code  
22219-1891FEC ID number of contributing  
federal political committee.**C** C00694323

Name of Employer

Occupation

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

192747.89

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	1		2	0	5	

Transaction ID : SA11C.570291

Amount of Each Receipt this Period

12886.04

☒ Memo Item  
CONTRIBUTIONSEE ATTRIBUTION BELOW FOR ALL DONORS  
ABOVE ITEMIZATION THRESHOLD**B.** Full Name (Last, First, Middle Initial)  
BAIRD, NELSON, CLIFFORD, ,

Mailing Address 1750 NEWTON RD

City  
FERRISState  
TXZip Code  
75125-9464FEC ID number of contributing  
federal political committee.**C**

Name of Employer

Occupation

IBM

SR CONSULTANT

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

760.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	0		2	0	5	

Transaction ID : SA11A.570374

Amount of Each Receipt this Period

95.00

☐ Memo Item  
CONTRIBUTION

EARMARKED FROM WINRED

**C.** Full Name (Last, First, Middle Initial)  
BALDOR, LIANA, , ,

Mailing Address 5021 SOUTH SHORE CREST DRIVE

City  
TAMPAState  
FLZip Code  
33609-3623FEC ID number of contributing  
federal political committee.**C**

Name of Employer

Occupation

BST GLOBAL

ADMINISTRATOR

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

255.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	2		2	0	5	

Transaction ID : SA11A.570590

Amount of Each Receipt this Period

10.00

☐ Memo Item  
CONTRIBUTION

EARMARKED FROM WINRED

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

105.00

**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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12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)

**RICK SCOTT FOR FLORIDA**

Full Name (Last, First, Middle Initial)

BENEDETT, RUTH, , ,

**A.**

Mailing Address 3306 WINGED FOOT DRIVE

City

NIXA

State

MO

Zip Code

65714-8706

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 11 2025

Transaction ID : SA11A.570355

Amount of Each Receipt this Period

30.00

☐ Memo Item  
CONTRIBUTION

EARMARKED FROM WINRED

Full Name (Last, First, Middle Initial)

BENNETT, LAKISHA, , ,

**B.**

Mailing Address 7016 ANDREWS AVE

City

PHILADELPHIA

State

PA

Zip Code

19138-2110

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AL TAYLOR

Occupation

COUNSELOR

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

305.50

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 15 2025

Transaction ID : SA11A.570348

Amount of Each Receipt this Period

25.00

☐ Memo Item  
CONTRIBUTION

EARMARKED FROM WINRED

Full Name (Last, First, Middle Initial)

BENNETT, LAKISHA, , ,

**C.**

Mailing Address 7016 ANDREWS AVE

City

PHILADELPHIA

State

PA

Zip Code

19138-2110

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AL TAYLOR

Occupation

COUNSELOR

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

305.50

Date of Receipt

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

Transaction ID : SA11A.570614

Amount of Each Receipt this Period

15.00

☐ Memo Item  
CONTRIBUTION

EARMARKED FROM WINRED

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

70.00

**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)

**RICK SCOTT FOR FLORIDA**

Full Name (Last, First, Middle Initial)

BRYANT, MARY, D., MS.,

**A.**

Mailing Address 1700 PARK SHORE RD

City

LA GRANGE

State

KY

Zip Code

40031-8024

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2030



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

375.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	7		2	0	2	5

Transaction ID : SA11A.570337

Amount of Each Receipt this Period

25.00



Memo Item

CONTRIBUTION

EARMARKED FROM WINRED

**B.**

Full Name (Last, First, Middle Initial)

BUCINA, RON, , MR.,

Mailing Address 900 POPLAR HILL RD

City

PROSPECT

State

TN

Zip Code

38477-6011

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2030



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

400.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	2		2	0	2	5

Transaction ID : SA11A.570371

Amount of Each Receipt this Period

50.00



Memo Item

CONTRIBUTION

EARMARKED FROM WINRED

**C.**

Full Name (Last, First, Middle Initial)

BUCKNO, ANDREA, , ,

Mailing Address 916 N. 21ST STREET

City

ALLENTOWN

State

PA

Zip Code

18104-3706

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NOT APPLICABLE

Occupation

DISABILITY

Receipt For: 2030



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

350.99

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	7		2	0	2	5

Transaction ID : SA11A.570339

Amount of Each Receipt this Period

25.00



Memo Item

CONTRIBUTION

EARMARKED FROM WINRED

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

100.00

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

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NAME OF COMMITTEE (In Full)

**RICK SCOTT FOR FLORIDA**

Full Name (Last, First, Middle Initial)

BURNS, MICHAEL, J., MR.,

**A.** Mailing Address 7287 HORIZON DR.

City

WEST PALM BEACH

State

FL

Zip Code

33412-3027

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

538.70

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 14 2025

Transaction ID : SA11A.570357

Amount of Each Receipt this Period

35.00

☐ Memo Item  
CONTRIBUTION

EARMARKED FROM WINRED

Full Name (Last, First, Middle Initial)

CASSENTI, JEAN, , ,

**B.** Mailing Address 29 ARNOLD DR

City

TOLLAND

State

CT

Zip Code

06084-2810

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

237.37

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 14 2025

Transaction ID : SA11A.570546

Amount of Each Receipt this Period

5.99

☐ Memo Item  
CONTRIBUTION

EARMARKED FROM WINRED

Full Name (Last, First, Middle Initial)

CASSENTI, JEAN, , ,

**C.** Mailing Address 29 ARNOLD DR

City

TOLLAND

State

CT

Zip Code

06084-2810

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

237.37

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 14 2025

Transaction ID : SA11A.570638

Amount of Each Receipt this Period

19.23

☐ Memo Item  
CONTRIBUTION

EARMARKED FROM WINRED

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

60.22

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

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

**RICK SCOTT FOR FLORIDA**

Full Name (Last, First, Middle Initial)

CATION, LANNIE, , DR.,

**A.** Mailing Address 720 TRILLIUM STREETCity  
LEBANONState  
INZip Code  
46052-1693FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ASCENSION ST VINCENTOccupation  
PHYSICIAN

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

400.00

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
04		14		2025

Transaction ID : SA11A.570368

Amount of Each Receipt this Period

50.00

☐ Memo Item  
CONTRIBUTION

EARMARKED FROM WINRED

Full Name (Last, First, Middle Initial)

EAST, ALICE, , ,

**B.** Mailing Address P.O. BOX 56City  
LINNState  
TXZip Code  
78563-0056FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYEDOccupation  
RANCHER

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1329.68

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
04		17		2025

Transaction ID : SA11A.570375

Amount of Each Receipt this Period

99.00

☐ Memo Item  
CONTRIBUTION

EARMARKED FROM WINRED

Full Name (Last, First, Middle Initial)

FEIGENBAUM, ROBERT, , ,

**C.** Mailing Address 339 AVALON DRIVECity  
SOUTH SAN FRANCISCOState  
CAZip Code  
94080-5604FEC ID number of contributing  
federal political committee.

C

Name of Employer  
COVENANT AVIATION SECURITYOccupation  
TRANSPORTATION SECURITY OFFICER

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
04		13		2025

Transaction ID : SA11A.570382

Amount of Each Receipt this Period

250.00

☐ Memo Item  
CONTRIBUTION

EARMARKED FROM WINRED

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

399.00

**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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(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

**RICK SCOTT FOR FLORIDA**

Full Name (Last, First, Middle Initial)

FULDNER, CHRIS, T., MR.,

**A.** Mailing Address 5035 STONEGATE CTCity  
SPRINGFIELDState  
MOZip Code  
65809-4013FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

396.00

Date of Receipt

M M / D D / Y Y Y Y Y  
04 15 2025

Transaction ID : SA11A.570364

Amount of Each Receipt this Period

49.50

☐ Memo Item  
CONTRIBUTION

EARMARKED FROM WINRED

**B.** Full Name (Last, First, Middle Initial)  
HACKL, MARK, , MR. ,  
Mailing Address 485 HICKORY NUT AVECity  
OLDSMARState  
FLZip Code  
34677-2016FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

237.67

Date of Receipt

M M / D D / Y Y Y Y Y  
04 14 2025

Transaction ID : SA11A.570637

Amount of Each Receipt this Period

19.23

☐ Memo Item  
CONTRIBUTION

EARMARKED FROM WINRED

**C.** Full Name (Last, First, Middle Initial)  
HOWE, DEBRA, , MRS.,  
Mailing Address 12173 PLANTATION WAYCity  
PALM BEACH GARDENSState  
FLZip Code  
33418-1570FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ADVANCED HEALTH CARE SERVICES GROUOccupation  
PRESIDENT

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

5005.99

Date of Receipt

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

Transaction ID : SA11A.570384

Amount of Each Receipt this Period

5000.00

☐ Memo Item  
CONTRIBUTIONEARMARKED FROM WINRED; SEE  
REDESIGNATION**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

5068.73

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

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

**RICK SCOTT FOR FLORIDA**

Full Name (Last, First, Middle Initial)

HOWE, DEBRA, , MRS.,

**A.**

Mailing Address 12173 PLANTATION WAY

City

PALM BEACH GARDENS

State

FL

Zip Code

33418-1570

FEC ID number of contributing  
federal political committee.

C

Name of Employer

ADVANCED HEALTH CARE SERVICES GROU

Occupation

PRESIDENT

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

5005.99

Date of Receipt

M M / D D / Y Y Y Y Y  
04 21 2025

Transaction ID : SA11A.570667

Amount of Each Receipt this Period

- 1505.99

☒ Memo Item

CONTRIBUTION

REDESIGNATION TO GENERAL

**B.**

Full Name (Last, First, Middle Initial)

HOWE, DEBRA, , MRS.,

Mailing Address 12173 PLANTATION WAY

City

PALM BEACH GARDENS

State

FL

Zip Code

33418-1570

FEC ID number of contributing  
federal political committee.

C

Name of Employer

ADVANCED HEALTH CARE SERVICES GROU

Occupation

PRESIDENT

Receipt For: 2030

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

5005.99

Date of Receipt

M M / D D / Y Y Y Y Y  
04 21 2025

Transaction ID : SA11A.570668

Amount of Each Receipt this Period

1505.99

☒ Memo Item

CONTRIBUTION

REDESIGNATION FROM PRIMARY

**C.**

Full Name (Last, First, Middle Initial)

HOWE, DEBRA, , MRS.,

Mailing Address 12173 PLANTATION WAY

City

PALM BEACH GARDENS

State

FL

Zip Code

33418-1570

FEC ID number of contributing  
federal political committee.

C

Name of Employer

ADVANCED HEALTH CARE SERVICES GROU

Occupation

PRESIDENT

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

5005.99

Date of Receipt

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

Transaction ID : SA11A.570555

Amount of Each Receipt this Period

5.99

☐ Memo Item

CONTRIBUTION

EARMARKED FROM WINRED

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

5.99

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

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

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(check only one)

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12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)

**RICK SCOTT FOR FLORIDA**

Full Name (Last, First, Middle Initial)

KROWLES, JOSEPH, , MR.,

**A.**

Mailing Address 86 SMITH STREET

City

NESCONSET

State

NY

Zip Code

11767-3358

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

269.00

Date of Receipt

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

Transaction ID : SA11A.570462

Amount of Each Receipt this Period

1.00

☐ Memo Item

CONTRIBUTION

EARMARKED FROM WINRED

Full Name (Last, First, Middle Initial)

KROWLES, JOSEPH, , MR.,

**B.**

Mailing Address 86 SMITH STREET

City

NESCONSET

State

NY

Zip Code

11767-3358

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

269.00

Date of Receipt

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

Transaction ID : SA11A.570464

Amount of Each Receipt this Period

1.00

☐ Memo Item

CONTRIBUTION

EARMARKED FROM WINRED

Full Name (Last, First, Middle Initial)

MADDIX, JOYE, , ,

**C.**

Mailing Address 4065 WEST GRANDVIEW ROAD

City

SALEM

State

IN

Zip Code

47167-8274

FEC ID number of contributing  
federal political committee.

C

Name of Employer

PROVIDENCE

Occupation

NURSE

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

305.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 11 2025

Transaction ID : SA11A.570333

Amount of Each Receipt this Period

23.75

☐ Memo Item

CONTRIBUTION

EARMARKED FROM WINRED

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

25.75

**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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(check only one)

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

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NAME OF COMMITTEE (In Full)

**RICK SCOTT FOR FLORIDA**

Full Name (Last, First, Middle Initial)

MALONE, CARMEN, , ,

**A.**

Mailing Address 132 ANNANDALE PKWY. EAST

City

MADISON

State

MS

Zip Code

39110-7955

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

256.50

Date of Receipt

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

Transaction ID : SA11A.570358

Amount of Each Receipt this Period

42.75

☐ Memo Item

CONTRIBUTION

EARMARKED FROM WINRED

Full Name (Last, First, Middle Initial)

MCCABE, DANIEL, , MR.,

**B.**

Mailing Address 239 WEST TRAIL

City

STAMFORD

State

CT

Zip Code

06903-2407

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

ATTORNEY

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

760.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 11 2025

Transaction ID : SA11A.570373

Amount of Each Receipt this Period

95.00

☐ Memo Item

CONTRIBUTION

EARMARKED FROM WINRED

Full Name (Last, First, Middle Initial)

NEWBY, THERESA, , ,

**C.**

Mailing Address 6127 TREVINO AVENUE

City

LAS VEGAS

State

NV

Zip Code

89131-5926

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 11 2025

Transaction ID : SA11A.570379

Amount of Each Receipt this Period

100.00

☐ Memo Item

CONTRIBUTION

EARMARKED FROM WINRED

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

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

237.75

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

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

**RICK SCOTT FOR FLORIDA**

Full Name (Last, First, Middle Initial)

NEWELL, GUY, , MR.,

**A.** Mailing Address 1830 MANGO ST NECity  
PALM BAYState  
FLZip Code  
32905-3335FEC ID number of contributing  
federal political committee.

C

Name of Employer  
DRSOccupation  
ENGINEER

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

400.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	1		2	0	2	5

Transaction ID : SA11A.570372

Amount of Each Receipt this Period

50.00

☐ Memo Item  
CONTRIBUTION

EARMARKED FROM WINRED

**B.** Full Name (Last, First, Middle Initial)  
PATTERSON, JESSICA, , ,  
Mailing Address 1351 EMERALD CIRCLECity  
SOUTHLAKEState  
TXZip Code  
76092-3305FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AAOccupation  
FLIGHT ATTENDANT

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

800.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	7		2	0	2	5

Transaction ID : SA11A.570376

Amount of Each Receipt this Period

100.00

☐ Memo Item  
CONTRIBUTION

EARMARKED FROM WINRED

**C.** Full Name (Last, First, Middle Initial)  
PIOTROWSKI, DENNIS, , MR.,  
Mailing Address 496 WINDING WILLOW DRIVECity  
PALM HARBORState  
FLZip Code  
34683-5835FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

600.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	5		2	0	2	5

Transaction ID : SA11A.570377

Amount of Each Receipt this Period

100.00

☐ Memo Item  
CONTRIBUTION

EARMARKED FROM WINRED

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

250.00

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

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NAME OF COMMITTEE (In Full)

**RICK SCOTT FOR FLORIDA**

Full Name (Last, First, Middle Initial)

PISTORINO, MARIA, H., MS.,

**A.**

Mailing Address 6535 SW 123 RD STREET

City

PINECREST

State

FL

Zip Code

33156-5554

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

226.67

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 11 2025

Transaction ID : SA11A.570325

Amount of Each Receipt this Period

20.24

☐ Memo Item  
CONTRIBUTION

EARMARKED FROM WINRED

Full Name (Last, First, Middle Initial)

PISTORINO, MARIA, H., MS.,

**B.**

Mailing Address 6535 SW 123 RD STREET

City

PINECREST

State

FL

Zip Code

33156-5554

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

226.67

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 14 2025

Transaction ID : SA11A.570641

Amount of Each Receipt this Period

19.23

☐ Memo Item  
CONTRIBUTION

EARMARKED FROM WINRED

Full Name (Last, First, Middle Initial)

POWELL, SCOTT, , MR.,

**C.**

Mailing Address 1717 FREEDOM DR

City

MELBOURNE

State

FL

Zip Code

32940-6714

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2190.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 13 2025

Transaction ID : SA11A.570370

Amount of Each Receipt this Period

50.00

☐ Memo Item  
CONTRIBUTION

EARMARKED FROM WINRED

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

89.47

**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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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

**RICK SCOTT FOR FLORIDA**

Full Name (Last, First, Middle Initial)

RICE, SUNDAY, , ,

**A.**

Mailing Address 2301 BROOKSTONE CENTRE PARKWAY

City  
COLUMBUSState  
GAZip Code  
31904-9248FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

712.50

Date of Receipt

M M / D D / Y Y Y Y Y  
04 13 2025

Transaction ID : SA11A.570380

Amount of Each Receipt this Period

237.50

☐ Memo Item  
CONTRIBUTION

EARMARKED FROM WINRED

**B.**

Full Name (Last, First, Middle Initial)

RICE, SUNDAY, , ,

Mailing Address 2301 BROOKSTONE CENTRE PARKWAY

City  
COLUMBUSState  
GAZip Code  
31904-9248FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

712.50

Date of Receipt

M M / D D / Y Y Y Y Y  
04 13 2025

Transaction ID : SA11A.570381

Amount of Each Receipt this Period

237.50

☐ Memo Item  
CONTRIBUTION

EARMARKED FROM WINRED

**C.**

Full Name (Last, First, Middle Initial)

RODRIGUEZ, RAFAEL, , PROF.,

Mailing Address P.O. BOX 363185

City  
SAN JUANState  
PRZip Code  
00936-3185FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UNIVERSITY OF PUERTO RICOOccupation  
PROFESSOR

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y  
04 14 2025

Transaction ID : SA11A.570378

Amount of Each Receipt this Period

100.00

☐ Memo Item  
CONTRIBUTION

EARMARKED FROM WINRED

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

575.00

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

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

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☒ 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)

**RICK SCOTT FOR FLORIDA**

Full Name (Last, First, Middle Initial)

SCHULTZ, DONNA, , MS.,

**A.**

Mailing Address 4801 ZINFANDEL LN

City

BAKERSFIELD

State

CA

Zip Code

93306-1859

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

375.00

Date of Receipt

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

Transaction ID : SA11A.570353

Amount of Each Receipt this Period

25.00

☐ Memo Item

CONTRIBUTION

EARMARKED FROM WINRED

Full Name (Last, First, Middle Initial)

SHIPWASH, MARY, , ,

**B.**

Mailing Address 12505 TABOR OAKS DR

City

AUSTIN

State

TX

Zip Code

78739-4831

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

281.20

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 10 2025

Transaction ID : SA11A.570334

Amount of Each Receipt this Period

23.75

☐ Memo Item

CONTRIBUTION

EARMARKED FROM WINRED

Full Name (Last, First, Middle Initial)

SPEECE, EMILY, , ,

**C.**

Mailing Address 307 SMITHSON STREET

City

DEXTER CITY

State

OH

Zip Code

45727-9749

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 17 2025

Transaction ID : SA11A.570365

Amount of Each Receipt this Period

50.00

☐ Memo Item

CONTRIBUTION

EARMARKED FROM WINRED

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

98.75

**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  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

**RICK SCOTT FOR FLORIDA**

Full Name (Last, First, Middle Initial)

STRAWBRIDGE, ROBERT, , MR.,

**A.** Mailing Address 120 VISION PARK BLVD. 143City  
SHENANDOAHState  
TXZip Code  
77384-3022FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2433.47

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	3		2	0	2	5

Transaction ID : SA11A.570383

Amount of Each Receipt this Period

2375.00

☐ Memo Item  
CONTRIBUTION

EARMARKED FROM WINRED

Full Name (Last, First, Middle Initial)  
WINRED**B.** Mailing Address P.O. BOX 9891City  
ARLINGTONState  
VAZip Code  
22219-1891FEC ID number of contributing  
federal political committee.

C

C00694323

Name of Employer

Occupation

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

192747.89

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	8		2	0	2	5

Transaction ID : SA11C.570855

Amount of Each Receipt this Period

2957.28

☒ Memo Item  
CONTRIBUTIONSEE ATTRIBUTION BELOW FOR ALL DONORS  
ABOVE ITEMIZATION THRESHOLDFull Name (Last, First, Middle Initial)  
ALSTON, DAVID, , ,**C.** Mailing Address 17630 N GOLDWATER DR.City  
SURPRISEState  
AZZip Code  
85374-2970FEC ID number of contributing  
federal political committee.

C

Name of Employer  
VISITING ANGELDOccupation  
CAREGIVER

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

496.50

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	3		2	0	2	5

Transaction ID : SA11A.571026

Amount of Each Receipt this Period

99.00

☐ Memo Item  
CONTRIBUTION

EARMARKED FROM WINRED

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

2474.00

**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  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

**RICK SCOTT FOR FLORIDA**

Full Name (Last, First, Middle Initial)

ALSTON, DAVID, , ,

**A.** Mailing Address 17630 N GOLDWATER DR.City  
SURPRISEState  
AZZip Code  
85374-2970FEC ID number of contributing  
federal political committee.

C

Name of Employer  
VISITING ANGELDOccupation  
CAREGIVER

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

496.50

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
06		02		2025

Transaction ID : SA11A.575090

Amount of Each Receipt this Period

- 99.00

☐ Memo Item  
CONTRIBUTION

EARMARKED BY WINRED - CHARGED BACK

**B.** Full Name (Last, First, Middle Initial)  
BANGERT, MARILYN, , MS.,

Mailing Address 8713 US HWY 85

City  
FORT LUPTONState  
COZip Code  
80621-9309FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

955.00

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
04		24		2025

Transaction ID : SA11A.571027

Amount of Each Receipt this Period

100.00

☐ Memo Item  
CONTRIBUTION

EARMARKED FROM WINRED

**C.** Full Name (Last, First, Middle Initial)  
BENNETT, LAKISHA, , ,

Mailing Address 7016 ANDREWS AVE

City  
PHILADELPHIAState  
PAZip Code  
19138-2110FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AL TAYLOROccupation  
COUNSELOR

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

305.50

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
04		18		2025

Transaction ID : SA11A.570954

Amount of Each Receipt this Period

10.00

☐ Memo Item  
CONTRIBUTION

EARMARKED FROM WINRED

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

11.00

**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  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

**RICK SCOTT FOR FLORIDA**

Full Name (Last, First, Middle Initial)

CONNORS, PETER, , ,

**A.**

Mailing Address 190 RIDGEWOOD RD

City

RADNOR

State

PA

Zip Code

19087-2845

FEC ID number of contributing  
federal political committee.

C

Name of Employer

REMCON

Occupation

MANAGER

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

600.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	3		2	0	5	

Transaction ID : SA11A.571029

Amount of Each Receipt this Period

100.00

☐ Memo Item  
CONTRIBUTION

EARMARKED FROM WINRED

**B.**

Full Name (Last, First, Middle Initial)

DANGELAS, MAYA, , ,

Mailing Address 11434 GALLANT RIDGE LANE

City

HOUSTON

State

TX

Zip Code

77082-6817

FEC ID number of contributing  
federal political committee.

C

Name of Employer

US GLOBAL INSTITUTE

Occupation

EDUCATOR

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	8		2	0	5	

Transaction ID : SA11A.571030

Amount of Each Receipt this Period

250.00

☐ Memo Item  
CONTRIBUTION

EARMARKED FROM WINRED

**C.**

Full Name (Last, First, Middle Initial)

DOAN, DAVID, , MR.,

Mailing Address 1225 CROSS BND

City

IRVING

State

TX

Zip Code

75061-6130

FEC ID number of contributing  
federal political committee.

C

Name of Employer

LOCKHEED MARTIN

Occupation

ASSEMBLY

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

280.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	8		2	0	5	

Transaction ID : SA11A.571014

Amount of Each Receipt this Period

35.00

☐ Memo Item  
CONTRIBUTION

EARMARKED FROM WINRED

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

385.00



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

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

**RICK SCOTT FOR FLORIDA**

Full Name (Last, First, Middle Initial)

EAST, ALICE, , ,

**A.**

Mailing Address P.O. BOX 56

City  
LINNState  
TXZip Code  
78563-0056FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYEDOccupation  
RANCHER

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1329.68

Date of Receipt

M M / D D / Y Y Y Y Y  
04 18 2025

Transaction ID : SA11A.571018

Amount of Each Receipt this Period

49.50

☐ Memo Item  
CONTRIBUTION

EARMARKED FROM WINRED

**B.**

Full Name (Last, First, Middle Initial)

HALE, LARRY, , MR.,

Mailing Address 7835 MUDVILLE

City  
MILLINGTONState  
TNZip Code  
38053-4703FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

396.00

Date of Receipt

M M / D D / Y Y Y Y Y  
04 22 2025

Transaction ID : SA11A.571017

Amount of Each Receipt this Period

49.50

☐ Memo Item  
CONTRIBUTION

EARMARKED FROM WINRED

**C.**

Full Name (Last, First, Middle Initial)

KIRKPATRICK, JEANNE, , ,

Mailing Address 661 HARRISON AVE

City  
GLENSIDEState  
PAZip Code  
19038-2505FEC ID number of contributing  
federal political committee.

C

Name of Employer  
GROCERY STOREOccupation  
WORKER

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
04 22 2025

Transaction ID : SA11A.571022

Amount of Each Receipt this Period

50.00

☐ Memo Item  
CONTRIBUTION

EARMARKED FROM WINRED

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

149.00

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

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

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(check only one)

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

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NAME OF COMMITTEE (In Full)

**RICK SCOTT FOR FLORIDA**

Full Name (Last, First, Middle Initial)

KROWLES, JOSEPH, , MR.,

**A.**

Mailing Address 86 SMITH STREET

City

NESCONSET

State

NY

Zip Code

11767-3358

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2030

☒ Primary

☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

269.00

Date of Receipt

M M / D D / Y Y Y Y Y  
04 23 2025

Transaction ID : SA11A.571011

Amount of Each Receipt this Period

27.00

☐ Memo Item

CONTRIBUTION

EARMARKED FROM WINRED

Full Name (Last, First, Middle Initial)

MADDIX, JOYE, , ,

**B.**

Mailing Address 4065 WEST GRANDVIEW ROAD

City

SALEM

State

IN

Zip Code

47167-8274

FEC ID number of contributing  
federal political committee.

C

Name of Employer

PROVIDENCE

Occupation

NURSE

Receipt For: 2030

☒ Primary

☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

305.00

Date of Receipt

M M / D D / Y Y Y Y Y  
04 20 2025

Transaction ID : SA11A.571007

Amount of Each Receipt this Period

25.00

☐ Memo Item

CONTRIBUTION

EARMARKED FROM WINRED

Full Name (Last, First, Middle Initial)

PALMER, GENEVA SUE, , ,

**C.**

Mailing Address 7952 HUNTERS BEND COVE

City

OLIVE BRANCH

State

MS

Zip Code

38654-5959

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2030

☒ Primary

☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

384.47

Date of Receipt

M M / D D / Y Y Y Y Y  
04 20 2025

Transaction ID : SA11A.570988

Amount of Each Receipt this Period

23.75

☐ Memo Item

CONTRIBUTION

EARMARKED FROM WINRED

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

75.75

**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  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**RICK SCOTT FOR FLORIDA**

Full Name (Last, First, Middle Initial)

PALMER, JEAN, B., MRS.,

**A.**

Mailing Address 224 ARNOLD AVE

City  
SYRACUSE

State  
NY

Zip Code  
13210-3714

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

217.50

Date of Receipt

M M / D D / Y Y Y Y Y  
04 21 2025

Transaction ID : SA11A.571004

Amount of Each Receipt this Period

25.00

☐ Memo Item  
CONTRIBUTION

EARMARKED FROM WINRED

Full Name (Last, First, Middle Initial)

PIKE, TYRONE, , ,

**B.**

Mailing Address 3295 WOODSIDE ROAD

City  
WOODSIDE

State  
CA

Zip Code  
94062-2554

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
FILESHADOW

Occupation  
PRESIDENT

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y  
04 23 2025

Transaction ID : SA11A.571000

Amount of Each Receipt this Period

25.00

☐ Memo Item  
CONTRIBUTION

EARMARKED FROM WINRED

Full Name (Last, First, Middle Initial)

POWELL, SCOTT, , MR.,

**C.**

Mailing Address 1717 FREEDOM DR

City  
MELBOURNE

State  
FL

Zip Code  
32940-6714

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2190.00

Date of Receipt

M M / D D / Y Y Y Y Y  
04 23 2025

Transaction ID : SA11A.571012

Amount of Each Receipt this Period

30.00

☐ Memo Item  
CONTRIBUTION

EARMARKED FROM WINRED

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

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

80.00

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

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

**RICK SCOTT FOR FLORIDA**

Full Name (Last, First, Middle Initial)

ROE, JOAN, ELLEN, MS.,

**A.** Mailing Address 360 W NOKOMIS CT

City

MILWAUKEE

State

WI

Zip Code

53217-2611

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y  
04 23 2025

Transaction ID : SA11A.571021

Amount of Each Receipt this Period

50.00

☐ Memo Item  
CONTRIBUTION

EARMARKED FROM WINRED

**B.** Full Name (Last, First, Middle Initial)  
ROE, JOAN, ELLEN, MS.,

Mailing Address 360 W NOKOMIS CT

City

MILWAUKEE

State

WI

Zip Code

53217-2611

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y  
04 20 2025

Transaction ID : SA11A.571024

Amount of Each Receipt this Period

50.00

☐ Memo Item  
CONTRIBUTION

EARMARKED FROM WINRED

**C.** Full Name (Last, First, Middle Initial)  
ROLKER, JOHN, , MR.,

Mailing Address 14 W. SARATOGA ST.

City

BALTIMORE

State

MD

Zip Code

21201-4207

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

INSURANCE

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

237.04

Date of Receipt

M M / D D / Y Y Y Y Y  
04 18 2025

Transaction ID : SA11A.571010

Amount of Each Receipt this Period

25.00

☐ Memo Item  
CONTRIBUTION

EARMARKED FROM WINRED

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

125.00

**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  
Detailed Summary Page

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(check only one)

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

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NAME OF COMMITTEE (In Full)

**RICK SCOTT FOR FLORIDA**

Full Name (Last, First, Middle Initial)

SEBOR, DANIELA, , MS.,

A.

Mailing Address 751 CRICKLEWOOD TERRACE

City

LAKE MARY

State

FL

Zip Code

32746-5310

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2030

☒ Primary

☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
04 23 2025

Transaction ID : SA11A.571013

Amount of Each Receipt this Period

30.00

☐ Memo Item

CONTRIBUTION

EARMARKED FROM WINRED

Full Name (Last, First, Middle Initial)

SOSNICK, NIKKE, , ,

B.

Mailing Address 510 PAJARO COURT

City

SACRAMENTO

State

CA

Zip Code

95864-7229

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2030

☒ Primary

☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

460.00

Date of Receipt

M M / D D / Y Y Y Y Y  
04 20 2025

Transaction ID : SA11A.571025

Amount of Each Receipt this Period

50.00

☐ Memo Item

CONTRIBUTION

EARMARKED FROM WINRED

Full Name (Last, First, Middle Initial)

STORY, VICTOR, B., MR., JR.

C.

Mailing Address P.O. BOX 857

City

BABSON PARK

State

FL

Zip Code

33827-0857

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2030

☒ Primary

☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
04 22 2025

Transaction ID : SA11A.571023

Amount of Each Receipt this Period

50.00

☐ Memo Item

CONTRIBUTION

EARMARKED FROM WINRED

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

130.00

**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  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

**RICK SCOTT FOR FLORIDA**

Full Name (Last, First, Middle Initial)

STUDINKA, JOYCE, , ,

**A.** Mailing Address 145, WOODMONT DRCity  
BIRMINGHAMState  
ALZip Code  
35209-6627FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

203.99

Date of Receipt

M M / D D / Y Y Y Y Y  
04 21 2025

Transaction ID : SA11A.570974

Amount of Each Receipt this Period

20.00

☐ Memo Item  
CONTRIBUTION

EARMARKED FROM WINRED

**B.** Full Name (Last, First, Middle Initial)  
WILKERSON, WILLIAM, A., MR.,  
Mailing Address 2810 E OAKLAND PARK BLVD STE 308City  
FORT LAUDERDALEState  
FLZip Code  
33306-1801FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BCT INI INCOccupation  
CEO

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y  
04 23 2025

Transaction ID : SA11A.571028

Amount of Each Receipt this Period

100.00

☐ Memo Item  
CONTRIBUTION

EARMARKED FROM WINRED

**C.** Full Name (Last, First, Middle Initial)  
WINRED  
Mailing Address P.O. BOX 9891City  
ARLINGTONState  
VAZip Code  
22219-1891FEC ID number of contributing  
federal political committee.

C C00694323

Name of Employer

Occupation

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

192747.89

Date of Receipt

M M / D D / Y Y Y Y Y  
05 05 2025

Transaction ID : SA11C.571732

Amount of Each Receipt this Period

3988.48

☒ Memo Item  
CONTRIBUTIONSEE ATTRIBUTION BELOW FOR ALL DONORS  
ABOVE ITEMIZATION THRESHOLD

120.00

**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)  
for each category of the  
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(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

**RICK SCOTT FOR FLORIDA**

Full Name (Last, First, Middle Initial)

AHLBUM, JONATHAN, , MR.,

**A.**

Mailing Address 660 NORTHWEST 49TH AVENUE

City

COCONUT CREEK

State

FL

Zip Code

33063-4629

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

INSURANCE AGENT

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
04 30 2025

Transaction ID : SA11A.571967

Amount of Each Receipt this Period

50.00

☐ Memo Item

CONTRIBUTION

EARMARKED FROM WINRED

**B.**

Full Name (Last, First, Middle Initial)

BALDOR, LIANA, , ,

Mailing Address 5021 SOUTH SHORE CREST DRIVE

City

TAMPA

State

FL

Zip Code

33609-3623

FEC ID number of contributing  
federal political committee.

C

Name of Employer

BST GLOBAL

Occupation

ADMINISTRATOR

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

255.00

Date of Receipt

M M / D D / Y Y Y Y Y  
04 30 2025

Transaction ID : SA11A.571940

Amount of Each Receipt this Period

25.00

☐ Memo Item

CONTRIBUTION

EARMARKED FROM WINRED

**C.**

Full Name (Last, First, Middle Initial)

BENNETT, LAKISHA, , ,

Mailing Address 7016 ANDREWS AVE

City

PHILADELPHIA

State

PA

Zip Code

19138-2110

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AL TAYLOR

Occupation

COUNSELOR

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

305.50

Date of Receipt

M M / D D / Y Y Y Y Y  
05 01 2025

Transaction ID : SA11A.571801

Amount of Each Receipt this Period

4.75

☐ Memo Item

CONTRIBUTION

EARMARKED FROM WINRED

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

79.75

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

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

**RICK SCOTT FOR FLORIDA**

Full Name (Last, First, Middle Initial)

BENNETT, LAKISHA, , ,

**A.**

Mailing Address 7016 ANDREWS AVE

City

PHILADELPHIA

State

PA

Zip Code

19138-2110

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AL TAYLOR

Occupation

COUNSELOR

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

305.50

Date of Receipt

M M / D D / Y Y Y Y Y  
04 29 2025

Transaction ID : SA11A.571843

Amount of Each Receipt this Period

10.00

☐ Memo Item  
CONTRIBUTION

EARMARKED FROM WINRED

**B.**

Full Name (Last, First, Middle Initial)

BRYANT, MARY, D., MS.,

Mailing Address 1700 PARK SHORE RD

City

LA GRANGE

State

KY

Zip Code

40031-8024

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y  
04 30 2025

Transaction ID : SA11A.571947

Amount of Each Receipt this Period

25.00

☐ Memo Item  
CONTRIBUTION

EARMARKED FROM WINRED

**C.**

Full Name (Last, First, Middle Initial)

BURNS, MICHAEL, J., MR.,

Mailing Address 7287 HORIZON DR.

City

WEST PALM BEACH

State

FL

Zip Code

33412-3027

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

538.70

Date of Receipt

M M / D D / Y Y Y Y Y  
04 26 2025

Transaction ID : SA11A.571954

Amount of Each Receipt this Period

25.00

☐ Memo Item  
CONTRIBUTION

EARMARKED FROM WINRED

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

60.00



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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**RICK SCOTT FOR FLORIDA**

Full Name (Last, First, Middle Initial)

BURNS, MICHAEL, J., MR.,

**A.** Mailing Address 7287 HORIZON DR.

City

WEST PALM BEACH

State

FL

Zip Code

33412-3027

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

538.70

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 27 2025

Transaction ID : SA11A.571962

Amount of Each Receipt this Period

35.00

☐ Memo Item  
CONTRIBUTION

EARMARKED FROM WINRED

Full Name (Last, First, Middle Initial)

BURNS, MICHAEL, J., MR.,

**B.** Mailing Address 7287 HORIZON DR.

City

WEST PALM BEACH

State

FL

Zip Code

33412-3027

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

538.70

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 30 2025

Transaction ID : SA11A.571970

Amount of Each Receipt this Period

50.00

☐ Memo Item  
CONTRIBUTION

EARMARKED FROM WINRED

Full Name (Last, First, Middle Initial)

CARUSO, JASON, , MR.,

**C.** Mailing Address 855 SUMMIT RD

City

NEW RICHMOND

State

WI

Zip Code

54017-1443

FEC ID number of contributing  
federal political committee.

C

Name of Employer

BURGER BROS

Occupation

OWNER

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

396.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 26 2025

Transaction ID : SA11A.571966

Amount of Each Receipt this Period

49.50

☐ Memo Item  
CONTRIBUTION

EARMARKED FROM WINRED

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

134.50

**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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(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

**RICK SCOTT FOR FLORIDA**

Full Name (Last, First, Middle Initial)

EAST, ALICE, , ,

**A.**

Mailing Address P.O. BOX 56

City

LINN

State

TX

Zip Code

78563-0056

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

RANCHER

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1329.68

Date of Receipt

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

Transaction ID : SA11A.571907

Amount of Each Receipt this Period

20.24

☐ Memo Item  
CONTRIBUTION

EARMARKED FROM WINRED

**B.**

Full Name (Last, First, Middle Initial)

HACKL, MARK, , MR. ,

Mailing Address 485 HICKORY NUT AVE

City

OLDSMAR

State

FL

Zip Code

34677-2016

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

237.67

Date of Receipt

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

Transaction ID : SA11A.571908

Amount of Each Receipt this Period

20.24

☐ Memo Item  
CONTRIBUTION

EARMARKED FROM WINRED

**C.**

Full Name (Last, First, Middle Initial)

HACKL, MARK, , MR. ,

Mailing Address 485 HICKORY NUT AVE

City

OLDSMAR

State

FL

Zip Code

34677-2016

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

237.67

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		3	0		2	0	2	5

Transaction ID : SA11A.571969

Amount of Each Receipt this Period

50.00

☐ Memo Item  
CONTRIBUTION

EARMARKED FROM WINRED

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

90.48

**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  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

**RICK SCOTT FOR FLORIDA**

Full Name (Last, First, Middle Initial)

HALEY, DENNIS, , ,

**A.**

Mailing Address 3431 BAISDEN ROAD

City

PENSACOLA

State

FL

Zip Code

32503-3457

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

256.50

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		3	0		2	0	2	5

Transaction ID : SA11A.571964

Amount of Each Receipt this Period

42.75

☐ Memo Item  
CONTRIBUTION

EARMARKED FROM WINRED

**B.**

Full Name (Last, First, Middle Initial)

KOETHER, BERNARD, BEN, MR., II

Mailing Address 757 SE 17TH ST PMB 1074

City

FORT LAUDERDALE

State

FL

Zip Code

33316-2960

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

450.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	9		2	0	2	5

Transaction ID : SA11A.571971

Amount of Each Receipt this Period

50.00

☐ Memo Item  
CONTRIBUTION

EARMARKED FROM WINRED

**C.**

Full Name (Last, First, Middle Initial)

KROWLES, JOSEPH, , MR.,

Mailing Address 86 SMITH STREET

City

NESCONSET

State

NY

Zip Code

11767-3358

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

269.00

Date of Receipt

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

Transaction ID : SA11A.571745

Amount of Each Receipt this Period

1.00

☐ Memo Item  
CONTRIBUTION

EARMARKED FROM WINRED

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

93.75

**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  
Detailed Summary Page

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(check only one)

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12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)

**RICK SCOTT FOR FLORIDA**

Full Name (Last, First, Middle Initial)

KROWLES, JOSEPH, , MR.,

**A.**

Mailing Address 86 SMITH STREET

City

NESCONSET

State

NY

Zip Code

11767-3358

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

269.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 30 2025

Transaction ID : SA11A.571749

Amount of Each Receipt this Period

1.00

☐ Memo Item

CONTRIBUTION

EARMARKED FROM WINRED

Full Name (Last, First, Middle Initial)

KROWLES, JOSEPH, , MR.,

**B.**

Mailing Address 86 SMITH STREET

City

NESCONSET

State

NY

Zip Code

11767-3358

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

269.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 29 2025

Transaction ID : SA11A.571753

Amount of Each Receipt this Period

1.00

☐ Memo Item

CONTRIBUTION

EARMARKED FROM WINRED

Full Name (Last, First, Middle Initial)

LOHMAN, CAROLYN, , ,

**C.**

Mailing Address 3229 WALNUT CREEK COURT

City

BRYAN

State

TX

Zip Code

77807-4852

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

270.24

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 26 2025

Transaction ID : SA11A.571956

Amount of Each Receipt this Period

25.00

☐ Memo Item

CONTRIBUTION

EARMARKED FROM WINRED

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

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

27.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**RICK SCOTT FOR FLORIDA**

Full Name (Last, First, Middle Initial)

MANNO, JOHN, , ,

**A.**

Mailing Address 101 WOODVALE CREEK

City

BOSSIER CITY

State

LA

Zip Code

71111-2285

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2030

☒ Primary

☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

1360.92

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 01 2025

Transaction ID : SA11A.571909

Amount of Each Receipt this Period

20.24

☐ Memo Item

CONTRIBUTION

EARMARKED FROM WINRED

Full Name (Last, First, Middle Initial)

MANNO, JOHN, , ,

**B.**

Mailing Address 101 WOODVALE CREEK

City

BOSSIER CITY

State

LA

Zip Code

71111-2285

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2030

☒ Primary

☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

1360.92

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 25 2025

Transaction ID : SA11A.571981

Amount of Each Receipt this Period

250.00

☐ Memo Item

CONTRIBUTION

EARMARKED FROM WINRED

Full Name (Last, First, Middle Initial)

NEWELL, KENNETH, , MR.,

**C.**

Mailing Address 5101 CLIFFROSE LANE

City

FORT WORTH

State

TX

Zip Code

76109-4852

FEC ID number of contributing  
federal political committee.

C

Name of Employer

FW ACQUISITION CORP

Occupation

CONSTRUCTION

Receipt For: 2030

☒ Primary

☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

262.50

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 29 2025

Transaction ID : SA11A.571963

Amount of Each Receipt this Period

37.50

☐ Memo Item

CONTRIBUTION

EARMARKED FROM WINRED

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

307.74

**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  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

**RICK SCOTT FOR FLORIDA**

Full Name (Last, First, Middle Initial)

OGDEN, JAMES, , MR.,

**A.**

Mailing Address 118 E OCEAN AVE

City

EDGEWATER

State

FL

Zip Code

32132-1908

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

700.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	8		2	0	5	

Transaction ID : SA11A.571978

Amount of Each Receipt this Period

100.00

☐ Memo Item  
CONTRIBUTION

EARMARKED FROM WINRED

**B.**

Full Name (Last, First, Middle Initial)

POWELL, SCOTT, , MR.,

Mailing Address 1717 FREEDOM DR

City

MELBOURNE

State

FL

Zip Code

32940-6714

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2190.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	8		2	0	5	

Transaction ID : SA11A.571972

Amount of Each Receipt this Period

50.00

☐ Memo Item  
CONTRIBUTION

EARMARKED FROM WINRED

**C.**

Full Name (Last, First, Middle Initial)

POWELL, SCOTT, , MR.,

Mailing Address 1717 FREEDOM DR

City

MELBOURNE

State

FL

Zip Code

32940-6714

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2190.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	5		2	0	5	

Transaction ID : SA11A.571979

Amount of Each Receipt this Period

100.00

☐ Memo Item  
CONTRIBUTION

EARMARKED FROM WINRED

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

250.00

**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  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

**RICK SCOTT FOR FLORIDA**

Full Name (Last, First, Middle Initial)

RANKIN, DOUGLAS, , MR.,

**A.**Mailing Address 2335 TAMIAMI TRAIL  
SUITE 308City  
NAPLESState  
FLZip Code  
34103-4458FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYEDOccupation  
ATTORNEY

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

350.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	7		2	0	2	5

Transaction ID : SA11A.571974

Amount of Each Receipt this Period

50.00

☐ Memo Item  
CONTRIBUTION

EARMARKED FROM WINRED

Full Name (Last, First, Middle Initial)

RICE, SUNDAY, , ,

**B.**

Mailing Address 2301 BROOKSTONE CENTRE PARKWAY

City  
COLUMBUSState  
GAZip Code  
31904-9248FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

712.50

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		3	0		2	0	2	5

Transaction ID : SA11A.571980

Amount of Each Receipt this Period

237.50

☐ Memo Item  
CONTRIBUTION

EARMARKED FROM WINRED

Full Name (Last, First, Middle Initial)

RUBY, GRIFF, , ,

**C.**

Mailing Address 1016 ROCK ROSE LANE

City  
LOMPOCState  
CAZip Code  
93436-3265FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	6		2	0	2	5

Transaction ID : SA11A.571975

Amount of Each Receipt this Period

50.00

☐ Memo Item  
CONTRIBUTION

EARMARKED FROM WINRED

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

337.50

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

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

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**RICK SCOTT FOR FLORIDA**

Full Name (Last, First, Middle Initial)

SCHULCZ, ARTHUR, A., MR., SR.

A.

Mailing Address 21043 HONEYCREEPER PL.

City

LEESBURG

State

VA

Zip Code

20175-6598

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation  
ATTORNEY

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

385.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 01 2025

Transaction ID : SA11A.571806

Amount of Each Receipt this Period

5.00

☐ Memo Item  
CONTRIBUTION

EARMARKED FROM WINRED

Full Name (Last, First, Middle Initial)

SCHULTZ, DONNA, , MS.,

B.

Mailing Address 4801 ZINFANDEL LN

City

BAKERSFIELD

State

CA

Zip Code

93306-1859

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 30 2025

Transaction ID : SA11A.571941

Amount of Each Receipt this Period

25.00

☐ Memo Item  
CONTRIBUTION

EARMARKED FROM WINRED

Full Name (Last, First, Middle Initial)

SHEARS, LARRY, , DR.,

C.

Mailing Address 553 MARINER WAY

City

CHATTANOOGA

State

TN

Zip Code

37402-2923

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ERLANGER

Occupation  
SURGEON

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

346.50

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 28 2025

Transaction ID : SA11A.571965

Amount of Each Receipt this Period

49.50

☐ Memo Item  
CONTRIBUTION

EARMARKED FROM WINRED

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

79.50

**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)

**RICK SCOTT FOR FLORIDA**

Full Name (Last, First, Middle Initial)

SMITH, DANIEL, , ,

**A.**

Mailing Address 7 WOODBINE ROAD

City

FLORHAM PARK

State

NJ

Zip Code

07932-2649

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 25 2025

Transaction ID : SA11A.571958

Amount of Each Receipt this Period

25.00

☐ Memo Item

CONTRIBUTION

EARMARKED FROM WINRED

Full Name (Last, First, Middle Initial)

SMITH, MERRILL, , ,

**B.**

Mailing Address 1700 SOUTHEAST 9TH STREET

City

FORT LAUDERDALE

State

FL

Zip Code

33316-1416

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INCOMM

Occupation

EXECUTIVE

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 30 2025

Transaction ID : SA11A.571977

Amount of Each Receipt this Period

100.00

☐ Memo Item

CONTRIBUTION

EARMARKED FROM WINRED

Full Name (Last, First, Middle Initial)

SPITZER, LINDA, , ,

**C.**

Mailing Address P.O. BOX 5591

City

MOHAVE VALLEY

State

AZ

Zip Code

86446-5591

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

254.62

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 27 2025

Transaction ID : SA11A.571922

Amount of Each Receipt this Period

20.24

☐ Memo Item

CONTRIBUTION

EARMARKED FROM WINRED

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

145.24

**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)

**RICK SCOTT FOR FLORIDA**

Full Name (Last, First, Middle Initial)

SPITZER, LINDA, , ,

**A.**

Mailing Address P.O. BOX 5591

City

MOHAVE VALLEY

State

AZ

Zip Code

86446-5591

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2030

☒ Primary

☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

254.62

Date of Receipt

M M / D D / Y Y Y Y Y  
04 27 2025

Transaction ID : SA11A.571923

Amount of Each Receipt this Period

20.24

☐ Memo Item

CONTRIBUTION

EARMARKED FROM WINRED

Full Name (Last, First, Middle Initial)

WINRED

**B.**

Mailing Address P.O. 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: 2030

☒ Primary

☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

192747.89

Date of Receipt

M M / D D / Y Y Y Y Y  
05 12 2025

Transaction ID : SA11C.573363

Amount of Each Receipt this Period

2961.53

☒ Memo Item

CONTRIBUTION

SEE ATTRIBUTION BELOW FOR ALL DONORS  
ABOVE ITEMIZATION THRESHOLD

Full Name (Last, First, Middle Initial)

BANGERT, MARILYN, , MS.,

**C.**

Mailing Address 8713 US HWY 85

City

FORT LUPTON

State

CO

Zip Code

80621-9309

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2030

☒ Primary

☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

955.00

Date of Receipt

M M / D D / Y Y Y Y Y  
05 07 2025

Transaction ID : SA11A.573509

Amount of Each Receipt this Period

25.00

☐ Memo Item

CONTRIBUTION

EARMARKED FROM WINRED

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

45.24

**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  
Detailed Summary Page

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NAME OF COMMITTEE (In Full)

**RICK SCOTT FOR FLORIDA**

Full Name (Last, First, Middle Initial)

BURGESS, LLOYD, , ,

**A.**

Mailing Address 22334 N CO RD 1940

City  
MANGUM

State  
OK

Zip Code  
73554-3305

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

346.50

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 04 2025

Transaction ID : SA11A.573529

Amount of Each Receipt this Period

49.50

☐ Memo Item  
CONTRIBUTION

EARMARKED FROM WINRED

Full Name (Last, First, Middle Initial)

EDGINGTON, CAROL, , COL.,

**B.**

Mailing Address 20 CASTLE DR

City  
DAYTON

State  
OH

Zip Code  
45429-1720

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

305.99

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 04 2025

Transaction ID : SA11A.573534

Amount of Each Receipt this Period

50.00

☐ Memo Item  
CONTRIBUTION

EARMARKED FROM WINRED

Full Name (Last, First, Middle Initial)

HADFIELD, DAVID, , MR.,

**C.**

Mailing Address 5571 65TH AVE

City  
PINELLAS PARK

State  
FL

Zip Code  
33781-5529

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 05 2025

Transaction ID : SA11A.573524

Amount of Each Receipt this Period

30.00

☐ Memo Item  
CONTRIBUTION

EARMARKED FROM WINRED

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

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

129.50

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

**RICK SCOTT FOR FLORIDA**Full Name (Last, First, Middle Initial)  
JACOPPOALLEN, MARIE, , MS.,

Mailing Address 923 COUTURE ST

City  
THE VILLAGESState  
FLZip Code  
32163-5573FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

203.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 05 2025

Transaction ID : SA11A.573520

Amount of Each Receipt this Period

29.00

☐ Memo Item  
CONTRIBUTION

EARMARKED FROM WINRED

Full Name (Last, First, Middle Initial)  
KROWLES, JOSEPH, , MR.,

Mailing Address 86 SMITH STREET

City  
NESCONSETState  
NYZip Code  
11767-3358FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

269.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 08 2025

Transaction ID : SA11A.573372

Amount of Each Receipt this Period

1.00

☐ Memo Item  
CONTRIBUTION

EARMARKED FROM WINRED

Full Name (Last, First, Middle Initial)  
KROWLES, JOSEPH, , MR.,

Mailing Address 86 SMITH STREET

City  
NESCONSETState  
NYZip Code  
11767-3358FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

269.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 07 2025

Transaction ID : SA11A.573374

Amount of Each Receipt this Period

1.00

☐ Memo Item  
CONTRIBUTION

EARMARKED FROM WINRED

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

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

31.00

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
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NAME OF COMMITTEE (In Full)

**RICK SCOTT FOR FLORIDA**

Full Name (Last, First, Middle Initial)

NAYLON, JENNIFER, , ,

**A.** Mailing Address 5808 HIGHCLIFFE COURTCity  
THOUSAND OAKSState  
CAZip Code  
91362-5247FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

450.00

Date of Receipt

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

Transaction ID : SA11A.573537

Amount of Each Receipt this Period

75.00

☐ Memo Item  
CONTRIBUTION

EARMARKED FROM WINRED

Full Name (Last, First, Middle Initial)

PAYNE, JOHN, , MR.,

**B.** Mailing Address 9900 NORTHEAST 114TH CIRCLECity  
VANCOUVERState  
WAZip Code  
98662-1588FEC ID number of contributing  
federal political committee.

C

Name of Employer  
PET HEALTH INNOVATIONS, LLCOccupation  
CEO

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

700.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	4		2	0	2	5

Transaction ID : SA11A.573539

Amount of Each Receipt this Period

100.00

☐ Memo Item  
CONTRIBUTION

EARMARKED FROM WINRED

Full Name (Last, First, Middle Initial)

POWELL, SCOTT, , MR.,

**C.** Mailing Address 1717 FREEDOM DRCity  
MELBOURNEState  
FLZip Code  
32940-6714FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2190.00

Date of Receipt

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

Transaction ID : SA11A.573530

Amount of Each Receipt this Period

50.00

☐ Memo Item  
CONTRIBUTION

EARMARKED FROM WINRED

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

225.00

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

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

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NAME OF COMMITTEE (In Full)

**RICK SCOTT FOR FLORIDA**

Full Name (Last, First, Middle Initial)

RATLIFF, DONALD, , ,

**A.**

Mailing Address 1812 RATLIFF RD

City

BIG STONE GAP

State

VA

Zip Code

24219-4572

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 06 2025

Transaction ID : SA11A.573538

Amount of Each Receipt this Period

100.00

☐ Memo Item

CONTRIBUTION

EARMARKED FROM WINRED

Full Name (Last, First, Middle Initial)

SCHULCZ , ARTHUR, A., MR., SR.

**B.**

Mailing Address 21043 HONEYCREEPER PL.

City

LEESBURG

State

VA

Zip Code

20175-6598

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

ATTORNEY

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

385.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 04 2025

Transaction ID : SA11A.573533

Amount of Each Receipt this Period

50.00

☐ Memo Item

CONTRIBUTION

EARMARKED FROM WINRED

Full Name (Last, First, Middle Initial)

SCOTT, MARY, , MS.,

**C.**

Mailing Address 11605 WHITEWING AVE

City

AUSTIN

State

TX

Zip Code

78753-2247

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 08 2025

Transaction ID : SA11A.573521

Amount of Each Receipt this Period

30.00

☐ Memo Item

CONTRIBUTION

EARMARKED FROM WINRED

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

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

180.00

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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

NAME OF COMMITTEE (In Full)

**RICK SCOTT FOR FLORIDA**

Full Name (Last, First, Middle Initial)

WADE, EDWARD, , ,

**A.**

Mailing Address 617 N POWELL CIR

City  
WICHITAState  
KSZip Code  
67230-1524FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
05 02 2025

Transaction ID : SA11A.573541

Amount of Each Receipt this Period

500.00

☐ Memo Item  
CONTRIBUTION

EARMARKED FROM WINRED

**B.**

Full Name (Last, First, Middle Initial)

WINRED

Mailing Address P.O. BOX 9891

City  
ARLINGTONState  
VAZip Code  
22219-1891FEC ID number of contributing  
federal political committee.

C C00694323

Name of Employer

Occupation

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

192747.89

Date of Receipt

M M / D D / Y Y Y Y Y  
05 19 2025

Transaction ID : SA11C.574275

Amount of Each Receipt this Period

2824.24

☒ Memo Item  
CONTRIBUTIONSEE ATTRIBUTION BELOW FOR ALL DONORS  
ABOVE ITEMIZATION THRESHOLD**C.**

Full Name (Last, First, Middle Initial)

BAIRD, NELSON, CLIFFORD, ,

Mailing Address 1750 NEWTON RD

City  
FERRISState  
TXZip Code  
75125-9464FEC ID number of contributing  
federal political committee.

C

Name of Employer  
IBMOccupation  
SR CONSULTANT

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

760.00

Date of Receipt

M M / D D / Y Y Y Y Y  
05 10 2025

Transaction ID : SA11A.574436

Amount of Each Receipt this Period

95.00

☐ Memo Item  
CONTRIBUTION

EARMARKED FROM WINRED

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

595.00

**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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(check only one)

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☒ 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)

**RICK SCOTT FOR FLORIDA**

Full Name (Last, First, Middle Initial)

BALDOR, LIANA, , ,

**A.**

Mailing Address 5021 SOUTH SHORE CREST DRIVE

City  
TAMPA

State  
FL

Zip Code  
33609-3623

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BST GLOBAL

Occupation  
ADMINISTRATOR

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

255.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 12 2025

Transaction ID : SA11A.574363

Amount of Each Receipt this Period

10.00

☐ Memo Item  
CONTRIBUTION

EARMARKED FROM WINRED

Full Name (Last, First, Middle Initial)

BENEDETT, RUTH, , ,

**B.**

Mailing Address 3306 WINGED FOOT DRIVE

City  
NIXA

State  
MO

Zip Code  
65714-8706

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 11 2025

Transaction ID : SA11A.574419

Amount of Each Receipt this Period

30.00

☐ Memo Item  
CONTRIBUTION

EARMARKED FROM WINRED

Full Name (Last, First, Middle Initial)

BENNETT, LAKISHA, , ,

**C.**

Mailing Address 7016 ANDREWS AVE

City  
PHILADELPHIA

State  
PA

Zip Code  
19138-2110

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AL TAYLOR

Occupation  
COUNSELOR

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

305.50

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 15 2025

Transaction ID : SA11A.574404

Amount of Each Receipt this Period

25.00

☐ Memo Item  
CONTRIBUTION

EARMARKED FROM WINRED

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

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

65.00



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

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

**RICK SCOTT FOR FLORIDA**

Full Name (Last, First, Middle Initial)

BUCINA, RON, , MR.,

**A.**

Mailing Address 900 POPLAR HILL RD

City  
PROSPECTState  
TNZip Code  
38477-6011FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
05 12 2025

Transaction ID : SA11A.574432

Amount of Each Receipt this Period

50.00

☐ Memo Item  
CONTRIBUTION

EARMARKED FROM WINRED

**B.**

Full Name (Last, First, Middle Initial)

BURNS, MICHAEL, J., MR.,

Mailing Address 7287 HORIZON DR.

City  
WEST PALM BEACHState  
FLZip Code  
33412-3027FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

538.70

Date of Receipt

M M / D D / Y Y Y Y Y  
05 14 2025

Transaction ID : SA11A.574421

Amount of Each Receipt this Period

35.00

☐ Memo Item  
CONTRIBUTION

EARMARKED FROM WINRED

**C.**

Full Name (Last, First, Middle Initial)

CATION, LANNIE, , DR.,

Mailing Address 720 TRILLIUM STREET

City  
LEBANONState  
INZip Code  
46052-1693FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ASCENSION ST VINCENTOccupation  
PHYSICIAN

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
05 14 2025

Transaction ID : SA11A.574430

Amount of Each Receipt this Period

50.00

☐ Memo Item  
CONTRIBUTION

EARMARKED FROM WINRED

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

135.00

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

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

**RICK SCOTT FOR FLORIDA**

Full Name (Last, First, Middle Initial)

FULDNER, CHRIS, T., MR.,

**A.** Mailing Address 5035 STONEGATE CTCity  
SPRINGFIELDState  
MOZip Code  
65809-4013FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

396.00

Date of Receipt

M M / D D / Y Y Y Y Y  
05 15 2025

Transaction ID : SA11A.574427

Amount of Each Receipt this Period

49.50

☐ Memo Item  
CONTRIBUTION

EARMARKED FROM WINRED

Full Name (Last, First, Middle Initial)

GROH, BARBARA, , ,

**B.** Mailing Address 4003 ARBORCREEK CTCity  
CINCINNATIState  
OHZip Code  
45242-6300FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

320.99

Date of Receipt

M M / D D / Y Y Y Y Y  
05 08 2025

Transaction ID : SA11A.574423

Amount of Each Receipt this Period

45.00

☐ Memo Item  
CONTRIBUTION

EARMARKED FROM WINRED

Full Name (Last, First, Middle Initial)

KROWLES, JOSEPH, , MR.,

**C.** Mailing Address 86 SMITH STREETCity  
NESCONSETState  
NYZip Code  
11767-3358FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

269.00

Date of Receipt

M M / D D / Y Y Y Y Y  
05 12 2025

Transaction ID : SA11A.574302

Amount of Each Receipt this Period

1.00

☐ Memo Item  
CONTRIBUTION

EARMARKED FROM WINRED

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

95.50

**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  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**RICK SCOTT FOR FLORIDA**

Full Name (Last, First, Middle Initial)

KROWLES, JOSEPH, , MR.,

**A.**

Mailing Address 86 SMITH STREET

City

NESCONSET

State

NY

Zip Code

11767-3358

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

269.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 12 2025

Transaction ID : SA11A.574305

Amount of Each Receipt this Period

1.00

☐ Memo Item  
CONTRIBUTION

EARMARKED FROM WINRED

Full Name (Last, First, Middle Initial)

MADDIX, JOYE, , ,

**B.**

Mailing Address 4065 WEST GRANDVIEW ROAD

City

SALEM

State

IN

Zip Code

47167-8274

FEC ID number of contributing  
federal political committee.

C

Name of Employer

PROVIDENCE

Occupation

NURSE

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

305.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 11 2025

Transaction ID : SA11A.574397

Amount of Each Receipt this Period

23.75

☐ Memo Item  
CONTRIBUTION

EARMARKED FROM WINRED

Full Name (Last, First, Middle Initial)

MCCABE, DANIEL, , MR.,

**C.**

Mailing Address 239 WEST TRAIL

City

STAMFORD

State

CT

Zip Code

06903-2407

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

ATTORNEY

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

760.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 11 2025

Transaction ID : SA11A.574435

Amount of Each Receipt this Period

95.00

☐ Memo Item  
CONTRIBUTION

EARMARKED FROM WINRED

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

119.75

**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  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**RICK SCOTT FOR FLORIDA**

Full Name (Last, First, Middle Initial)

NEWBY, THERESA, , ,

**A.**

Mailing Address 6127 TREVINO AVENUE

City

LAS VEGAS

State

NV

Zip Code

89131-5926

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 11 2025

Transaction ID : SA11A.574441

Amount of Each Receipt this Period

100.00

☐ Memo Item  
CONTRIBUTION

EARMARKED FROM WINRED

Full Name (Last, First, Middle Initial)

NEWELL, GUY, , MR.,

**B.**

Mailing Address 1830 MANGO ST NE

City

PALM BAY

State

FL

Zip Code

32905-3335

FEC ID number of contributing  
federal political committee.

C

Name of Employer

DRS

Occupation

ENGINEER

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 14 2025

Transaction ID : SA11A.574428

Amount of Each Receipt this Period

50.00

☐ Memo Item  
CONTRIBUTION

EARMARKED FROM WINRED

Full Name (Last, First, Middle Initial)

PIOTROWSKI, DENNIS, , MR.,

**C.**

Mailing Address 496 WINDING WILLOW DRIVE

City

PALM HARBOR

State

FL

Zip Code

34683-5835

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 15 2025

Transaction ID : SA11A.574438

Amount of Each Receipt this Period

100.00

☐ Memo Item  
CONTRIBUTION

EARMARKED FROM WINRED

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

250.00

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

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NAME OF COMMITTEE (In Full)

**RICK SCOTT FOR FLORIDA**

Full Name (Last, First, Middle Initial)

PISTORINO, MARIA, H., MS.,

**A.**

Mailing Address 6535 SW 123 RD STREET

City

PINECREST

State

FL

Zip Code

33156-5554

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

226.67

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 11 2025

Transaction ID : SA11A.574393

Amount of Each Receipt this Period

20.24

☐ Memo Item

CONTRIBUTION

EARMARKED FROM WINRED

Full Name (Last, First, Middle Initial)

POWELL, SCOTT, , MR.,

**B.**

Mailing Address 1717 FREEDOM DR

City

MELBOURNE

State

FL

Zip Code

32940-6714

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2190.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 13 2025

Transaction ID : SA11A.574431

Amount of Each Receipt this Period

50.00

☐ Memo Item

CONTRIBUTION

EARMARKED FROM WINRED

Full Name (Last, First, Middle Initial)

RAFFENSBERGER, VERN, E., ,

**C.**

Mailing Address 214 GLEN ROCK RD

City

GLEN ROCK

State

PA

Zip Code

17327-8300

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

760.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 09 2025

Transaction ID : SA11A.574437

Amount of Each Receipt this Period

95.00

☐ Memo Item

CONTRIBUTION

EARMARKED FROM WINRED

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

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

165.24

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

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

**RICK SCOTT FOR FLORIDA**Full Name (Last, First, Middle Initial)  
RODRIGUEZ, RAFAEL, , PROF.,

Mailing Address P.O. BOX 363185

City  
SAN JUANState  
PRZip Code  
00936-3185FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UNIVERSITY OF PUERTO RICOOccupation  
PROFESSOR

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y  
05 14 2025

Transaction ID : SA11A.574439

Amount of Each Receipt this Period

100.00

☐ Memo Item  
CONTRIBUTION

EARMARKED FROM WINRED

Full Name (Last, First, Middle Initial)  
SCHULTZ, DONNA, , MS.,

Mailing Address 4801 ZINFANDEL LN

City  
BAKERSFIELDState  
CAZip Code  
93306-1859FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y  
05 12 2025

Transaction ID : SA11A.574410

Amount of Each Receipt this Period

25.00

☐ Memo Item  
CONTRIBUTION

EARMARKED FROM WINRED

Full Name (Last, First, Middle Initial)  
SHIPWASH, MARY, , ,

Mailing Address 12505 TABOR OAKS DR

City  
AUSTINState  
TXZip Code  
78739-4831FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

281.20

Date of Receipt

M M / D D / Y Y Y Y Y  
05 10 2025

Transaction ID : SA11A.574398

Amount of Each Receipt this Period

23.75

☐ Memo Item  
CONTRIBUTION

EARMARKED FROM WINRED

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

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

148.75

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

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

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(check only one)

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

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NAME OF COMMITTEE (In Full)

**RICK SCOTT FOR FLORIDA**

Full Name (Last, First, Middle Initial)

TRABUE, NELSON, , ,

**A.**

Mailing Address 920 TRABUE DRIVE

City

ASHLAND CITY

State

TN

Zip Code

37015-4929

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

342.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 09 2025

Transaction ID : SA11A.574422

Amount of Each Receipt this Period

42.75

☐ Memo Item

CONTRIBUTION

EARMARKED FROM WINRED

Full Name (Last, First, Middle Initial)

WINRED

**B.**

Mailing Address P.O. 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: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

192747.89

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 26 2025

Transaction ID : SA11C.574636

Amount of Each Receipt this Period

2069.82

☒ Memo Item

CONTRIBUTION

SEE ATTRIBUTION BELOW FOR ALL DONORS  
ABOVE ITEMIZATION THRESHOLD

Full Name (Last, First, Middle Initial)

BENNETT, LAKISHA, , ,

**C.**

Mailing Address 7016 ANDREWS AVE

City

PHILADELPHIA

State

PA

Zip Code

19138-2110

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AL TAYLOR

Occupation

COUNSELOR

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

305.50

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 18 2025

Transaction ID : SA11A.574692

Amount of Each Receipt this Period

10.00

☐ Memo Item

CONTRIBUTION

EARMARKED FROM WINRED

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

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

52.75

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

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

**RICK SCOTT FOR FLORIDA**

Full Name (Last, First, Middle Initial)

BRYANT, MARY, D., MS.,

**A.**

Mailing Address 1700 PARK SHORE RD

City

LA GRANGE

State

KY

Zip Code

40031-8024

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

375.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	7		2	0	2	5

Transaction ID : SA11A.574730

Amount of Each Receipt this Period

25.00

☐ Memo Item  
CONTRIBUTION

EARMARKED FROM WINRED

Full Name (Last, First, Middle Initial)

DANGELAS, MAYA, , ,

**B.**

Mailing Address 11434 GALLANT RIDGE LANE

City

HOUSTON

State

TX

Zip Code

77082-6817

FEC ID number of contributing  
federal political committee.

C

Name of Employer

US GLOBAL INSTITUTE

Occupation

EDUCATOR

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	8		2	0	2	5

Transaction ID : SA11A.574750

Amount of Each Receipt this Period

250.00

☐ Memo Item  
CONTRIBUTION

EARMARKED FROM WINRED

Full Name (Last, First, Middle Initial)

DOAN, DAVID, , MR.,

**C.**

Mailing Address 1225 CROSS BND

City

IRVING

State

TX

Zip Code

75061-6130

FEC ID number of contributing  
federal political committee.

C

Name of Employer

LOCKHEED MARTIN

Occupation

ASSEMBLY

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

280.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	8		2	0	2	5

Transaction ID : SA11A.574740

Amount of Each Receipt this Period

35.00

☐ Memo Item  
CONTRIBUTION

EARMARKED FROM WINRED

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

310.00

**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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(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

**RICK SCOTT FOR FLORIDA**

Full Name (Last, First, Middle Initial)

EAST, ALICE, , ,

**A.**

Mailing Address P.O. BOX 56

City

LINN

State

TX

Zip Code

78563-0056

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYEDOccupation  
RANCHER

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1329.68

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	8		2	0	2	5

Transaction ID : SA11A.574743

Amount of Each Receipt this Period

49.50

☐ Memo Item  
CONTRIBUTION

EARMARKED FROM WINRED

**B.**

Full Name (Last, First, Middle Initial)

EAST, ALICE, , ,

Mailing Address P.O. BOX 56

City

LINN

State

TX

Zip Code

78563-0056

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYEDOccupation  
RANCHER

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1329.68

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	7		2	0	2	5

Transaction ID : SA11A.574748

Amount of Each Receipt this Period

99.00

☐ Memo Item  
CONTRIBUTION

EARMARKED FROM WINRED

**C.**

Full Name (Last, First, Middle Initial)

MADDIX, JOYE, , ,

Mailing Address 4065 WEST GRANDVIEW ROAD

City

SALEM

State

IN

Zip Code

47167-8274

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
PROVIDENCEOccupation  
NURSE

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

305.00

Date of Receipt

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

Transaction ID : SA11A.574725

Amount of Each Receipt this Period

25.00

☐ Memo Item  
CONTRIBUTION

EARMARKED FROM WINRED

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

173.50

**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  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

**RICK SCOTT FOR FLORIDA**

Full Name (Last, First, Middle Initial)

PALMER, JEAN, B., MRS.,

**A.**

Mailing Address 224 ARNOLD AVE

City  
SYRACUSEState  
NYZip Code  
13210-3714FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

217.50

Date of Receipt

M M / D D / Y Y Y Y Y  
05 21 2025

Transaction ID : SA11A.574723

Amount of Each Receipt this Period

25.00

☐ Memo Item  
CONTRIBUTION

EARMARKED FROM WINRED

**B.**

Full Name (Last, First, Middle Initial)

PATTERSON, JESSICA, , ,

Mailing Address 1351 EMERALD CIRCLE

City  
SOUTHLAKEState  
TXZip Code  
76092-3305FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AAOccupation  
FLIGHT ATTENDANT

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y  
05 17 2025

Transaction ID : SA11A.574749

Amount of Each Receipt this Period

100.00

☐ Memo Item  
CONTRIBUTION

EARMARKED FROM WINRED

**C.**

Full Name (Last, First, Middle Initial)

ROE, JOAN, ELLEN, MS.,

Mailing Address 360 W NOKOMIS CT

City  
MILWAUKEEState  
WIZip Code  
53217-2611FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y  
05 20 2025

Transaction ID : SA11A.574744

Amount of Each Receipt this Period

50.00

☐ Memo Item  
CONTRIBUTION

EARMARKED FROM WINRED

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

175.00

**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  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**RICK SCOTT FOR FLORIDA**

Full Name (Last, First, Middle Initial)

ROLKER, JOHN, , MR.,

**A.**

Mailing Address 14 W. SARATOGA ST.

City

BALTIMORE

State

MD

Zip Code

21201-4207

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

INSURANCE

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

237.04

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 18 2025

Transaction ID : SA11A.574729

Amount of Each Receipt this Period

25.00

☐ Memo Item  
CONTRIBUTION

EARMARKED FROM WINRED

Full Name (Last, First, Middle Initial)

SOSNICK, NIKKE, , ,

**B.**

Mailing Address 510 PAJARO COURT

City

SACRAMENTO

State

CA

Zip Code

95864-7229

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

460.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 20 2025

Transaction ID : SA11A.574745

Amount of Each Receipt this Period

50.00

☐ Memo Item  
CONTRIBUTION

EARMARKED FROM WINRED

Full Name (Last, First, Middle Initial)

STUDINKA, JOYCE, , ,

**C.**

Mailing Address 145, WOODMONT DR

City

BIRMINGHAM

State

AL

Zip Code

35209-6627

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

203.99

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 21 2025

Transaction ID : SA11A.574704

Amount of Each Receipt this Period

20.00

☐ Memo Item  
CONTRIBUTION

EARMARKED FROM WINRED

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

95.00

**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  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

**RICK SCOTT FOR FLORIDA**Full Name (Last, First, Middle Initial)  
WINRED

Mailing Address P.O. BOX 9891

City  
ARLINGTONState  
VAZip Code  
22219-1891FEC ID number of contributing  
federal political committee.

C C00694323

Name of Employer

Occupation

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

192747.89

Date of Receipt

M M	D D	Y Y Y Y
06	02	2025

Transaction ID : SA11C.574894

Amount of Each Receipt this Period

3543.44

☒ Memo Item  
 CONTRIBUTION
SEE ATTRIBUTION BELOW FOR ALL DONORS  
ABOVE ITEMIZATION THRESHOLDFull Name (Last, First, Middle Initial)  
ALSTON, DAVID, , ,

Mailing Address 17630 N GOLDWATER DR.

City  
SURPRISEState  
AZZip Code  
85374-2970FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation  
CAREGIVER

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

496.50

Date of Receipt

M M	D D	Y Y Y Y
05	23	2025

Transaction ID : SA11A.575082

Amount of Each Receipt this Period

99.00

☐ Memo Item  
 CONTRIBUTION

EARMARKED FROM WINRED

Full Name (Last, First, Middle Initial)  
ALSTON, DAVID, , ,

Mailing Address 17630 N GOLDWATER DR.

City  
SURPRISEState  
AZZip Code  
85374-2970FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation  
CAREGIVER

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

496.50

Date of Receipt

M M	D D	Y Y Y Y
06	02	2025

Transaction ID : SA11A.575089

Amount of Each Receipt this Period

- 99.00

☐ Memo Item  
 CONTRIBUTION

EARMARKED BY WINRED - CHARGED BACK

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

0.00

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  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

**RICK SCOTT FOR FLORIDA**

Full Name (Last, First, Middle Initial)

**BANGERT, MARILYN, , MS.,****A.**

Mailing Address 8713 US HWY 85

City

FORT LUPTON

State

CO

Zip Code

80621-9309

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

955.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	4		2	0	2	5

Transaction ID : SA11A.575085

Amount of Each Receipt this Period

100.00

☐ Memo Item  
CONTRIBUTION

EARMARKED FROM WINRED

Full Name (Last, First, Middle Initial)

**BENNETT, LAKISHA, , ,****B.**

Mailing Address 7016 ANDREWS AVE

City

PHILADELPHIA

State

PA

Zip Code

19138-2110

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AL TAYLOR

Occupation

COUNSELOR

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

305.50

Date of Receipt

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

Transaction ID : SA11A.574962

Amount of Each Receipt this Period

4.75

☐ Memo Item  
CONTRIBUTION

EARMARKED FROM WINRED

Full Name (Last, First, Middle Initial)

**BURNS, MICHAEL, J., MR.,****C.**

Mailing Address 7287 HORIZON DR.

City

WEST PALM BEACH

State

FL

Zip Code

33412-3027

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

538.70

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	8		2	0	2	5

Transaction ID : SA11A.575055

Amount of Each Receipt this Period

25.00

☐ Memo Item  
CONTRIBUTION

EARMARKED FROM WINRED

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

129.75

**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  
Detailed Summary Page

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

**RICK SCOTT FOR FLORIDA**

Full Name (Last, First, Middle Initial)

CARUSO, JASON, , MR.,

**A.**

Mailing Address 855 SUMMIT RD

City

NEW RICHMOND

State

WI

Zip Code

54017-1443

FEC ID number of contributing  
federal political committee.

C

Name of Employer

BURGER BROS

Occupation

OWNER

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

396.00

Date of Receipt

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

Transaction ID : SA11A.575072

Amount of Each Receipt this Period

49.50

☐ Memo Item  
CONTRIBUTION

EARMARKED FROM WINRED

Full Name (Last, First, Middle Initial)

HALE, LARRY, , MR.,

**B.**

Mailing Address 7835 MUDVILLE

City

MILLINGTON

State

TN

Zip Code

38053-4703

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

396.00

Date of Receipt

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

Transaction ID : SA11A.575073

Amount of Each Receipt this Period

49.50

☐ Memo Item  
CONTRIBUTION

EARMARKED FROM WINRED

Full Name (Last, First, Middle Initial)

KROWLES, JOSEPH, , MR.,

**C.**

Mailing Address 86 SMITH STREET

City

NESCONSET

State

NY

Zip Code

11767-3358

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

269.00

Date of Receipt

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

Transaction ID : SA11A.574911

Amount of Each Receipt this Period

1.00

☐ Memo Item  
CONTRIBUTION

EARMARKED FROM WINRED

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

100.00

**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  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**RICK SCOTT FOR FLORIDA**

Full Name (Last, First, Middle Initial)

KROWLES, JOSEPH, , MR.,

**A.**

Mailing Address 86 SMITH STREET

City

NESCONSET

State

NY

Zip Code

11767-3358

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

269.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 23 2025

Transaction ID : SA11A.575067

Amount of Each Receipt this Period

27.00

☐ Memo Item

CONTRIBUTION

EARMARKED FROM WINRED

Full Name (Last, First, Middle Initial)

LANGER, SUSAN, S., ,

**B.**

Mailing Address 1307 W. 6TH STREET

City

RED WING

State

MN

Zip Code

55066-2146

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SPAVE

Occupation

CEO

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 24 2025

Transaction ID : SA11A.575088

Amount of Each Receipt this Period

500.00

☐ Memo Item

CONTRIBUTION

EARMARKED FROM WINRED

Full Name (Last, First, Middle Initial)

LOHMAN, CAROLYN, , ,

**C.**

Mailing Address 3229 WALNUT CREEK COURT

City

BRYAN

State

TX

Zip Code

77807-4852

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

270.24

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 26 2025

Transaction ID : SA11A.575057

Amount of Each Receipt this Period

25.00

☐ Memo Item

CONTRIBUTION

EARMARKED FROM WINRED

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

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

552.00

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

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

**RICK SCOTT FOR FLORIDA**

Full Name (Last, First, Middle Initial)

MANNO, JOHN, , ,

**A.**

Mailing Address 101 WOODVALE CREEK

City

BOSSIER CITY

State

LA

Zip Code

71111-2285

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1360.92

Date of Receipt

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

Transaction ID : SA11A.575087

Amount of Each Receipt this Period

250.00

☐ Memo Item  
CONTRIBUTION

EARMARKED FROM WINRED

**B.**

Full Name (Last, First, Middle Initial)

OGDEN, JAMES, , MR.,

Mailing Address 118 E OCEAN AVE

City

EDGEWATER

State

FL

Zip Code

32132-1908

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

700.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	8		2	0	5	

Transaction ID : SA11A.575083

Amount of Each Receipt this Period

100.00

☐ Memo Item  
CONTRIBUTION

EARMARKED FROM WINRED

**C.**

Full Name (Last, First, Middle Initial)

PIKE, TYRONE, , ,

Mailing Address 3295 WOODSIDE ROAD

City

WOODSIDE

State

CA

Zip Code

94062-2554

FEC ID number of contributing  
federal political committee.

C

Name of Employer

FILESHADOW

Occupation

PRESIDENT

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

225.00

Date of Receipt

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

Transaction ID : SA11A.575063

Amount of Each Receipt this Period

25.00

☐ Memo Item  
CONTRIBUTION

EARMARKED FROM WINRED

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

375.00

**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  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 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)

**RICK SCOTT FOR FLORIDA**

Full Name (Last, First, Middle Initial)

POWELL, SCOTT, , MR.,

**A.**

Mailing Address 1717 FREEDOM DR

City

MELBOURNE

State

FL

Zip Code

32940-6714

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2190.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 23 2025

Transaction ID : SA11A.575068

Amount of Each Receipt this Period

30.00

☐ Memo Item

CONTRIBUTION

EARMARKED FROM WINRED

Full Name (Last, First, Middle Initial)

POWELL, SCOTT, , MR.,

**B.**

Mailing Address 1717 FREEDOM DR

City

MELBOURNE

State

FL

Zip Code

32940-6714

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2190.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 28 2025

Transaction ID : SA11A.575074

Amount of Each Receipt this Period

50.00

☐ Memo Item

CONTRIBUTION

EARMARKED FROM WINRED

Full Name (Last, First, Middle Initial)

POWELL, SCOTT, , MR.,

**C.**

Mailing Address 1717 FREEDOM DR

City

MELBOURNE

State

FL

Zip Code

32940-6714

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2190.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 25 2025

Transaction ID : SA11A.575084

Amount of Each Receipt this Period

100.00

☐ Memo Item

CONTRIBUTION

EARMARKED FROM WINRED

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

180.00

**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  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 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)

**RICK SCOTT FOR FLORIDA**

Full Name (Last, First, Middle Initial)

RANKIN, DOUGLAS, , MR.,

**A.**

Mailing Address 2335 TAMIAMI TRAIL  
SUITE 308

City  
NAPLES

State  
FL

Zip Code  
34103-4458

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation  
ATTORNEY

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 27 2025

Transaction ID : SA11A.575076

Amount of Each Receipt this Period

50.00

☐ Memo Item  
CONTRIBUTION

EARMARKED FROM WINRED

Full Name (Last, First, Middle Initial)

ROE, JOAN, ELLEN, MS.,

**B.**

Mailing Address 360 W NOKOMIS CT

City  
MILWAUKEE

State  
WI

Zip Code  
53217-2611

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 23 2025

Transaction ID : SA11A.575079

Amount of Each Receipt this Period

50.00

☐ Memo Item  
CONTRIBUTION

EARMARKED FROM WINRED

Full Name (Last, First, Middle Initial)

RUBY, GRIFF, , ,

**C.**

Mailing Address 1016 ROCK ROSE LANE

City  
LOMPOC

State  
CA

Zip Code  
93436-3265

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 26 2025

Transaction ID : SA11A.575077

Amount of Each Receipt this Period

50.00

☐ Memo Item  
CONTRIBUTION

EARMARKED FROM WINRED

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

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

150.00

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

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**RICK SCOTT FOR FLORIDA**

Full Name (Last, First, Middle Initial)

SEBOR, DANIELA, , MS.,

**A.**

Mailing Address 751 CRICKLEWOOD TERRACE

City

LAKE MARY

State

FL

Zip Code

32746-5310

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 23 2025

Transaction ID : SA11A.575069

Amount of Each Receipt this Period

30.00

☐ Memo Item  
CONTRIBUTION

EARMARKED FROM WINRED

Full Name (Last, First, Middle Initial)

SHEARS, LARRY, , DR.,

**B.**

Mailing Address 553 MARINER WAY

City

CHATTANOOGA

State

TN

Zip Code

37402-2923

FEC ID number of contributing  
federal political committee.

C

Name of Employer

ERLANGER

Occupation

SURGEON

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

346.50

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 28 2025

Transaction ID : SA11A.575071

Amount of Each Receipt this Period

49.50

☐ Memo Item  
CONTRIBUTION

EARMARKED FROM WINRED

Full Name (Last, First, Middle Initial)

SMITH, DANIEL, , ,

**C.**

Mailing Address 7 WOODBINE ROAD

City

FLORHAM PARK

State

NJ

Zip Code

07932-2649

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 25 2025

Transaction ID : SA11A.575058

Amount of Each Receipt this Period

25.00

☐ Memo Item  
CONTRIBUTION

EARMARKED FROM WINRED

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

104.50

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

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

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NAME OF COMMITTEE (In Full)

**RICK SCOTT FOR FLORIDA**

Full Name (Last, First, Middle Initial)

SPITZER, LINDA, , ,

**A.**

Mailing Address P.O. BOX 5591

City

MOHAVE VALLEY

State

AZ

Zip Code

86446-5591

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

254.62

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 27 2025

Transaction ID : SA11A.575037

Amount of Each Receipt this Period

20.24

☐ Memo Item  
CONTRIBUTION

EARMARKED FROM WINRED

Full Name (Last, First, Middle Initial)

SPITZER, LINDA, , ,

**B.**

Mailing Address P.O. BOX 5591

City

MOHAVE VALLEY

State

AZ

Zip Code

86446-5591

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

254.62

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 27 2025

Transaction ID : SA11A.575038

Amount of Each Receipt this Period

20.24

☐ Memo Item  
CONTRIBUTION

EARMARKED FROM WINRED

Full Name (Last, First, Middle Initial)

STORY, VICTOR, B., MR., JR.

**C.**

Mailing Address P.O. BOX 857

City

BABSON PARK

State

FL

Zip Code

33827-0857

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 22 2025

Transaction ID : SA11A.575080

Amount of Each Receipt this Period

50.00

☐ Memo Item  
CONTRIBUTION

EARMARKED FROM WINRED

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

90.48

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

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

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**RICK SCOTT FOR FLORIDA**

Full Name (Last, First, Middle Initial)  
WILKERSON, WILLIAM, A., MR.,

A. Mailing Address 2810 E OAKLAND PARK BLVD STE 308

City  
FORT LAUDERDALE

State  
FL

Zip Code  
33306-1801

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BCT INI INC

Occupation  
CEO

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 23 2025

Transaction ID : SA11A.575086

Amount of Each Receipt this Period

100.00

☐ Memo Item  
CONTRIBUTION

EARMARKED FROM WINRED

Full Name (Last, First, Middle Initial)  
WINRED

B. Mailing Address P.O. 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: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

192747.89

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 09 2025

Transaction ID : SA11C.576149

Amount of Each Receipt this Period

3120.27

☒ Memo Item  
CONTRIBUTION

SEE ATTRIBUTION BELOW FOR ALL DONORS  
ABOVE ITEMIZATION THRESHOLD

Full Name (Last, First, Middle Initial)  
AHLBUM, JONATHAN, , MR.,

C. Mailing Address 660 NORTHWEST 49TH AVENUE

City  
COCONUT CREEK

State  
FL

Zip Code  
33063-4629

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation  
INSURANCE AGENT

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 31 2025

Transaction ID : SA11A.576313

Amount of Each Receipt this Period

50.00

☐ Memo Item  
CONTRIBUTION

EARMARKED FROM WINRED

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

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

150.00

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

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NAME OF COMMITTEE (In Full)

**RICK SCOTT FOR FLORIDA**

Full Name (Last, First, Middle Initial)

BALDOR, LIANA, , ,

**A.**

Mailing Address 5021 SOUTH SHORE CREST DRIVE

City  
TAMPA

State  
FL

Zip Code  
33609-3623

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BST GLOBAL

Occupation  
ADMINISTRATOR

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

255.00

Date of Receipt

M M / D D / Y Y Y Y Y  
05 31 2025

Transaction ID : SA11A.576297

Amount of Each Receipt this Period

25.00

☐ Memo Item  
CONTRIBUTION

EARMARKED FROM WINRED

Full Name (Last, First, Middle Initial)

BENNETT, LAKISHA, , ,

**B.**

Mailing Address 7016 ANDREWS AVE

City  
PHILADELPHIA

State  
PA

Zip Code  
19138-2110

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AL TAYLOR

Occupation  
COUNSELOR

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

305.50

Date of Receipt

M M / D D / Y Y Y Y Y  
05 29 2025

Transaction ID : SA11A.576242

Amount of Each Receipt this Period

10.00

☐ Memo Item  
CONTRIBUTION

EARMARKED FROM WINRED

Full Name (Last, First, Middle Initial)

BRYANT, MARY, D., MS.,

**C.**

Mailing Address 1700 PARK SHORE RD

City  
LA GRANGE

State  
KY

Zip Code  
40031-8024

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y  
05 30 2025

Transaction ID : SA11A.576300

Amount of Each Receipt this Period

25.00

☐ Memo Item  
CONTRIBUTION

EARMARKED FROM WINRED

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

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

60.00

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

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NAME OF COMMITTEE (In Full)

**RICK SCOTT FOR FLORIDA**

Full Name (Last, First, Middle Initial)

BURGESS, LLOYD, , ,

**A.**

Mailing Address 22334 N CO RD 1940

City  
MANGUM

State  
OK

Zip Code  
73554-3305

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

346.50

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 04 2025

Transaction ID : SA11A.576308

Amount of Each Receipt this Period

49.50

☐ Memo Item  
CONTRIBUTION

EARMARKED FROM WINRED

Full Name (Last, First, Middle Initial)

BURNS, MICHAEL, J., MR.,

**B.**

Mailing Address 7287 HORIZON DR.

City  
WEST PALM BEACH

State  
FL

Zip Code  
33412-3027

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

538.70

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 04 2025

Transaction ID : SA11A.576310

Amount of Each Receipt this Period

50.00

☐ Memo Item  
CONTRIBUTION

EARMARKED FROM WINRED

Full Name (Last, First, Middle Initial)

DOSS, GLENN, , ,

**C.**

Mailing Address 170 VALHALLA RD

City  
CORDELE

State  
GA

Zip Code  
31015-9364

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

0.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 03 2025

Transaction ID : SA11A.576317

Amount of Each Receipt this Period

237.50

☐ Memo Item  
CONTRIBUTION

EARMARKED FROM WINRED

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

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

337.00

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

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NAME OF COMMITTEE (In Full)

**RICK SCOTT FOR FLORIDA**

Full Name (Last, First, Middle Initial)

DOSS, GLENN, , ,

**A.**

Mailing Address 170 VALHALLA RD

City  
CORDELE

State  
GA

Zip Code  
31015-9364

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

0.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 23 2025

Transaction ID : SA11A.576718

Amount of Each Receipt this Period

- 237.50

☐ Memo Item  
CONTRIBUTION

EARMARKED BY WINRED - CHARGED BACK

Full Name (Last, First, Middle Initial)

EAST, ALICE, , ,

**B.**

Mailing Address P.O. BOX 56

City  
LINN

State  
TX

Zip Code  
78563-0056

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation  
RANCHER

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1329.68

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 01 2025

Transaction ID : SA11A.576273

Amount of Each Receipt this Period

20.24

☐ Memo Item  
CONTRIBUTION

EARMARKED FROM WINRED

Full Name (Last, First, Middle Initial)

EDGINGTON, CAROL, , COL.,

**C.**

Mailing Address 20 CASTLE DR

City  
DAYTON

State  
OH

Zip Code  
45429-1720

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

305.99

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 04 2025

Transaction ID : SA11A.576312

Amount of Each Receipt this Period

50.00

☐ Memo Item  
CONTRIBUTION

EARMARKED FROM WINRED

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

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

- 167.26



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

**RICK SCOTT FOR FLORIDA**

Full Name (Last, First, Middle Initial)

HACKL, MARK, , MR. ,

**A.**

Mailing Address 485 HICKORY NUT AVE

City

OLDSMAR

State

FL

Zip Code

34677-2016

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

237.67

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		01		2025

Transaction ID : SA11A.576274

Amount of Each Receipt this Period

20.24

☐ Memo Item  
 CONTRIBUTION

EARMARKED FROM WINRED

**B.**

Full Name (Last, First, Middle Initial)

JACOPPOALLEN, MARIE, , MS.,

Mailing Address 923 COUTURE ST

City

THE VILLAGES

State

FL

Zip Code

32163-5573

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

203.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		05		2025

Transaction ID : SA11A.576302

Amount of Each Receipt this Period

29.00

☐ Memo Item  
 CONTRIBUTION

EARMARKED FROM WINRED

**C.**

Full Name (Last, First, Middle Initial)

KROWLES, JOSEPH, , MR.,

Mailing Address 86 SMITH STREET

City

NESCONSET

State

NY

Zip Code

11767-3358

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

269.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		01		2025

Transaction ID : SA11A.576165

Amount of Each Receipt this Period

1.00

☐ Memo Item  
 CONTRIBUTION

EARMARKED FROM WINRED

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

50.24
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# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

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for each category of the  
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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)

**RICK SCOTT FOR FLORIDA**

Full Name (Last, First, Middle Initial)

KROWLES, JOSEPH, , MR.,

**A.**

Mailing Address 86 SMITH STREET

City

NESCONSET

State

NY

Zip Code

11767-3358

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2030

☒ Primary

☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

269.00

Date of Receipt

M M / D D / Y Y Y Y Y  
05 31 2025

Transaction ID : SA11A.576173

Amount of Each Receipt this Period

1.00

☐ Memo Item

CONTRIBUTION

EARMARKED FROM WINRED

Full Name (Last, First, Middle Initial)

MANNO, JOHN, , ,

**B.**

Mailing Address 101 WOODVALE CREEK

City

BOSSIER CITY

State

LA

Zip Code

71111-2285

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2030

☒ Primary

☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

1360.92

Date of Receipt

M M / D D / Y Y Y Y Y  
06 01 2025

Transaction ID : SA11A.576275

Amount of Each Receipt this Period

20.24

☐ Memo Item

CONTRIBUTION

EARMARKED FROM WINRED

Full Name (Last, First, Middle Initial)

NEWELL, KENNETH, , MR.,

**C.**

Mailing Address 5101 CLIFFROSE LANE

City

FORT WORTH

State

TX

Zip Code

76109-4852

FEC ID number of contributing  
federal political committee.

C

Name of Employer

FW ACQUISITION CORP

Occupation

CONSTRUCTION

Receipt For: 2030

☒ Primary

☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

262.50

Date of Receipt

M M / D D / Y Y Y Y Y  
05 29 2025

Transaction ID : SA11A.576305

Amount of Each Receipt this Period

37.50

☐ Memo Item

CONTRIBUTION

EARMARKED FROM WINRED

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

58.74

**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)

**RICK SCOTT FOR FLORIDA**

Full Name (Last, First, Middle Initial)

PAYNE, JOHN, , MR.,

**A.**

Mailing Address 9900 NORTHEAST 114TH CIRCLE

City

VANCOUVER

State

WA

Zip Code

98662-1588

FEC ID number of contributing  
federal political committee.

C

Name of Employer

PET HEALTH INNOVATIONS, LLC

Occupation

CEO

Receipt For: 2030

☒ Primary☐ General☐ Other (specify) ▼

Election Cycle-to-Date ▼

700.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	4		2	0	2	5

Transaction ID : SA11A.576315

Amount of Each Receipt this Period

100.00

☐ Memo Item

CONTRIBUTION

EARMARKED FROM WINRED

**B.**

Full Name (Last, First, Middle Initial)

SCHULCZ , ARTHUR, A., MR., SR.

Mailing Address 21043 HONEYCREEPER PL.

City

LEESBURG

State

VA

Zip Code

20175-6598

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

ATTORNEY

Receipt For: 2030

☒ Primary☐ General☐ Other (specify) ▼

Election Cycle-to-Date ▼

385.00

Date of Receipt

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

Transaction ID : SA11A.576213

Amount of Each Receipt this Period

5.00

☐ Memo Item

CONTRIBUTION

EARMARKED FROM WINRED

**C.**

Full Name (Last, First, Middle Initial)

SCHULCZ , ARTHUR, A., MR., SR.

Mailing Address 21043 HONEYCREEPER PL.

City

LEESBURG

State

VA

Zip Code

20175-6598

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

ATTORNEY

Receipt For: 2030

☒ Primary☐ General☐ Other (specify) ▼

Election Cycle-to-Date ▼

385.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	4		2	0	2	5

Transaction ID : SA11A.576309

Amount of Each Receipt this Period

50.00

☐ Memo Item

CONTRIBUTION

EARMARKED FROM WINRED

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

155.00

**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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(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

**RICK SCOTT FOR FLORIDA**

Full Name (Last, First, Middle Initial)

SCHULTZ, DONNA, , MS.,

**A.**

Mailing Address 4801 ZINFANDEL LN

City

BAKERSFIELD

State

CA

Zip Code

93306-1859

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

375.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		3	1		2	0	2	5

Transaction ID : SA11A.576295

Amount of Each Receipt this Period

25.00

☐ Memo Item  
CONTRIBUTION

EARMARKED FROM WINRED

**B.**

Full Name (Last, First, Middle Initial)

SMITH, MERRILL, , ,

Mailing Address 1700 SOUTHEAST 9TH STREET

City

FORT LAUDERDALE

State

FL

Zip Code

33316-1416

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INCOMM

Occupation

EXECUTIVE

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

700.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		3	1		2	0	2	5

Transaction ID : SA11A.576316

Amount of Each Receipt this Period

100.00

☐ Memo Item  
CONTRIBUTION

EARMARKED FROM WINRED

**C.**

Full Name (Last, First, Middle Initial)

WADE, EDWARD, , ,

Mailing Address 617 N POWELL CIR

City

WICHITA

State

KS

Zip Code

67230-1524

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2500.00

Date of Receipt

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

Transaction ID : SA11A.576318

Amount of Each Receipt this Period

500.00

☐ Memo Item  
CONTRIBUTION

EARMARKED FROM WINRED

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

625.00

**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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(check only one)

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12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)

**RICK SCOTT FOR FLORIDA**

Full Name (Last, First, Middle Initial)  
WINRED

**A.** Mailing Address P.O. 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: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

192747.89

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 16 2025

Transaction ID : SA11C.576382

Amount of Each Receipt this Period

2311.30

☒ Memo Item

CONTRIBUTION

SEE ATTRIBUTION BELOW FOR ALL DONORS  
ABOVE ITEMIZATION THRESHOLD

Full Name (Last, First, Middle Initial)  
BAIRD, NELSON, CLIFFORD, ,

**B.** Mailing Address 1750 NEWTON RD

City  
FERRIS

State  
TX

Zip Code  
75125-9464

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

IBM

SR CONSULTANT

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

760.00

Date of Receipt

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

Transaction ID : SA11A.576542

Amount of Each Receipt this Period

95.00

☐ Memo Item

CONTRIBUTION

EARMARKED FROM WINRED

Full Name (Last, First, Middle Initial)  
BALDOR, LIANA, ,

**C.** Mailing Address 5021 SOUTH SHORE CREST DRIVE

City  
TAMPA

State  
FL

Zip Code  
33609-3623

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

BST GLOBAL

ADMINISTRATOR

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

255.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 12 2025

Transaction ID : SA11A.576472

Amount of Each Receipt this Period

10.00

☐ Memo Item

CONTRIBUTION

EARMARKED FROM WINRED

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

105.00

**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  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

**RICK SCOTT FOR FLORIDA**

Full Name (Last, First, Middle Initial)

**BENEDETT, RUTH, , ,****A.**

Mailing Address 3306 WINGED FOOT DRIVE

City

NIXA

State

MO

Zip Code

65714-8706

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

210.00

Date of Receipt

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

Transaction ID : SA11A.576529

Amount of Each Receipt this Period

30.00

☐ Memo Item  
CONTRIBUTION

EARMARKED FROM WINRED

**B.**

Full Name (Last, First, Middle Initial)

**BUCINA, RON, , MR.,**

Mailing Address 900 POPLAR HILL RD

City

PROSPECT

State

TN

Zip Code

38477-6011

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

400.00

Date of Receipt

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

Transaction ID : SA11A.576536

Amount of Each Receipt this Period

50.00

☐ Memo Item  
CONTRIBUTION

EARMARKED FROM WINRED

**C.**

Full Name (Last, First, Middle Initial)

**BURNS, MICHAEL, J., MR.,**

Mailing Address 7287 HORIZON DR.

City

WEST PALM BEACH

State

FL

Zip Code

33412-3027

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

538.70

Date of Receipt

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

Transaction ID : SA11A.576532

Amount of Each Receipt this Period

35.00

☐ Memo Item  
CONTRIBUTION

EARMARKED FROM WINRED

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

115.00

**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)

**RICK SCOTT FOR FLORIDA**

Full Name (Last, First, Middle Initial)

GROH, BARBARA, , ,

**A.** Mailing Address 4003 ARBORCREEK CT

City  
CINCINNATI

State  
OH

Zip Code  
45242-6300

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

320.99

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 08 2025

Transaction ID : SA11A.576534

Amount of Each Receipt this Period

45.00

☐ Memo Item  
CONTRIBUTION

EARMARKED FROM WINRED

Full Name (Last, First, Middle Initial)

HADFIELD, DAVID, , MR.,

**B.** Mailing Address 5571 65TH AVE

City  
PINELLAS PARK

State  
FL

Zip Code  
33781-5529

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 05 2025

Transaction ID : SA11A.576531

Amount of Each Receipt this Period

30.00

☐ Memo Item  
CONTRIBUTION

EARMARKED FROM WINRED

Full Name (Last, First, Middle Initial)

KROWLES, JOSEPH, , MR.,

**C.** Mailing Address 86 SMITH STREET

City  
NESCONSET

State  
NY

Zip Code  
11767-3358

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

269.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 12 2025

Transaction ID : SA11A.576411

Amount of Each Receipt this Period

1.00

☐ Memo Item  
CONTRIBUTION

EARMARKED FROM WINRED

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

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

76.00

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

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**RICK SCOTT FOR FLORIDA**

Full Name (Last, First, Middle Initial)

KROWLES, JOSEPH, , MR.,

**A.**

Mailing Address 86 SMITH STREET

City

NESCONSET

State

NY

Zip Code

11767-3358

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

269.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 12 2025

Transaction ID : SA11A.576414

Amount of Each Receipt this Period

1.00

☐ Memo Item

CONTRIBUTION

EARMARKED FROM WINRED

Full Name (Last, First, Middle Initial)

KROWLES, JOSEPH, , MR.,

**B.**

Mailing Address 86 SMITH STREET

City

NESCONSET

State

NY

Zip Code

11767-3358

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

269.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 08 2025

Transaction ID : SA11A.576425

Amount of Each Receipt this Period

1.00

☐ Memo Item

CONTRIBUTION

EARMARKED FROM WINRED

Full Name (Last, First, Middle Initial)

KROWLES, JOSEPH, , MR.,

**C.**

Mailing Address 86 SMITH STREET

City

NESCONSET

State

NY

Zip Code

11767-3358

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

269.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 07 2025

Transaction ID : SA11A.576426

Amount of Each Receipt this Period

1.00

☐ Memo Item

CONTRIBUTION

EARMARKED FROM WINRED

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

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

3.00



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

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 11d  
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)

**RICK SCOTT FOR FLORIDA**

Full Name (Last, First, Middle Initial)

MADDIX, JOYE, , ,

**A.**

Mailing Address 4065 WEST GRANDVIEW ROAD

City  
SALEM

State  
IN

Zip Code  
47167-8274

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
PROVIDENCE

Occupation  
NURSE

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

305.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 11 2025

Transaction ID : SA11A.576513

Amount of Each Receipt this Period

23.75

☐ Memo Item  
CONTRIBUTION

EARMARKED FROM WINRED

Full Name (Last, First, Middle Initial)

MCCABE, DANIEL, , MR.,

**B.**

Mailing Address 239 WEST TRAIL

City  
STAMFORD

State  
CT

Zip Code  
06903-2407

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation  
ATTORNEY

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

760.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 11 2025

Transaction ID : SA11A.576541

Amount of Each Receipt this Period

95.00

☐ Memo Item  
CONTRIBUTION

EARMARKED FROM WINRED

Full Name (Last, First, Middle Initial)

NAYLON, JENNIFER, , ,

**C.**

Mailing Address 5808 HIGHCLIFFE COURT

City  
THOUSAND OAKS

State  
CA

Zip Code  
91362-5247

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 05 2025

Transaction ID : SA11A.576540

Amount of Each Receipt this Period

75.00

☐ Memo Item  
CONTRIBUTION

EARMARKED FROM WINRED

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

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

193.75

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

**RICK SCOTT FOR FLORIDA**

Full Name (Last, First, Middle Initial)

NAYLON, JENNIFER, , ,

**A.**

Mailing Address 5808 HIGHCLIFFE COURT

City  
THOUSAND OAKSState  
CAZip Code  
91362-5247FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 23 2025

Transaction ID : SA11A.576719

Amount of Each Receipt this Period

- 75.00

☐ Memo Item  
CONTRIBUTION

EARMARKED BY WINRED - CHARGED BACK

**B.**

Full Name (Last, First, Middle Initial)

NEWBY, THERESA, , ,

Mailing Address 6127 TREVINO AVENUE

City  
LAS VEGASState  
NVZip Code  
89131-5926FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 11 2025

Transaction ID : SA11A.576544

Amount of Each Receipt this Period

100.00

☐ Memo Item  
CONTRIBUTION

EARMARKED FROM WINRED

**C.**

Full Name (Last, First, Middle Initial)

NEWELL, GUY, , MR.,

Mailing Address 1830 MANGO ST NE

City  
PALM BAYState  
FLZip Code  
32905-3335FEC ID number of contributing  
federal political committee.

C

Name of Employer  
DRSOccupation  
ENGINEER

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 11 2025

Transaction ID : SA11A.576537

Amount of Each Receipt this Period

50.00

☐ Memo Item  
CONTRIBUTION

EARMARKED FROM WINRED

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

75.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**RICK SCOTT FOR FLORIDA**

Full Name (Last, First, Middle Initial)

PISTORINO, MARIA, H., MS.,

**A.**

Mailing Address 6535 SW 123 RD STREET

City

PINECREST

State

FL

Zip Code

33156-5554

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

226.67

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 11 2025

Transaction ID : SA11A.576511

Amount of Each Receipt this Period

20.24

☐ Memo Item

CONTRIBUTION

EARMARKED FROM WINRED

Full Name (Last, First, Middle Initial)

POWELL, SCOTT, , MR.,

**B.**

Mailing Address 1717 FREEDOM DR

City

MELBOURNE

State

FL

Zip Code

32940-6714

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2190.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 07 2025

Transaction ID : SA11A.576539

Amount of Each Receipt this Period

50.00

☐ Memo Item

CONTRIBUTION

EARMARKED FROM WINRED

Full Name (Last, First, Middle Initial)

RAFFENSBERGER, VERN, E., ,

**C.**

Mailing Address 214 GLEN ROCK RD

City

GLEN ROCK

State

PA

Zip Code

17327-8300

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

760.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 09 2025

Transaction ID : SA11A.576543

Amount of Each Receipt this Period

95.00

☐ Memo Item

CONTRIBUTION

EARMARKED FROM WINRED

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

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

165.24

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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

NAME OF COMMITTEE (In Full)

**RICK SCOTT FOR FLORIDA**

Full Name (Last, First, Middle Initial)

RATLIFF, DONALD, , ,

**A.**

Mailing Address 1812 RATLIFF RD

City

BIG STONE GAP

State

VA

Zip Code

24219-4572

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

700.00

Date of Receipt

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

Transaction ID : SA11A.576545

Amount of Each Receipt this Period

100.00

☐ Memo Item  
CONTRIBUTION

EARMARKED FROM WINRED

**B.**

Full Name (Last, First, Middle Initial)

SCHULTZ, DONNA, , MS.,

Mailing Address 4801 ZINFANDEL LN

City

BAKERSFIELD

State

CA

Zip Code

93306-1859

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

375.00

Date of Receipt

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

Transaction ID : SA11A.576518

Amount of Each Receipt this Period

25.00

☐ Memo Item  
CONTRIBUTION

EARMARKED FROM WINRED

**C.**

Full Name (Last, First, Middle Initial)

SCOTT, MARY, , MS.,

Mailing Address 11605 WHITEWING AVE

City

AUSTIN

State

TX

Zip Code

78753-2247

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

240.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	8		2	0	2	5

Transaction ID : SA11A.576530

Amount of Each Receipt this Period

30.00

☐ Memo Item  
CONTRIBUTION

EARMARKED FROM WINRED

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

155.00

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

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

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**RICK SCOTT FOR FLORIDA**

Full Name (Last, First, Middle Initial)

SHIPWASH, MARY, , ,

**A.**

Mailing Address 12505 TABOR OAKS DR

City  
AUSTIN

State  
TX

Zip Code  
78739-4831

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

281.20

Date of Receipt

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

Transaction ID : SA11A.576514

Amount of Each Receipt this Period

23.75

☐ Memo Item  
CONTRIBUTION

EARMARKED FROM WINRED

Full Name (Last, First, Middle Initial)

TRABUE, NELSON, , ,

**B.**

Mailing Address 920 TRABUE DRIVE

City  
ASHLAND CITY

State  
TN

Zip Code  
37015-4929

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

342.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 09 2025

Transaction ID : SA11A.576533

Amount of Each Receipt this Period

42.75

☐ Memo Item  
CONTRIBUTION

EARMARKED FROM WINRED

Full Name (Last, First, Middle Initial)

WINRED

**C.**

Mailing Address P.O. 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: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

192747.89

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 23 2025

Transaction ID : SA11C.576606

Amount of Each Receipt this Period

3577.27

☒ Memo Item  
CONTRIBUTION

SEE ATTRIBUTION BELOW FOR ALL DONORS  
ABOVE ITEMIZATION THRESHOLD

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

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

66.50

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

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for each category of the  
Detailed Summary Page

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NAME OF COMMITTEE (In Full)

**RICK SCOTT FOR FLORIDA**

Full Name (Last, First, Middle Initial)

BENNETT, LAKISHA, , ,

**A.**

Mailing Address 7016 ANDREWS AVE

City

PHILADELPHIA

State

PA

Zip Code

19138-2110

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AL TAYLOR

Occupation

COUNSELOR

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

305.50

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 15 2025

Transaction ID : SA11A.576657

Amount of Each Receipt this Period

10.00

☐ Memo Item

CONTRIBUTION

EARMARKED FROM WINRED

Full Name (Last, First, Middle Initial)

BENNETT, LAKISHA, , ,

**B.**

Mailing Address 7016 ANDREWS AVE

City

PHILADELPHIA

State

PA

Zip Code

19138-2110

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AL TAYLOR

Occupation

COUNSELOR

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

305.50

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 15 2025

Transaction ID : SA11A.576703

Amount of Each Receipt this Period

25.00

☐ Memo Item

CONTRIBUTION

EARMARKED FROM WINRED

Full Name (Last, First, Middle Initial)

BERK, JEFFREY, , ,

**C.**

Mailing Address 197 CAMP CREEK ROAD SOUTH

City

INLET BEACH

State

FL

Zip Code

32461-7041

FEC ID number of contributing  
federal political committee.

C

Name of Employer

PRIVE PORTER

Occupation

RETAILER

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1800.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 18 2025

Transaction ID : SA11A.576717

Amount of Each Receipt this Period

1800.00

☐ Memo Item

CONTRIBUTION

EARMARKED FROM WINRED

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

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

1835.00

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

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NAME OF COMMITTEE (In Full)

**RICK SCOTT FOR FLORIDA**

Full Name (Last, First, Middle Initial)

**BRYANT, MARY, D., MS.,**

**A.**

Mailing Address 1700 PARK SHORE RD

City

LA GRANGE

State

KY

Zip Code

40031-8024

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2030

☒ Primary

☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 17 2025

Transaction ID : SA11A.576693

Amount of Each Receipt this Period

25.00

☐ Memo Item

CONTRIBUTION

EARMARKED FROM WINRED

Full Name (Last, First, Middle Initial)

**BURNS, MICHAEL, J., MR.,**

**B.**

Mailing Address 7287 HORIZON DR.

City

WEST PALM BEACH

State

FL

Zip Code

33412-3027

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2030

☒ Primary

☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

538.70

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 14 2025

Transaction ID : SA11A.576707

Amount of Each Receipt this Period

35.00

☐ Memo Item

CONTRIBUTION

EARMARKED FROM WINRED

Full Name (Last, First, Middle Initial)

**CATION, LANNIE, , DR.,**

**C.**

Mailing Address 720 TRILLIUM STREET

City

LEBANON

State

IN

Zip Code

46052-1693

FEC ID number of contributing  
federal political committee.

C

Name of Employer

ASCENSION ST VINCENT

Occupation

PHYSICIAN

Receipt For: 2030

☒ Primary

☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 14 2025

Transaction ID : SA11A.576712

Amount of Each Receipt this Period

50.00

☐ Memo Item

CONTRIBUTION

EARMARKED FROM WINRED

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

110.00

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

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

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NAME OF COMMITTEE (In Full)

**RICK SCOTT FOR FLORIDA**

Full Name (Last, First, Middle Initial)

EAST, ALICE, , ,

**A.**

Mailing Address P.O. BOX 56

City

LINN

State

TX

Zip Code

78563-0056

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation  
RANCHER

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1329.68

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 18 2025

Transaction ID : SA11A.576708

Amount of Each Receipt this Period

49.50

☐ Memo Item  
CONTRIBUTION

EARMARKED FROM WINRED

Full Name (Last, First, Middle Initial)

EAST, ALICE, , ,

**B.**

Mailing Address P.O. BOX 56

City

LINN

State

TX

Zip Code

78563-0056

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation  
RANCHER

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1329.68

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 17 2025

Transaction ID : SA11A.576714

Amount of Each Receipt this Period

99.00

☐ Memo Item  
CONTRIBUTION

EARMARKED FROM WINRED

Full Name (Last, First, Middle Initial)

FULDNER, CHRIS, T., MR.,

**C.**

Mailing Address 5035 STONEGATE CT

City

SPRINGFIELD

State

MO

Zip Code

65809-4013

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

396.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 15 2025

Transaction ID : SA11A.576709

Amount of Each Receipt this Period

49.50

☐ Memo Item  
CONTRIBUTION

EARMARKED FROM WINRED

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

198.00

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



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

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NAME OF COMMITTEE (In Full)

**RICK SCOTT FOR FLORIDA**

Full Name (Last, First, Middle Initial)

PATTERSON, JESSICA, , ,

**A.**

Mailing Address 1351 EMERALD CIRCLE

City

SOUTHLAKE

State

TX

Zip Code

76092-3305

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AA

Occupation

FLIGHT ATTENDANT

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 17 2025

Transaction ID : SA11A.576715

Amount of Each Receipt this Period

100.00

☐ Memo Item  
CONTRIBUTION

EARMARKED FROM WINRED

Full Name (Last, First, Middle Initial)

POWELL, SCOTT, , MR.,

**B.**

Mailing Address 1717 FREEDOM DR

City

MELBOURNE

State

FL

Zip Code

32940-6714

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2190.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 13 2025

Transaction ID : SA11A.576713

Amount of Each Receipt this Period

50.00

☐ Memo Item  
CONTRIBUTION

EARMARKED FROM WINRED

Full Name (Last, First, Middle Initial)

RODRIGUEZ, RAFAEL, , PROF.,

**C.**

Mailing Address P.O. BOX 363185

City

SAN JUAN

State

PR

Zip Code

00936-3185

FEC ID number of contributing  
federal political committee.

C

Name of Employer

UNIVERSITY OF PUERTO RICO

Occupation

PROFESSOR

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 14 2025

Transaction ID : SA11A.576716

Amount of Each Receipt this Period

100.00

☐ Memo Item  
CONTRIBUTION

EARMARKED FROM WINRED

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

250.00

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

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

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NAME OF COMMITTEE (In Full)

**RICK SCOTT FOR FLORIDA**

Full Name (Last, First, Middle Initial)

ROLKER, JOHN, , MR.,

**A.**

Mailing Address 14 W. SARATOGA ST.

City  
BALTIMORE

State  
MD

Zip Code  
21201-4207

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation  
INSURANCE

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

237.04

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 18 2025

Transaction ID : SA11A.576692

Amount of Each Receipt this Period

25.00

☐ Memo Item  
CONTRIBUTION

EARMARKED FROM WINRED

Full Name (Last, First, Middle Initial)

WINRED

**B.**

Mailing Address P.O. 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: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

192747.89

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 30 2025

Transaction ID : SA11C.576765

Amount of Each Receipt this Period

1807.21

☒ Memo Item  
CONTRIBUTION

SEE ATTRIBUTION BELOW FOR ALL DONORS  
ABOVE ITEMIZATION THRESHOLD

Full Name (Last, First, Middle Initial)

BANGERT, MARILYN, , MS.,

**C.**

Mailing Address 8713 US HWY 85

City  
FORT LUPTON

State  
CO

Zip Code  
80621-9309

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

955.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 24 2025

Transaction ID : SA11A.576880

Amount of Each Receipt this Period

100.00

☐ Memo Item  
CONTRIBUTION

EARMARKED FROM WINRED

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

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

125.00

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

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NAME OF COMMITTEE (In Full)

**RICK SCOTT FOR FLORIDA**

Full Name (Last, First, Middle Initial)

BENNETT, LAKISHA, , ,

**A.**

Mailing Address 7016 ANDREWS AVE

City

PHILADELPHIA

State

PA

Zip Code

19138-2110

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AL TAYLOR

Occupation

COUNSELOR

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

305.50

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 26 2025

Transaction ID : SA11A.576795

Amount of Each Receipt this Period

4.75

☐ Memo Item

CONTRIBUTION

EARMARKED FROM WINRED

Full Name (Last, First, Middle Initial)

CARUSO, JASON, , MR.,

**B.**

Mailing Address 855 SUMMIT RD

City

NEW RICHMOND

State

WI

Zip Code

54017-1443

FEC ID number of contributing  
federal political committee.

C

Name of Employer

BURGER BROS

Occupation

OWNER

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

396.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 26 2025

Transaction ID : SA11A.576873

Amount of Each Receipt this Period

49.50

☐ Memo Item

CONTRIBUTION

EARMARKED FROM WINRED

Full Name (Last, First, Middle Initial)

DOAN, DAVID, , MR.,

**C.**

Mailing Address 1225 CROSS BND

City

IRVING

State

TX

Zip Code

75061-6130

FEC ID number of contributing  
federal political committee.

C

Name of Employer

LOCKHEED MARTIN

Occupation

ASSEMBLY

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 18 2025

Transaction ID : SA11A.576872

Amount of Each Receipt this Period

35.00

☐ Memo Item

CONTRIBUTION

EARMARKED FROM WINRED

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

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

89.25

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

**RICK SCOTT FOR FLORIDA**

Full Name (Last, First, Middle Initial)

HALE, LARRY, , MR.,

**A.**

Mailing Address 7835 MUDVILLE

City

MILLINGTON

State

TN

Zip Code

38053-4703

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

396.00

Date of Receipt

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

Transaction ID : SA11A.576874

Amount of Each Receipt this Period

49.50

☐ Memo Item  
CONTRIBUTION

EARMARKED FROM WINRED

Full Name (Last, First, Middle Initial)

KROWLES, JOSEPH, , MR.,

**B.**

Mailing Address 86 SMITH STREET

City

NESCONSET

State

NY

Zip Code

11767-3358

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

269.00

Date of Receipt

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

Transaction ID : SA11A.576869

Amount of Each Receipt this Period

27.00

☐ Memo Item  
CONTRIBUTION

EARMARKED FROM WINRED

Full Name (Last, First, Middle Initial)

LOHMAN, CAROLYN, , ,

**C.**

Mailing Address 3229 WALNUT CREEK COURT

City

BRYAN

State

TX

Zip Code

77807-4852

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

270.24

Date of Receipt

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

Transaction ID : SA11A.576857

Amount of Each Receipt this Period

25.00

☐ Memo Item  
CONTRIBUTION

EARMARKED FROM WINRED

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

101.50

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

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

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NAME OF COMMITTEE (In Full)

**RICK SCOTT FOR FLORIDA**

Full Name (Last, First, Middle Initial)

MADDIX, JOYE, , ,

**A.**

Mailing Address 4065 WEST GRANDVIEW ROAD

City  
SALEM

State  
IN

Zip Code  
47167-8274

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
PROVIDENCE

Occupation  
NURSE

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

305.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 20 2025

Transaction ID : SA11A.576867

Amount of Each Receipt this Period

25.00

☐ Memo Item  
CONTRIBUTION

EARMARKED FROM WINRED

Full Name (Last, First, Middle Initial)

PALMER, JEAN, B., MRS.,

**B.**

Mailing Address 224 ARNOLD AVE

City  
SYRACUSE

State  
NY

Zip Code  
13210-3714

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

217.50

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 21 2025

Transaction ID : SA11A.576865

Amount of Each Receipt this Period

25.00

☐ Memo Item  
CONTRIBUTION

EARMARKED FROM WINRED

Full Name (Last, First, Middle Initial)

PIKE, TYRONE, , ,

**C.**

Mailing Address 3295 WOODSIDE ROAD

City  
WOODSIDE

State  
CA

Zip Code  
94062-2554

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
FILESHADOW

Occupation  
PRESIDENT

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 23 2025

Transaction ID : SA11A.576861

Amount of Each Receipt this Period

25.00

☐ Memo Item  
CONTRIBUTION

EARMARKED FROM WINRED

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

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

75.00

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 118 OF 244

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

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NAME OF COMMITTEE (In Full)

**RICK SCOTT FOR FLORIDA**

Full Name (Last, First, Middle Initial)

POWELL, SCOTT, , MR.,

**A.**

Mailing Address 1717 FREEDOM DR

City

MELBOURNE

State

FL

Zip Code

32940-6714

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2190.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 23 2025

Transaction ID : SA11A.576870

Amount of Each Receipt this Period

30.00

☐ Memo Item  
CONTRIBUTION

EARMARKED FROM WINRED

Full Name (Last, First, Middle Initial)

POWELL, SCOTT, , MR.,

**B.**

Mailing Address 1717 FREEDOM DR

City

MELBOURNE

State

FL

Zip Code

32940-6714

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2190.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 25 2025

Transaction ID : SA11A.576879

Amount of Each Receipt this Period

100.00

☐ Memo Item  
CONTRIBUTION

EARMARKED FROM WINRED

Full Name (Last, First, Middle Initial)

ROE, JOAN, ELLEN, MS.,

**C.**

Mailing Address 360 W NOKOMIS CT

City

MILWAUKEE

State

WI

Zip Code

53217-2611

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 23 2025

Transaction ID : SA11A.576875

Amount of Each Receipt this Period

50.00

☐ Memo Item  
CONTRIBUTION

EARMARKED FROM WINRED

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

180.00

**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  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 119 OF 244

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

**RICK SCOTT FOR FLORIDA**

Full Name (Last, First, Middle Initial)

ROE, JOAN, ELLEN, MS.,

**A.**

Mailing Address 360 W NOKOMIS CT

City

MILWAUKEE

State

WI

Zip Code

53217-2611

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

800.00

Date of Receipt

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

Transaction ID : SA11A.576877

Amount of Each Receipt this Period

50.00

☐ Memo Item  
CONTRIBUTION

EARMARKED FROM WINRED

**B.**

Full Name (Last, First, Middle Initial)

SEBOR, DANIELA, , MS.,

Mailing Address 751 CRICKLEWOOD TERRACE

City

LAKE MARY

State

FL

Zip Code

32746-5310

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

240.00

Date of Receipt

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

Transaction ID : SA11A.576871

Amount of Each Receipt this Period

30.00

☐ Memo Item  
CONTRIBUTION

EARMARKED FROM WINRED

**C.**

Full Name (Last, First, Middle Initial)

SMITH, DANIEL, , ,

Mailing Address 7 WOODBINE ROAD

City

FLORHAM PARK

State

NJ

Zip Code

07932-2649

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

220.00

Date of Receipt

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

Transaction ID : SA11A.576858

Amount of Each Receipt this Period

25.00

☐ Memo Item  
CONTRIBUTION

EARMARKED FROM WINRED

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

105.00

**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  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 120 OF 244

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

**RICK SCOTT FOR FLORIDA**

Full Name (Last, First, Middle Initial)

SOSNICK, NIKKE, , ,

**A.** Mailing Address 510 PAJARO COURTCity  
SACRAMENTOState  
CAZip Code  
95864-7229FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

460.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 20 2025

Transaction ID : SA11A.576878

Amount of Each Receipt this Period

50.00

☐ Memo Item  
CONTRIBUTION

EARMARKED FROM WINRED

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

STORY, VICTOR, B., MR., JR.

Mailing Address P.O. BOX 857

City  
BABSON PARKState  
FLZip Code  
33827-0857FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 22 2025

Transaction ID : SA11A.576876

Amount of Each Receipt this Period

50.00

☐ Memo Item  
CONTRIBUTION

EARMARKED FROM WINRED

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

STUDINKA, JOYCE, , ,

Mailing Address 145, WOODMONT DR

City  
BIRMINGHAMState  
ALZip Code  
35209-6627FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

203.99

Date of Receipt

M M / D D / Y Y Y Y Y  
06 21 2025

Transaction ID : SA11A.576844

Amount of Each Receipt this Period

20.00

☐ Memo Item  
CONTRIBUTION

EARMARKED FROM WINRED

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

120.00



$\times$	11a		11b		11c		11d		
	12		13a		13b		14		15

RICK SCOTT FOR FLORIDA

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

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 122 OF 244

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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

NAME OF COMMITTEE (In Full)

**RICK SCOTT FOR FLORIDA**

Full Name (Last, First, Middle Initial)

**ATLAS AIR WORLDWIDE HOLDINGS, INC. POLITICAL ACTION COMMITTEE**

Mailing Address 1 N LEXINGTON AVE

City

WHITE PLAINS

State

NY

Zip Code

10601-1712

FEC ID number of contributing  
federal political committee.**C** C00478099

Name of Employer

Occupation

Receipt For: 2030



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	9		2	0	2	5

Transaction ID : SA11C.571054

Amount of Each Receipt this Period

2000.00

☐ Memo Item  
CONTRIBUTION**B.**

Full Name (Last, First, Middle Initial)

**FOLEY & LARDNER POLITICAL FUND, INC.**Mailing Address 3000 K STREET NW  
SUITE 600

City

WASHINGTON

State

DC

Zip Code

20007-5111

FEC ID number of contributing  
federal political committee.**C** C00105338

Name of Employer

Occupation

Receipt For: 2030



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

Date of Receipt

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

Transaction ID : SA11C.576903

Amount of Each Receipt this Period

1000.00

☐ Memo Item  
CONTRIBUTION**C.**

Full Name (Last, First, Middle Initial)

**GAINWELL HOLDING CORP. PAC (GAINWELL PAC)**

Mailing Address 355 LEDGELAWN DR

City

CONWAY

State

AR

Zip Code

72034-9501

FEC ID number of contributing  
federal political committee.**C** C00440453

Name of Employer

Occupation

Receipt For: 2030



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

5000.00

Date of Receipt

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

Transaction ID : SA11C.576902

Amount of Each Receipt this Period

5000.00

☐ Memo Item  
CONTRIBUTION**SUBTOTAL** of Receipts This Page (optional)..... ►

8000.00

**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  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 123 OF 244

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

**RICK SCOTT FOR FLORIDA**

Full Name (Last, First, Middle Initial)

**GUIDEWELL MUTUAL HOLDING CORPORATION POLITICAL ACTION COMMITTEE**Mailing Address 4800 DEERWOOD CAMPUS PARKWAY  
DC1-7City  
JACKSONVILLEState  
FLZip Code  
32246-8317FEC ID number of contributing  
federal political committee.**C** C00161141

Name of Employer

Occupation

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

5000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
06		27		2025

Transaction ID : SA11C.576760

Amount of Each Receipt this Period

5000.00

☐ Memo Item  
CONTRIBUTION

Full Name (Last, First, Middle Initial)

**NATIONAL MARINE MANUFACTURERS ASSOCIATION AND MARINE RETAILER**

Mailing Address 601 PENNSYLVANIA AVE NW #320

City  
WASHINGTONState  
DCZip Code  
20004-2732FEC ID number of contributing  
federal political committee.**C** C00245548

Name of Employer

Occupation

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
06		12		2025

Transaction ID : SA11C.576374

Amount of Each Receipt this Period

2500.00

☐ Memo Item  
CONTRIBUTION

Full Name (Last, First, Middle Initial)

**PHARMACEUTICAL CARE MANAGEMENT ASSOCIATION POLITICAL ACTION**Mailing Address 325 7TH ST, NW  
9TH FLOORCity  
WASHINGTONState  
DCZip Code  
20004-2818FEC ID number of contributing  
federal political committee.**C** C00388819

Name of Employer

Occupation

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
04		29		2025

Transaction ID : SA11C.571055

Amount of Each Receipt this Period

1000.00

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

8500.00

**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  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 124 OF 244

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 11d
12	13a	13b	14
			15

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NAME OF COMMITTEE (In Full)

**RICK SCOTT FOR FLORIDA**

Full Name (Last, First, Middle Initial)

**SCIENCE APPLICATIONS INTERNATIONAL CORPORATION VOLUNTARY POL****A.** Mailing Address 151 LAFAYETTE DRCity  
OAK RIDGEState  
TNZip Code  
37830-6865FEC ID number of contributing  
federal political committee.**C** C00300418

Name of Employer

Occupation

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 30 2025

Transaction ID : SA11C.576904

Amount of Each Receipt this Period

2500.00

☐ Memo Item  
CONTRIBUTION

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 ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt

M M / D D / Y 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 ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y

Amount of Each Receipt this Period

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

2500.00

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

19000.00

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 125 OF 244

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

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NAME OF COMMITTEE (In Full)

**RICK SCOTT FOR FLORIDA**

Full Name (Last, First, Middle Initial)

SCOTT, RICK, , SENATOR,

**A.**

Mailing Address P.O. BOX 130708

City

TAMPA

State

FL

Zip Code

33681

FEC ID number of contributing  
federal political committee.

**C** S8FL00273

Name of Employer

US SENATE

Occupation

US SENATOR

Receipt For: 2030

☒ Primary

☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

160601.42

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 30 2025

Transaction ID : SA11D.1336

Amount of Each Receipt this Period

1925.00

☐ Memo Item

IN-KIND: FACILITY RENTAL

218 MD LLC 340 9TH NAPLES FL 34102

Full Name (Last, First, Middle Initial)

SCOTT, RICK, , SENATOR,

**B.**

Mailing Address P.O. BOX 130708

City

TAMPA

State

FL

Zip Code

33681

FEC ID number of contributing  
federal political committee.

**C** S8FL00273

Name of Employer

US SENATE

Occupation

US SENATOR

Receipt For: 2030

☒ Primary

☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

160601.42

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 24 2025

Transaction ID : SA11D.1340

Amount of Each Receipt this Period

62517.00

☐ Memo Item

IN-KIND: AIR -COLUMBIA COLLIER MGT 340 9

AIR CHARTER 4-23-25 TO 4-24-25

Full Name (Last, First, Middle Initial)

SCOTT, RICK, , SENATOR,

**C.**

Mailing Address P.O. BOX 130708

City

TAMPA

State

FL

Zip Code

33681

FEC ID number of contributing  
federal political committee.

**C** S8FL00273

Name of Employer

US SENATE

Occupation

US SENATOR

Receipt For: 2030

☒ Primary

☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

160601.42

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 30 2025

Transaction ID : SA11D.1344

Amount of Each Receipt this Period

60351.08

☐ Memo Item

IN-KIND: AIR -COLUMBIA COLLIER MGT 340 9

AIR CHARTER 5-8-25 TO 5-30-25

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

124793.08

**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  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 126 OF 244

☐ 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)

**RICK SCOTT FOR FLORIDA**

Full Name (Last, First, Middle Initial)

SCOTT, RICK, , SENATOR,

**A.**

Mailing Address P.O. BOX 130708

City  
TAMPA

State  
FL

Zip Code  
33681

FEC ID number of contributing  
federal political committee.

**C** S8FL00273

Name of Employer  
US SENATE

Occupation  
US SENATOR

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

160601.42

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 03 2025

Transaction ID : SA11D.1348

Amount of Each Receipt this Period

8166.67

☐ Memo Item

IN-KIND: AIR -COLUMBIA COLLIER MGT 340 9

AIR CHARTER 5-3-25

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 ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt

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

Amount of Each Receipt this Period

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt

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

Amount of Each Receipt this Period

☐ Memo Item

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

8166.67

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

132959.75

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

PAGE 127 OF 244

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
<input checked="" type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14	<input type="checkbox"/> 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)

**RICK SCOTT FOR FLORIDA**

Full Name (Last, First, Middle Initial)

**TEAM RICK SCOTT****A.**

Mailing Address PO BOX 130708

City

TAMPA

State

FL

Zip Code

33681

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2030

☒ Primary  
☐ Other (specify) ▼☐ General

Election Cycle-to-Date ▼

285321.88

Date of Receipt

M M / D D / Y Y Y Y Y  
04 24 2025

Transaction ID : SA12.1

Amount of Each Receipt this Period

26733.00

☒ Memo ItemTRANSFER FROM AUTH CMTEE OF NET JOINT  
FUNDRAISING PROCEEDS  
IN-KIND CANDIDATE: AIR -COLUMBIA COLLIER  
MGT 340 9TH NAPLES FL 34102**B.**

Full Name (Last, First, Middle Initial)

**TEAM RICK SCOTT**

Mailing Address PO BOX 130708

City

TAMPA

State

FL

Zip Code

33681

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2030

☒ Primary  
☐ Other (specify) ▼☐ General

Election Cycle-to-Date ▼

285321.88

Date of Receipt

M M / D D / Y Y Y Y Y  
05 03 2025

Transaction ID : SA12.2

Amount of Each Receipt this Period

24500.00

☒ Memo ItemTRANSFER FROM AUTH CMTEE OF NET JOINT  
FUNDRAISING PROCEEDS  
IN-KIND CANDIDATE: AIR -COLUMBIA COLLIER  
MGT 340 9TH NAPLES FL 34102**C.**

Full Name (Last, First, Middle Initial)

**TEAM RICK SCOTT**

Mailing Address PO BOX 130708

City

TAMPA

State

FL

Zip Code

33681

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2030

☒ Primary  
☐ Other (specify) ▼☐ General

Election Cycle-to-Date ▼

285321.88

Date of Receipt

M M / D D / Y Y Y Y Y  
05 30 2025

Transaction ID : SA12.3

Amount of Each Receipt this Period

20732.25

☒ Memo ItemTRANSFER FROM AUTH CMTEE OF NET JOINT  
FUNDRAISING PROCEEDS  
IN-KIND CANDIDATE: AIR -COLUMBIA COLLIER  
MGT 340 9TH NAPLES FL 34102**SUBTOTAL** of Receipts This Page (optional)..... ▶**TOTAL** This Period (last page this line number only)..... ▶

0.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**RICK SCOTT FOR FLORIDA**

Full Name (Last, First, Middle Initial)

TEAM RICK SCOTT

**A.**

Mailing Address PO BOX 130708

City  
TAMPA

State  
FL

Zip Code  
33681

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

285321.88

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 25 2025

Transaction ID : SA12.4

Amount of Each Receipt this Period

2750.00

☒ Memo Item

TRANSFER FROM AUTH CMTEE OF NET JOINT  
FUNDRAISING PROCEEDS  
IN-KIND CANDIDATE: FACILITY RENTAL 218 MD  
LLC 340 9TH NAPLES FL 34102

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 ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt

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

Amount of Each Receipt this Period

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt

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

Amount of Each Receipt this Period

☐ Memo Item

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

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

0.00

0.00



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

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

FOR LINE NUMBER:  
(check only one)

PAGE 129 OF 244

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

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NAME OF COMMITTEE (In Full)

**RICK SCOTT FOR FLORIDA**

Full Name (Last, First, Middle Initial)

CHAIN BRIDGE BANK

**A.**

Mailing Address 1445 A LAUGHLIN AVE

City

MCLEAN

State

VA

Zip Code

22101

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2030



Primary



General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

2414.22

Date of Receipt

M M / D D / Y Y Y Y Y  
04 / 01 / 2025

01

2025

Transaction ID : SA15.1313

Amount of Each Receipt this Period

257.20



Memo Item

INTEREST EARNINGS

Full Name (Last, First, Middle Initial)

CHAIN BRIDGE BANK

**B.**

Mailing Address 1445 A LAUGHLIN AVE

City

MCLEAN

State

VA

Zip Code

22101

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2030



Primary



General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

2414.22

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 01 / 2025

01

2025

Transaction ID : SA15.1319

Amount of Each Receipt this Period

290.19



Memo Item

INTEREST EARNINGS

Full Name (Last, First, Middle Initial)

CHAIN BRIDGE BANK

**C.**

Mailing Address 1445 A LAUGHLIN AVE

City

MCLEAN

State

VA

Zip Code

22101

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2030



Primary



General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

2414.22

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 03 / 2025

03

2025

Transaction ID : SA15.1326

Amount of Each Receipt this Period

483.35



Memo Item

INTEREST EARNINGS

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

1030.74

**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  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**RICK SCOTT FOR FLORIDA**

Full Name (Last, First, Middle Initial)

**SOUTHERN FIRST BANK**

**A.**

Mailing Address 4064 COLONY RD, SUITE 100

City

CHARLOTTE

State

NC

Zip Code

28211

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

578.71

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 30 / 2025

Transaction ID : SA15.1317

Amount of Each Receipt this Period

70.35

☐ Memo Item

INTEREST EARNINGS

Full Name (Last, First, Middle Initial)

**SOUTHERN FIRST BANK**

**B.**

Mailing Address 4064 COLONY RD, SUITE 100

City

CHARLOTTE

State

NC

Zip Code

28211

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

578.71

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 31 / 2025

Transaction ID : SA15.1324

Amount of Each Receipt this Period

72.80

☐ Memo Item

INTEREST EARNINGS

Full Name (Last, First, Middle Initial)

**SOUTHERN FIRST BANK**

**C.**

Mailing Address 4064 COLONY RD, SUITE 100

City

CHARLOTTE

State

NC

Zip Code

28211

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

578.71

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 30 / 2025

Transaction ID : SA15.1332

Amount of Each Receipt this Period

70.56

☐ Memo Item

INTEREST EARNINGS

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

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

213.71

1244.45

**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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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
20a	20b	20c	21

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NAME OF COMMITTEE (In Full)

RICK SCOTT FOR FLORIDA

Full Name (Last, First, Middle Initial)

**A. ARIAS, JUAN, , ,**

Mailing Address 218 MARYLAND AVE NE

City  
WASHINGTONState  
DCZip Code  
20002Purpose of Disbursement  
LOGISTICS CONSULTING

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2030

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		3	0		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

500.00

Transaction ID : SB17.85

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. ARIAS, JUAN, , ,**

Mailing Address 218 MARYLAND AVE NE

City  
WASHINGTONState  
DCZip Code  
20002Purpose of Disbursement  
LOGISTICS CONSULTING

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2030

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

500.00

Transaction ID : SB17.86

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. ARIAS, JUAN, , ,**

Mailing Address 218 MARYLAND AVE NE

City  
WASHINGTONState  
DCZip Code  
20002Purpose of Disbursement  
LOGISTICS CONSULTING

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2030

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

500.00

Transaction ID : SB17.87

☐ 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 PageFOR LINE NUMBER:  
(check only one)

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<input checked="checked" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

RICK SCOTT FOR FLORIDA

Full Name (Last, First, Middle Initial)

**A. BARROLL, ROBERT, , ,**

Mailing Address PO BOX 130708

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		15		2025

City  
TAMPAState  
FLZip Code  
33681

FEC Identification Number

C

Purpose of Disbursement  
SALARY

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

1875.00

Transaction ID : SB17.181

☐ Memo Item

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2030

<input checked="checked" type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Full Name (Last, First, Middle Initial)

**B. BARROLL, ROBERT, , ,**

Mailing Address PO BOX 130708

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		02		2025

City  
TAMPAState  
FLZip Code  
33681

FEC Identification Number

C

Purpose of Disbursement  
SALARY

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

1250.00

Transaction ID : SB17.182

☐ Memo Item

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2030

<input checked="checked" type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Full Name (Last, First, Middle Initial)

**C. BOUCHARD, ELISE, , ,**

Mailing Address PO BOX 130708

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		06		2025

City  
TAMPAState  
FLZip Code  
33681

FEC Identification Number

C

Purpose of Disbursement  
SALARY

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

500.00

Transaction ID : SB17.56

☐ Memo Item

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2030

<input checked="checked" type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

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

3625.00

**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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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

RICK SCOTT FOR FLORIDA

Full Name (Last, First, Middle Initial)

**A. BOUCHARD, ELISE, , ,**

Mailing Address PO BOX 130708

City  
TAMPAState  
FLZip Code  
33681Purpose of Disbursement  
SALARY

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2030

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/> General
<input type="checkbox"/>	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	4		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

500.00

Transaction ID : SB17.57

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. BOUCHARD, ELISE, , ,**

Mailing Address PO BOX 130708

City  
TAMPAState  
FLZip Code  
33681Purpose of Disbursement  
SALARY

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2030

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/> General
<input type="checkbox"/>	Other (specify) ▼	

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

500.00

Transaction ID : SB17.58

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. BOUCHARD, ELISE, , ,**

Mailing Address PO BOX 130708

City  
TAMPAState  
FLZip Code  
33681Purpose of Disbursement  
SALARY

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2030

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/> General
<input type="checkbox"/>	Other (specify) ▼	

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

500.00

Transaction ID : SB17.59

☐ 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 PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

RICK SCOTT FOR FLORIDA

Full Name (Last, First, Middle Initial)

**A. CARBONE, CRAIG, , ,**

Mailing Address PO BOX 130708

City  
TAMPAState  
FLZip Code  
33681Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2030

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/> General
<input type="checkbox"/>	Other (specify) ▼	

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

99.52

Transaction ID : SB17.217

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. HERTZ**

Mailing Address PO BOX 26120

City  
OKLAHOMA CITYState  
OKZip Code  
73126Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2030

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/> General
<input type="checkbox"/>	Other (specify) ▼	

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

99.52

Transaction ID : SB17.1048

☒ Memo Item

Full Name (Last, First, Middle Initial)

**C. CARBONE, CRAIG, , ,**

Mailing Address PO BOX 130708

City  
TAMPAState  
FLZip Code  
33681Purpose of Disbursement  
SALARY

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2030

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/> General
<input type="checkbox"/>	Other (specify) ▼	

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

1000.00

Transaction ID : SB17.52

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

1099.52

**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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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

RICK SCOTT FOR FLORIDA

Full Name (Last, First, Middle Initial)

**A. CARBONE, CRAIG, , ,**

Mailing Address PO BOX 130708

City  
TAMPAState  
FLZip Code  
33681Purpose of Disbursement  
SALARY

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2030

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/> General
<input type="checkbox"/>	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	4		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

500.00

Transaction ID : SB17.53

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. LUKE, BENJAMIN, , ,**

Mailing Address 19341 US HWY 19 N

City  
CLEARWATERState  
FLZip Code  
33764Purpose of Disbursement  
DIGITAL CONSULTING

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2030

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/> General
<input type="checkbox"/>	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	1		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

500.00

Transaction ID : SB17.26

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. LUKE, BENJAMIN, , ,**

Mailing Address 19341 US HWY 19 N

City  
CLEARWATERState  
FLZip Code  
33764Purpose of Disbursement  
DIGITAL CONSULTING

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2030

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/> General
<input type="checkbox"/>	Other (specify) ▼	

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

500.00

Transaction ID : SB17.27

☐ 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 PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
20a	20b	20c	21

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NAME OF COMMITTEE (In Full)

RICK SCOTT FOR FLORIDA

Full Name (Last, First, Middle Initial)

**A. LUKE, BENJAMIN , , ,**

Mailing Address 19341 US HWY 19 N

City  
CLEARWATERState  
FLZip Code  
33764Purpose of Disbursement  
DIGITAL CONSULTING

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2030

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/> General
<input type="checkbox"/>	Other (specify) ▼	

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

500.00

Transaction ID : SB17.28

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. PURPURA, SALVATORE, , ,**

Mailing Address 478 STIRLING BRIDGE DR

City  
ORMOND BEACHState  
FLZip Code  
32174Purpose of Disbursement  
COMPLIANCE CONSULTING

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2030

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/> General
<input type="checkbox"/>	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	1		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

1987.50

Transaction ID : SB17.183

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. PURPURA, SALVATORE, , ,**

Mailing Address 478 STIRLING BRIDGE DR

City  
ORMOND BEACHState  
FLZip Code  
32174Purpose of Disbursement  
COMPLIANCE CONSULTING

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2030

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/> General
<input type="checkbox"/>	Other (specify) ▼	

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

2062.50

Transaction ID : SB17.184

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

4550.00

**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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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**RICK SCOTT FOR FLORIDA**

Full Name (Last, First, Middle Initial)

**A. PURPURA, SALVATORE, , ,**

Mailing Address 478 STIRLING BRIDGE DR

City  
ORMOND BEACHState  
FLZip Code  
32174Purpose of Disbursement  
COMPLIANCE CONSULTING

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2030

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/> General
<input type="checkbox"/>	Other (specify) ▼	

State:

District:

Date of Disbursement

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

FEC Identification Number

**C**

Amount of Each Disbursement this Period

**1387.50****Transaction ID : SB17.185**☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. PURPURA, SALVATORE, , ,**

Mailing Address 478 STIRLING BRIDGE DR

City  
ORMOND BEACHState  
FLZip Code  
32174Purpose of Disbursement  
COMPLIANCE CONSULTING

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2030

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/> General
<input type="checkbox"/>	Other (specify) ▼	

State:

District:

Date of Disbursement

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

FEC Identification Number

**C**

Amount of Each Disbursement this Period

**1312.50****Transaction ID : SB17.186**☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. SAEZ, IVAN, , CHEF,**

Mailing Address 56 IRON MASTER DR

City  
STAFFORDState  
VAZip Code  
22554Purpose of Disbursement  
CATERING

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2030

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/> General
<input type="checkbox"/>	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	3		2	0	2	5

FEC Identification Number

**C**

Amount of Each Disbursement this Period

**291.25****Transaction ID : SB17.47**☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**2991.25****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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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**RICK SCOTT FOR FLORIDA**

Full Name (Last, First, Middle Initial)

**A. SCOTT, RICK, , SENATOR,**

Mailing Address P.O. BOX 130708

City  
TAMPAState  
FLZip Code  
33681Purpose of Disbursement  
IN-KIND: FACILITY RENTALCandidate Name  
SCOTT, RICK, , SEN,Category/  
TypeOffice Sought: ☐ House  
☒ Senate  
☐ PresidentDisbursement For: 2030  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: FL District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06	/	30	/	2025

FEC Identification Number

**C** S8FL00273

Amount of Each Disbursement this Period

1925.00

Transaction ID : SB17.11337

☐ Memo Item 218 MD LLC 340 9TH NAPLES FL 34102

Full Name (Last, First, Middle Initial)

**B. SCOTT, RICK, , SENATOR,**

Mailing Address P.O. BOX 130708

City  
TAMPAState  
FLZip Code  
33681Purpose of Disbursement  
IN-KIND: AIR -COLUMBIA COLLIER MGT 340 9TH NAPLES FL 34102Candidate Name  
SCOTT, RICK, , SEN,Category/  
TypeOffice Sought: ☐ House  
☒ Senate  
☐ PresidentDisbursement For: 2030  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: FL District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04	/	24	/	2025

FEC Identification Number

**C** S8FL00273

Amount of Each Disbursement this Period

62517.00

Transaction ID : SB17.11341

☐ Memo Item AIR CHARTER 4-23-25 TO 4-24-25

Full Name (Last, First, Middle Initial)

**C. SCOTT, RICK, , SENATOR,**

Mailing Address P.O. BOX 130708

City  
TAMPAState  
FLZip Code  
33681Purpose of Disbursement  
IN-KIND: AIR -COLUMBIA COLLIER MGT 340 9TH NAPLES FL 34102Candidate Name  
SCOTT, RICK, , SEN,Category/  
TypeOffice Sought: ☐ House  
☒ Senate  
☐ PresidentDisbursement For: 2030  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: FL District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05	/	30	/	2025

FEC Identification Number

**C** S8FL00273

Amount of Each Disbursement this Period

60351.08

Transaction ID : SB17.11345

☐ Memo Item AIR CHARTER 5-8-25 TO 5-30-25**SUBTOTAL** of Disbursements This Page (optional).....▶

124793.08

**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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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**RICK SCOTT FOR FLORIDA**

Full Name (Last, First, Middle Initial)

**A. SCOTT, RICK, , SENATOR,**

Mailing Address P.O. BOX 130708

City  
TAMPAState  
FLZip Code  
33681Purpose of Disbursement  
IN-KIND: AIR -COLUMBIA COLLIER MGT 340 9TH NAPLES FL 34102Candidate Name  
SCOTT, RICK, , SEN,Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input checked="" type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2030  

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: FL District:

Date of Disbursement

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

FEC Identification Number

**C** S8FL00273

Amount of Each Disbursement this Period

8166.67

Transaction ID : SB17.11349

☐ Memo Item AIR CHARTER 5-3-25

Full Name (Last, First, Middle Initial)

**B. ADET LLC**

Mailing Address 535 CENTRAL AVE

City  
ST PETERSBURGState  
FLZip Code  
33701Purpose of Disbursement  
POLITICAL STRATEGY CONSULTING

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2030  

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: District:

Date of Disbursement

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

FEC Identification Number

**C**

Amount of Each Disbursement this Period

5000.00

Transaction ID : SB17.1

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. ADET LLC**

Mailing Address 535 CENTRAL AVE

City  
ST PETERSBURGState  
FLZip Code  
33701Purpose of Disbursement  
POLITICAL STRATEGY CONSULTING/PRINTING

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2030  

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	2		2	0	2	5

FEC Identification Number

**C**

Amount of Each Disbursement this Period

5095.84

Transaction ID : SB17.2

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

18262.51

**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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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
20a	20b	20c	21

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NAME OF COMMITTEE (In Full)

**RICK SCOTT FOR FLORIDA**

Full Name (Last, First, Middle Initial)

**A. ADET LLC**

Mailing Address 535 CENTRAL AVE

City  
ST PETERSBURGState  
FLZip Code  
33701Purpose of Disbursement  
POLITICAL STRATEGY CONSULTING/TRAVEL

Candidate Name

Office Sought: 

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2030  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

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

FEC Identification Number

**C**

Amount of Each Disbursement this Period

5928.10

Transaction ID : SB17.3

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. ANEDOT**

Mailing Address 1340 POYDRAS ST

City  
NEW ORLEANSState  
LAZip Code  
70112Purpose of Disbursement  
CREDIT CARD MERCHANT FEE

Candidate Name

Office Sought: 

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2030  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	8		2	0	2	5

FEC Identification Number

**C**

Amount of Each Disbursement this Period

3.60

Transaction ID : SB17.10

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. ANEDOT**

Mailing Address 1340 POYDRAS ST

City  
NEW ORLEANSState  
LAZip Code  
70112Purpose of Disbursement  
CREDIT CARD MERCHANT FEE

Candidate Name

Office Sought: 

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2030  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

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

FEC Identification Number

**C**

Amount of Each Disbursement this Period

1.20

Transaction ID : SB17.11

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

5932.90

**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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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**RICK SCOTT FOR FLORIDA**

Full Name (Last, First, Middle Initial)

**A. ANEDOT**

Mailing Address 1340 POYDRAS ST

City  
NEW ORLEANSState  
LAZip Code  
70112Purpose of Disbursement  
CREDIT CARD MERCHANT FEE

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2030

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

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

FEC Identification Number

**C**

Amount of Each Disbursement this Period

**1.30**

Transaction ID : SB17.12

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. ANEDOT**

Mailing Address 1340 POYDRAS ST

City  
NEW ORLEANSState  
LAZip Code  
70112Purpose of Disbursement  
CREDIT CARD MERCHANT FEE

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2030

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	7		2	0	2	5

FEC Identification Number

**C**

Amount of Each Disbursement this Period

**0.70**

Transaction ID : SB17.13

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. ANEDOT**

Mailing Address 1340 POYDRAS ST

City  
NEW ORLEANSState  
LAZip Code  
70112Purpose of Disbursement  
CREDIT CARD MERCHANT FEE

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2030

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

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

FEC Identification Number

**C**

Amount of Each Disbursement this Period

**4.70**

Transaction ID : SB17.14

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**6.70****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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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
20a	20b	20c	21

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NAME OF COMMITTEE (In Full)

RICK SCOTT FOR FLORIDA

Full Name (Last, First, Middle Initial)

**A. ANEDOT**

Mailing Address 1340 POYDRAS ST

City  
NEW ORLEANSState  
LAZip Code  
70112Purpose of Disbursement  
CREDIT CARD MERCHANT FEE

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2030

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/> General
<input type="checkbox"/>	Other (specify) ▼	

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

1.20

Transaction ID : SB17.15

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. ANEDOT**

Mailing Address 1340 POYDRAS ST

City  
NEW ORLEANSState  
LAZip Code  
70112Purpose of Disbursement  
CREDIT CARD MERCHANT FEE

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2030

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/> General
<input type="checkbox"/>	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	8		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

1.30

Transaction ID : SB17.4

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. ANEDOT**

Mailing Address 1340 POYDRAS ST

City  
NEW ORLEANSState  
LAZip Code  
70112Purpose of Disbursement  
CREDIT CARD MERCHANT FEE

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2030

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/> General
<input type="checkbox"/>	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	5		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

0.70

Transaction ID : SB17.5

☐ Memo Item

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

3.20

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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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
20a	20b	20c	21

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NAME OF COMMITTEE (In Full)

**RICK SCOTT FOR FLORIDA**

Full Name (Last, First, Middle Initial)

**A. ANEDOT**

Mailing Address 1340 POYDRAS ST

City  
NEW ORLEANSState  
LAZip Code  
70112Purpose of Disbursement  
CREDIT CARD MERCHANT FEE

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2030

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/> General
<input type="checkbox"/>	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	5		2	0	2	5

FEC Identification Number

**C**

Amount of Each Disbursement this Period

3.40

Transaction ID : SB17.6

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. ANEDOT**

Mailing Address 1340 POYDRAS ST

City  
NEW ORLEANSState  
LAZip Code  
70112Purpose of Disbursement  
CREDIT CARD MERCHANT FEE

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2030

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/> General
<input type="checkbox"/>	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	9		2	0	2	5

FEC Identification Number

**C**

Amount of Each Disbursement this Period

1.30

Transaction ID : SB17.7

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. ANEDOT**

Mailing Address 1340 POYDRAS ST

City  
NEW ORLEANSState  
LAZip Code  
70112Purpose of Disbursement  
CREDIT CARD MERCHANT FEE

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2030

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/> General
<input type="checkbox"/>	Other (specify) ▼	

State:

District:

Date of Disbursement

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

FEC Identification Number

**C**

Amount of Each Disbursement this Period

2.50

Transaction ID : SB17.8

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

7.20

**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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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
20a	20b	20c	21

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NAME OF COMMITTEE (In Full)

**RICK SCOTT FOR FLORIDA**

Full Name (Last, First, Middle Initial)

**A. ANEDOT**

Mailing Address 1340 POYDRAS ST

City  
NEW ORLEANSState  
LAZip Code  
70112Purpose of Disbursement  
CREDIT CARD MERCHANT FEE

Candidate Name

Office Sought: 

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2030  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

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

FEC Identification Number

**C**

Amount of Each Disbursement this Period

1.10

Transaction ID : SB17.9

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. APEX VENDOR**

Mailing Address PO BOX 17302

City  
ARLINGTONState  
VAZip Code  
22216Purpose of Disbursement  
LIST RENTAL

Candidate Name

Office Sought: 

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2030  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	8		2	0	2	5

FEC Identification Number

**C**

Amount of Each Disbursement this Period

34.40

Transaction ID : SB17.16

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. APEX VENDOR**

Mailing Address PO BOX 17302

City  
ARLINGTONState  
VAZip Code  
22216Purpose of Disbursement  
LIST RENTAL

Candidate Name

Office Sought: 

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2030  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

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

FEC Identification Number

**C**

Amount of Each Disbursement this Period

266.65

Transaction ID : SB17.17

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

302.15

**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)

PAGE 145 OF 244

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**RICK SCOTT FOR FLORIDA**

Full Name (Last, First, Middle Initial)

**A. APEX VENDOR**

Mailing Address PO BOX 17302

City  
ARLINGTONState  
VAZip Code  
22216Purpose of Disbursement  
LIST RENTAL

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2030

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/> General
<input type="checkbox"/>	Other (specify) ▼	

State:

District:

Date of Disbursement

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

FEC Identification Number

**C**

Amount of Each Disbursement this Period

282.15

Transaction ID : SB17.18

☐ Memo Item**B. APEX VENDOR**

Mailing Address PO BOX 17302

City  
ARLINGTONState  
VAZip Code  
22216Purpose of Disbursement  
LIST RENTAL

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2030

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/> General
<input type="checkbox"/>	Other (specify) ▼	

State:

District:

Date of Disbursement

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

FEC Identification Number

**C**

Amount of Each Disbursement this Period

51.60

Transaction ID : SB17.19

☐ Memo Item**C. ATCHLEY & ASSOCIATES**

Mailing Address 1005 LA POSADA DR

City  
AUSTINState  
TXZip Code  
78752Purpose of Disbursement  
ACCOUNTING CONSULTING

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2030

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/> General
<input type="checkbox"/>	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	5		2	0	2	5

FEC Identification Number

**C**

Amount of Each Disbursement this Period

1589.50

Transaction ID : SB17.20

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

1923.25

**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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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

RICK SCOTT FOR FLORIDA

Full Name (Last, First, Middle Initial)

**A. BELIEVE MEDIA LLC**

Mailing Address 41898 BENINGBROUGH PL

City  
LEESBURGState  
VAZip Code  
20176Purpose of Disbursement  
LIST RENTAL

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2030

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/> General
<input type="checkbox"/>	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	1		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

24.00

Transaction ID : SB17.21

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. BELIEVE MEDIA LLC**

Mailing Address 41898 BENINGBROUGH PL

City  
LEESBURGState  
VAZip Code  
20176Purpose of Disbursement  
LIST RENTAL

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2030

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/> General
<input type="checkbox"/>	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	8		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

38.00

Transaction ID : SB17.22

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. BELIEVE MEDIA LLC**

Mailing Address 41898 BENINGBROUGH PL

City  
LEESBURGState  
VAZip Code  
20176Purpose of Disbursement  
LIST RENTAL

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2030

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/> General
<input type="checkbox"/>	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	9		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

24.00

Transaction ID : SB17.23

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

86.00

**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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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

RICK SCOTT FOR FLORIDA

Full Name (Last, First, Middle Initial)

**A. BELIEVE MEDIA LLC**

Mailing Address 41898 BENINGBROUGH PL

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		26		2025

City  
LEESBURGState  
VAZip Code  
20176

FEC Identification Number

C

Purpose of Disbursement  
LIST RENTAL

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

38.00

Transaction ID : SB17.24

☐ Memo Item

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2030

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Full Name (Last, First, Middle Initial)

**B. BELIEVE MEDIA LLC**

Mailing Address 41898 BENINGBROUGH PL

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		16		2025

City  
LEESBURGState  
VAZip Code  
20176

FEC Identification Number

C

Purpose of Disbursement  
LIST RENTAL

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

24.00

Transaction ID : SB17.25

☐ Memo Item

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2030

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Full Name (Last, First, Middle Initial)

**C. BETTER MOUSETRAP DIGITAL**

Mailing Address 350 17TH ST

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		07		2025

City  
COURTENAY BCState  
XXZip Code  
99999

FEC Identification Number

C

Purpose of Disbursement  
LIST RENTAL

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

461.49

Transaction ID : SB17.29

☐ Memo Item

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2030

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

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

523.49

**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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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

RICK SCOTT FOR FLORIDA

Full Name (Last, First, Middle Initial)

**A. BETTER MOUSETRAP DIGITAL**

Mailing Address 350 17TH ST

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		14		2025

City  
COURTENAY BCState  
XXZip Code  
99999Purpose of Disbursement  
LIST RENTAL

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2030

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

FEC Identification Number

C

Amount of Each Disbursement this Period

498.00

Transaction ID : SB17.30

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. BETTER MOUSETRAP DIGITAL**

Mailing Address 350 17TH ST

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		21		2025

City  
COURTENAY BCState  
XXZip Code  
99999Purpose of Disbursement  
LIST RENTAL

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2030

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

FEC Identification Number

C

Amount of Each Disbursement this Period

4374.89

Transaction ID : SB17.31

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. BETTER MOUSETRAP DIGITAL**

Mailing Address 350 17TH ST

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		28		2025

City  
COURTENAY BCState  
XXZip Code  
99999Purpose of Disbursement  
LIST RENTAL

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2030

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

FEC Identification Number

C

Amount of Each Disbursement this Period

803.83

Transaction ID : SB17.32

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

5676.72

**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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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
20a	20b	20c	21

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NAME OF COMMITTEE (In Full)

RICK SCOTT FOR FLORIDA

Full Name (Last, First, Middle Initial)

**A. BETTER MOUSETRAP DIGITAL**

Mailing Address 350 17TH ST

City  
COURTENAY BCState  
XXZip Code  
99999Purpose of Disbursement  
LIST RENTAL

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2030

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/> General
<input type="checkbox"/>	Other (specify) ▼	

State:

District:

Category/  
Type

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

547.45

Transaction ID : SB17.33

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. BETTER MOUSETRAP DIGITAL**

Mailing Address 350 17TH ST

City  
COURTENAY BCState  
XXZip Code  
99999Purpose of Disbursement  
LIST RENTAL

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2030

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/> General
<input type="checkbox"/>	Other (specify) ▼	

State:

District:

Category/  
Type

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

528.78

Transaction ID : SB17.34

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. BETTER MOUSETRAP DIGITAL**

Mailing Address 350 17TH ST

City  
COURTENAY BCState  
XXZip Code  
99999Purpose of Disbursement  
LIST RENTAL

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2030

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/> General
<input type="checkbox"/>	Other (specify) ▼	

State:

District:

Category/  
Type

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

367.46

Transaction ID : SB17.35

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

1443.69

**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)

PAGE 150 OF 244

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
20a	20b	20c	21

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NAME OF COMMITTEE (In Full)

RICK SCOTT FOR FLORIDA

Full Name (Last, First, Middle Initial)

**A. BETTER MOUSETRAP DIGITAL**

Mailing Address 350 17TH ST

City  
COURTENAY BCState  
XXZip Code  
99999Purpose of Disbursement  
LIST RENTAL

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2030

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/> General
<input type="checkbox"/>	Other (specify) ▼	

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

353.95

Transaction ID : SB17.36

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. BETTER MOUSETRAP DIGITAL**

Mailing Address 350 17TH ST

City  
COURTENAY BCState  
XXZip Code  
99999Purpose of Disbursement  
LIST RENTAL

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2030

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/> General
<input type="checkbox"/>	Other (specify) ▼	

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

180.24

Transaction ID : SB17.37

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. BETTER MOUSETRAP DIGITAL**

Mailing Address 350 17TH ST

City  
COURTENAY BCState  
XXZip Code  
99999Purpose of Disbursement  
LIST RENTAL

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2030

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/> General
<input type="checkbox"/>	Other (specify) ▼	

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

727.09

Transaction ID : SB17.38

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

1261.28

**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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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
20a	20b	20c	21

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NAME OF COMMITTEE (In Full)

RICK SCOTT FOR FLORIDA

Full Name (Last, First, Middle Initial)

**A. BETTER MOUSETRAP DIGITAL**

Mailing Address 350 17TH ST

City  
COURTENAY BCState  
XXZip Code  
99999Purpose of Disbursement  
LIST RENTAL

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2030

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/> General
<input type="checkbox"/>	Other (specify) ▼	

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

204.18

Transaction ID : SB17.39

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. BETTER MOUSETRAP DIGITAL**

Mailing Address 350 17TH ST

City  
COURTENAY BCState  
XXZip Code  
99999Purpose of Disbursement  
LIST RENTAL

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2030

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/> General
<input type="checkbox"/>	Other (specify) ▼	

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

80.47

Transaction ID : SB17.40

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. CH STRATEGIES LLC**

Mailing Address 607 ELLIOTT ST NE

City  
WASHINGTONState  
DCZip Code  
20002Purpose of Disbursement  
COMMUNICATIONS CONSULTING

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2030

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/> General
<input type="checkbox"/>	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	1		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

3000.00

Transaction ID : SB17.41

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

3284.65

**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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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
20a	20b	20c	21

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NAME OF COMMITTEE (In Full)

RICK SCOTT FOR FLORIDA

Full Name (Last, First, Middle Initial)

**A. CH STRATEGIES LLC**

Mailing Address 607 ELLIOTT ST NE

City  
WASHINGTONState  
DCZip Code  
20002Purpose of Disbursement  
COMMUNICATIONS CONSULTING

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2030

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/> General
<input type="checkbox"/>	Other (specify) ▼	

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

3000.00

Transaction ID : SB17.42

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. CH STRATEGIES LLC**

Mailing Address 607 ELLIOTT ST NE

City  
WASHINGTONState  
DCZip Code  
20002Purpose of Disbursement  
COMMUNICATIONS CONSULTING

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2030

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/> General
<input type="checkbox"/>	Other (specify) ▼	

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

3000.00

Transaction ID : SB17.43

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. CHAIN BRIDGE BANK**

Mailing Address 1445 LAUGHLIN AVE

City  
MCLEANState  
VAZip Code  
22101Purpose of Disbursement  
BANK FEE

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2030

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/> General
<input type="checkbox"/>	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		3	0		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

25.00

Transaction ID : SB17.44

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

6025.00

**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)

PAGE 153 OF 244

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
20a	20b	20c	21

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NAME OF COMMITTEE (In Full)

RICK SCOTT FOR FLORIDA

Full Name (Last, First, Middle Initial)

**A. CHAIN BRIDGE BANK**

Mailing Address 1445 LAUGHLIN AVE

City  
MCLEANState  
VAZip Code  
22101Purpose of Disbursement  
BANK FEE

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2030

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/> General
<input type="checkbox"/>	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		3	1		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

25.00

Transaction ID : SB17.45

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. CHAIN BRIDGE BANK**

Mailing Address 1445 LAUGHLIN AVE

City  
MCLEANState  
VAZip Code  
22101Purpose of Disbursement  
BANK FEE

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2030

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/> General
<input type="checkbox"/>	Other (specify) ▼	

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

25.00

Transaction ID : SB17.46

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. CMDI**

Mailing Address 1595 SPRING HILL RD

City  
TYSONS CORNERState  
VAZip Code  
22182Purpose of Disbursement  
DATABASE MANAGEMENT

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2030

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/> General
<input type="checkbox"/>	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	4		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

900.00

Transaction ID : SB17.48

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

950.00

**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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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

RICK SCOTT FOR FLORIDA

Full Name (Last, First, Middle Initial)

**A. CMDI**

Mailing Address 1595 SPRING HILL RD

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		13		2025

City  
TYSONS CORNERState  
VAZip Code  
22182

FEC Identification Number

C

Purpose of Disbursement  
DATABASE MANAGEMENT

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

900.00

Transaction ID : SB17.49

☐ Memo Item

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2030

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Full Name (Last, First, Middle Initial)

**B. CMDI**

Mailing Address 1595 SPRING HILL RD

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		13		2025

City  
TYSONS CORNERState  
VAZip Code  
22182

FEC Identification Number

C

Purpose of Disbursement  
DATABASE MANAGEMENT

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

900.00

Transaction ID : SB17.50

☐ Memo Item

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2030

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Full Name (Last, First, Middle Initial)

**C. CONSERVATIVE PARTNERSHIP CAMPUS INC**

Mailing Address 300 INDEPENDENCE AVE SE

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		10		2025

City  
WASHINGTONState  
DCZip Code  
20003

FEC Identification Number

C

Purpose of Disbursement  
CATERING

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

1000.00

Transaction ID : SB17.51

☐ Memo Item

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2030

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

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

2800.00

**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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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

RICK SCOTT FOR FLORIDA

Full Name (Last, First, Middle Initial)

**A. DIRECT MAIL PROCESSORS INC**

Mailing Address 150 CONRAD CT

City  
HAGERSTOWNState  
MDZip Code  
21740Purpose of Disbursement  
BATCHING AND CAGING

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2030

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/> General
<input type="checkbox"/>	Other (specify) ▼	

State:

District:

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	4		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

92.39

Transaction ID : SB17.54

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DRUCKER LAWHON LLP**

Mailing Address 530 10TH ST NE

City  
WASHINGTONState  
DCZip Code  
20002Purpose of Disbursement  
DELIVERY

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2030

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/> General
<input type="checkbox"/>	Other (specify) ▼	

State:

District:

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	3		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

130.53

Transaction ID : SB17.55

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. EXPEARA LLC**

Mailing Address 414 MEADE DR SW

City  
LEESBURGState  
VAZip Code  
20175Purpose of Disbursement  
COMPUTER SVC

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2030

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/> General
<input type="checkbox"/>	Other (specify) ▼	

State:

District:

Category/  
Type

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

2025.00

Transaction ID : SB17.60

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

2247.92

**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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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**RICK SCOTT FOR FLORIDA**

Full Name (Last, First, Middle Initial)

**A. EXPEARA LLC**

Mailing Address 414 MEADE DR SW

City  
LEESBURGState  
VAZip Code  
20175Purpose of Disbursement  
COMPUTER SVC

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		3	1		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

2025.00

Transaction ID : SB17.61

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. EXPEARA LLC**

Mailing Address 414 MEADE DR SW

City  
LEESBURGState  
VAZip Code  
20175Purpose of Disbursement  
COMPUTER SVC

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

2025.00

Transaction ID : SB17.62

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. FIRST BANKCARD**

Mailing Address PO BOX 2457

City  
OMAHAState  
NEZip Code  
68172Purpose of Disbursement  
CREDIT CARD PAYMENT

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	7		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

3606.56

Transaction ID : SB17.213

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

7656.56

**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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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

RICK SCOTT FOR FLORIDA

Full Name (Last, First, Middle Initial)

**A. AMERICAN AIRLINES**

Mailing Address 1 SKYVIEW DR

City  
FT WORTHState  
TXZip Code  
76155Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2030

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/> General
<input type="checkbox"/>	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	7		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

474.43

Transaction ID : SB17.1002

☒ Memo Item

Full Name (Last, First, Middle Initial)

**B. CHIPOTLE**

Mailing Address 2380 PALM BEACH LAKES

City  
PALM BEACHState  
FLZip Code  
33409Purpose of Disbursement  
FOOD AND BEVERAGE

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2030

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/> General
<input type="checkbox"/>	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	7		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

302.39

Transaction ID : SB17.1003

☒ Memo Item

Full Name (Last, First, Middle Initial)

**C. EMBASSY SUITES**

Mailing Address 1601 BELVEDERE RD

City  
PALM BEACHState  
FLZip Code  
33406Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2030

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/> General
<input type="checkbox"/>	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	7		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

544.75

Transaction ID : SB17.1004

☒ 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:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**RICK SCOTT FOR FLORIDA**

Full Name (Last, First, Middle Initial)

**A. ENTERPRISE RENT A CAR**

Mailing Address 600 CORPORATE PARK DR

City  
ST LOUISState  
MOZip Code  
63105Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		07		2025

FEC Identification Number

C

Amount of Each Disbursement this Period

211.84

Transaction ID : SB17.1005

☒ Memo Item

Full Name (Last, First, Middle Initial)

**B. EXXON**

Mailing Address 6950 OKEECHOBEE BLVD

City  
WEST PALM BEACHState  
FLZip Code  
33411Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		07		2025

FEC Identification Number

C

Amount of Each Disbursement this Period

9.38

Transaction ID : SB17.1006

☒ Memo Item

Full Name (Last, First, Middle Initial)

**C. MEZEH**

Mailing Address 2230 TOWN CTR DR

City  
WASHINGTONState  
DCZip Code  
20020Purpose of Disbursement  
FOOD AND BEVERAGE

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		07		2025

FEC Identification Number

C

Amount of Each Disbursement this Period

181.50

Transaction ID : SB17.1001

☒ 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:  
(check only one)

PAGE 159 OF 244

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

RICK SCOTT FOR FLORIDA

Full Name (Last, First, Middle Initial)

**A. THE COLONY HOTEL**

Mailing Address 155 HAMMON AVE

City  
PALM BEACHState  
FLZip Code  
33480Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2030

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/> General
<input type="checkbox"/>	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	7		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

1828.68

Transaction ID : SB17.1007

☒ Memo Item

Full Name (Last, First, Middle Initial)

**B. UBER**

Mailing Address 1455 MARKET ST

City  
SAN FRANCISCOState  
CAZip Code  
94103Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2030

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/> General
<input type="checkbox"/>	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	7		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

53.59

Transaction ID : SB17.1008

☒ Memo Item

Full Name (Last, First, Middle Initial)

**C. FIRST BANKCARD**

Mailing Address PO BOX 2457

City  
OMAHAState  
NEZip Code  
68172Purpose of Disbursement  
CREDIT CARD PAYMENT

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2030

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/> General
<input type="checkbox"/>	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	7		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

823.99

Transaction ID : SB17.214

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

823.99

**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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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

RICK SCOTT FOR FLORIDA

Full Name (Last, First, Middle Initial)

**A. ADOBE**

Mailing Address 345 PARK AVE

City  
SAN JOSEState  
CAZip Code  
95110Purpose of Disbursement  
SUBSCRIPTIONS

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2030

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/> General
<input type="checkbox"/>	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	7		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

59.99

Transaction ID : SB17.1011

☒ Memo Item**B. CIRCLE K**

Mailing Address 2200 GRANVILLE DR

City  
WENTZVILLEState  
MOZip Code  
63385Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2030

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/> General
<input type="checkbox"/>	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	7		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

42.03

Transaction ID : SB17.1012

☒ Memo Item**C. ELINOR DOYLE FLORIST**

Mailing Address 324 MONROE ST

City  
TALLAHASSEEState  
FLZip Code  
32301Purpose of Disbursement  
FLORAL EXPENSE

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2030

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/> General
<input type="checkbox"/>	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	7		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

200.96

Transaction ID : SB17.1014

☒ 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:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

RICK SCOTT FOR FLORIDA

Full Name (Last, First, Middle Initial)

**A. ENVATO**

Mailing Address 551 SWANSTON ST

City  
MELBOURNEState  
ZZZip Code  
99999Purpose of Disbursement  
SUBSCRIPTIONS

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2030

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/> General
<input type="checkbox"/>	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	7		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

39.00

Transaction ID : SB17.1013

☒ Memo Item

Full Name (Last, First, Middle Initial)

**B. SHUTTERSTOCK**

Mailing Address 350 5TH AVE

City  
NEW YORKState  
NYZip Code  
10118Purpose of Disbursement  
SUBSCRIPTIONS

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2030

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/> General
<input type="checkbox"/>	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	7		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

99.00

Transaction ID : SB17.1010

☒ Memo Item

Full Name (Last, First, Middle Initial)

**C. USPS**

Mailing Address 900 BRENTWOOD

City  
WASHINGTONState  
DCZip Code  
20018Purpose of Disbursement  
POSTAGE

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2030

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/> General
<input type="checkbox"/>	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	7		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

383.01

Transaction ID : SB17.1015

☒ 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:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
20a	20b	20c	21

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NAME OF COMMITTEE (In Full)

RICK SCOTT FOR FLORIDA

Full Name (Last, First, Middle Initial)

**A. FIRST BANKCARD**

Mailing Address PO BOX 2457

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		06		2025

City  
OMAHAState  
NEZip Code  
68172

FEC Identification Number

C

Purpose of Disbursement  
CREDIT CARD PAYMENT

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

1926.10

Transaction ID : SB17.215

☐ Memo Item

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2030

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Full Name (Last, First, Middle Initial)

**B. ADOBE**

Mailing Address 345 PARK AVE

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		06		2025

City  
SAN JOSEState  
CAZip Code  
95110

FEC Identification Number

C

Purpose of Disbursement  
SUBSCRIPTIONS

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

59.99

Transaction ID : SB17.10257

☒ Memo Item

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2030

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Full Name (Last, First, Middle Initial)

**C. BP**

Mailing Address 1410 AIRPORT RD

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		06		2025

City  
NAPLESState  
FLZip Code  
34104

FEC Identification Number

C

Purpose of Disbursement  
TRAVEL

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

17.54

Transaction ID : SB17.1017

☒ Memo Item

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2030

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

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

1926.10

**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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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
20a	20b	20c	21

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NAME OF COMMITTEE (In Full)

**RICK SCOTT FOR FLORIDA**

Full Name (Last, First, Middle Initial)

**A. CAVA**

Mailing Address 1222 CONNECTICUT AVE

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		06		2025

City  
WASHINGTONState  
DCZip Code  
20036

FEC Identification Number

**C**Purpose of Disbursement  
FOOD AND BEVERAGE

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

38.63
-------

Transaction ID : SB17.10256

☒ Memo Item

Office Sought:

<input type="checkbox"/> House
<input type="checkbox"/> Senate
<input type="checkbox"/> President

Disbursement For: 2030

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State:

District:

Full Name (Last, First, Middle Initial)

**B. DAVIOS**

Mailing Address 75 ARLINGTON ST

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		06		2025

City  
BOSTONState  
MAZip Code  
02116

FEC Identification Number

**C**Purpose of Disbursement  
FOOD AND BEVERAGE

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

1308.63
---------

Transaction ID : SB17.1025

☒ Memo Item

Office Sought:

<input type="checkbox"/> House
<input type="checkbox"/> Senate
<input type="checkbox"/> President

Disbursement For: 2030

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State:

District:

Full Name (Last, First, Middle Initial)

**C. DOUBLETREE-BLOOMFIELD HILLS**

Mailing Address 39475 WOODWARD AVE

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		06		2025

City  
BLOOMFIELD HILLSState  
MIZip Code  
48304

FEC Identification Number

**C**Purpose of Disbursement  
TRAVEL

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

26.96
-------

Transaction ID : SB17.1023

☒ Memo Item

Office Sought:

<input type="checkbox"/> House
<input type="checkbox"/> Senate
<input type="checkbox"/> President

Disbursement For: 2030

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State:

District:

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

0.00
------

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

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**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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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

RICK SCOTT FOR FLORIDA

Full Name (Last, First, Middle Initial)

**A. ENTERPRISE RENT A CAR**

Mailing Address 600 CORPORATE PARK DR

City  
ST LOUISState  
MOZip Code  
63105Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2030

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/> General
<input type="checkbox"/>	Other (specify) ▼	

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

127.75

Transaction ID : SB17.1018

☒ Memo Item

Full Name (Last, First, Middle Initial)

**B. JETBLUE**

Mailing Address 2701 QUEENS

City  
LONG ISLAND CITYState  
NYZip Code  
11101Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2030

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/> General
<input type="checkbox"/>	Other (specify) ▼	

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

148.48

Transaction ID : SB17.10255

☒ Memo Item

Full Name (Last, First, Middle Initial)

**C. PANERA BREAD**

Mailing Address 3630 GEYER RD

City  
ST LOUISState  
MOZip Code  
63127Purpose of Disbursement  
FOOD AND BEVERAGE

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2030

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/> General
<input type="checkbox"/>	Other (specify) ▼	

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

16.82

Transaction ID : SB17.1019

☒ 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:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

RICK SCOTT FOR FLORIDA

Full Name (Last, First, Middle Initial)

**A. PUBLIX**

Mailing Address 1981 TAMIAMI TRL

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		06		2025

City  
NAPLESState  
FLZip Code  
34102

FEC Identification Number

C

Purpose of Disbursement  
FOOD AND BEVERAGE

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

8.29

Transaction ID : SB17.1020

☒ Memo Item

Office Sought:

<input type="checkbox"/> House
<input type="checkbox"/> Senate
<input type="checkbox"/> President

Disbursement For: 2030

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State:

District:

Full Name (Last, First, Middle Initial)

**B. SHUTTERSTOCK**

Mailing Address 350 5TH AVE

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		06		2025

City  
NEW YORKState  
NYZip Code  
10118

FEC Identification Number

C

Purpose of Disbursement  
SUBSCRIPTIONS

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

99.00

Transaction ID : SB17.1021

☒ Memo Item

Office Sought:

<input type="checkbox"/> House
<input type="checkbox"/> Senate
<input type="checkbox"/> President

Disbursement For: 2030

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State:

District:

Full Name (Last, First, Middle Initial)

**C. TAMPA INTERNATIONAL AIRPORT**

Mailing Address 4100 GEORGE BEAN PKWY

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		06		2025

City  
TAMPAState  
FLZip Code  
33607

FEC Identification Number

C

Purpose of Disbursement  
TRAVEL

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

48.69

Transaction ID : SB17.1022

☒ Memo Item

Office Sought:

<input type="checkbox"/> House
<input type="checkbox"/> Senate
<input type="checkbox"/> President

Disbursement For: 2030

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> 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)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
20a	20b	20c	21

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NAME OF COMMITTEE (In Full)

**RICK SCOTT FOR FLORIDA**

Full Name (Last, First, Middle Initial)

**A. THORNTONS**

Mailing Address 2356 HILLSBOROUGH

City  
TAMPAState  
FLZip Code  
33603Purpose of Disbursement  
FOOD AND BEVERAGE

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2030

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/> General
<input type="checkbox"/>	Other (specify) ▼	

State:

District:

Category/  
Type

Date of Disbursement

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

FEC Identification Number

**C**

Amount of Each Disbursement this Period

25.32

Transaction ID : SB17.1024

☒ Memo Item

Full Name (Last, First, Middle Initial)

**B. FIRST BANKCARD**

Mailing Address PO BOX 2457

City  
OMAHAState  
NEZip Code  
68172Purpose of Disbursement  
CREDIT CARD PAYMENT

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2030

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/> General
<input type="checkbox"/>	Other (specify) ▼	

State:

District:

Category/  
Type

Date of Disbursement

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

FEC Identification Number

**C**

Amount of Each Disbursement this Period

8525.67

Transaction ID : SB17.216

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. AMBAR RESTAURANT**

Mailing Address 523 8TH ST

City  
WASHINGTONState  
DCZip Code  
20003Purpose of Disbursement  
FOOD AND BEVERAGE

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2030

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/> General
<input type="checkbox"/>	Other (specify) ▼	

State:

District:

Category/  
Type

Date of Disbursement

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

FEC Identification Number

**C**

Amount of Each Disbursement this Period

215.70

Transaction ID : SB17.1046

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

8525.67

**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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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

RICK SCOTT FOR FLORIDA

Full Name (Last, First, Middle Initial)

**A. AMERICAN AIRLINES**

Mailing Address 1 SKYVIEW DR

City  
FT WORTHState  
TXZip Code  
76155Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2030

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

3280.77

Transaction ID : SB17.1028

☒ Memo Item

Full Name (Last, First, Middle Initial)

**B. AMTRAK**

Mailing Address 1 MASS AVE

City  
WASHINGTONState  
DCZip Code  
20001Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2030

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

1116.00

Transaction ID : SB17.1027

☒ Memo Item

Full Name (Last, First, Middle Initial)

**C. Casablanca LLC**

Mailing Address 400 NW RIVER DR

City  
MIAMIState  
FLZip Code  
33128Purpose of Disbursement  
FOOD AND BEVERAGE

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2030

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

159.30

Transaction ID : SB17.1041

☒ 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:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
20a	20b	20c	21

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NAME OF COMMITTEE (In Full)

RICK SCOTT FOR FLORIDA

Full Name (Last, First, Middle Initial)

**A. CHICKFILA**

Mailing Address 1214 18TH ST

City  
WASHINGTONState  
DCZip Code  
20036Purpose of Disbursement  
FOOD AND BEVERAGE

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2030

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/> General
<input type="checkbox"/>	Other (specify) ▼	

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

16.54

Transaction ID : SB17.1030

☒ Memo Item

Full Name (Last, First, Middle Initial)

**B. CHIPOTLE**

Mailing Address 2235 SW 37TH AVE

City  
MIAMIState  
FLZip Code  
33145Purpose of Disbursement  
FOOD AND BEVERAGE

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2030

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/> General
<input type="checkbox"/>	Other (specify) ▼	

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

352.21

Transaction ID : SB17.1029

☒ Memo Item

Full Name (Last, First, Middle Initial)

**C. DAVIOS**

Mailing Address 75 ARLINGTON ST

City  
BOSTONState  
MAZip Code  
02116Purpose of Disbursement  
FOOD AND BEVERAGE

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2030

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/> General
<input type="checkbox"/>	Other (specify) ▼	

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

23.26

Transaction ID : SB17.1042

☒ 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:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**RICK SCOTT FOR FLORIDA**

Full Name (Last, First, Middle Initial)

**A. DOUBLETREE-TALLAHASSEE**

Mailing Address 101 S ADAMS

Date of Disbursement

M M / D D / Y Y Y Y
05 / 06 / 2025

City  
TALLAHASSEEState  
FLZip Code  
32301Purpose of Disbursement  
TRAVEL

FEC Identification Number

C

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

236.86

Transaction ID : SB17.1031

☒ Memo Item

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

**B. ENTERPRISE RENT A CAR**

Mailing Address 600 CORPORATE PARK DR

Date of Disbursement

M M / D D / Y Y Y Y
05 / 06 / 2025

City  
ST LOUISState  
MOZip Code  
63105Purpose of Disbursement  
TRAVEL

FEC Identification Number

C

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

531.39

Transaction ID : SB17.1032

☒ Memo Item

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

**C. FEDEX**

Mailing Address 3610 HACKS CROSS RD

Date of Disbursement

M M / D D / Y Y Y Y
05 / 06 / 2025

City  
MEMPHISState  
TNZip Code  
38125Purpose of Disbursement  
DELIVERY

FEC Identification Number

C

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

37.84

Transaction ID : SB17.1033

☒ Memo Item

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2030

☒ 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)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
20a	20b	20c	21

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NAME OF COMMITTEE (In Full)

**RICK SCOTT FOR FLORIDA**

Full Name (Last, First, Middle Initial)

**A. HILTON BOSTON**

Mailing Address 50 PARK PLAZA

City  
BOSTONState  
MAZip Code  
02116Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2030

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/> General
<input type="checkbox"/>	Other (specify) ▼	

State:

District:

Date of Disbursement

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

FEC Identification Number

**C**

Amount of Each Disbursement this Period

411.49

Transaction ID : SB17.1035

☒ Memo Item

Full Name (Last, First, Middle Initial)

**B. HILTON MIAMI**

Mailing Address 1601 BISCAYNE

City  
MIAMIState  
FLZip Code  
33132Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2030

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/> General
<input type="checkbox"/>	Other (specify) ▼	

State:

District:

Date of Disbursement

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

FEC Identification Number

**C**

Amount of Each Disbursement this Period

560.69

Transaction ID : SB17.1034

☒ Memo Item

Full Name (Last, First, Middle Initial)

**C. JERSEY MIKES**

Mailing Address 3122 MAHAN DR

City  
TALLAHASSEEState  
FLZip Code  
32308Purpose of Disbursement  
FOOD AND BEVERAGE

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2030

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/> General
<input type="checkbox"/>	Other (specify) ▼	

State:

District:

Date of Disbursement

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

FEC Identification Number

**C**

Amount of Each Disbursement this Period

13.17

Transaction ID : SB17.1037

☒ 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:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
20a	20b	20c	21

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NAME OF COMMITTEE (In Full)

RICK SCOTT FOR FLORIDA

Full Name (Last, First, Middle Initial)

**A. NEWSLINK**

Mailing Address 6910 NW 12TH ST

City  
MIAMIState  
FLZip Code  
33126Purpose of Disbursement  
FOOD AND BEVERAGE

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2030

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/> General
<input type="checkbox"/>	Other (specify) ▼	

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

11.33

Transaction ID : SB17.1038

☒ Memo Item

Full Name (Last, First, Middle Initial)

**B. PARKMOBILE**

Mailing Address 1100 SPRING ST

City  
ATLANTAState  
GAZip Code  
30309Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2030

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/> General
<input type="checkbox"/>	Other (specify) ▼	

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

8.47

Transaction ID : SB17.1036

☒ Memo Item

Full Name (Last, First, Middle Initial)

**C. RMA WORLDWIDE**

Mailing Address 12270 WILKINS AVE

City  
ROCKVILLEState  
MDZip Code  
20852Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2030

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/> General
<input type="checkbox"/>	Other (specify) ▼	

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

298.29

Transaction ID : SB17.1039

☒ 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:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
20a	20b	20c	21

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NAME OF COMMITTEE (In Full)

RICK SCOTT FOR FLORIDA

Full Name (Last, First, Middle Initial)

**A. The J House LLC**

Mailing Address 1114 PUTNAME AVE

Date of Disbursement

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

City  
RIVERSIDEState  
CTZip Code  
06878

FEC Identification Number

C

Purpose of Disbursement  
TRAVEL

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

827.55

Transaction ID : SB17.1040

☒ Memo Item

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2030

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Full Name (Last, First, Middle Initial)

**B. UBER**

Mailing Address 1455 MARKET ST

Date of Disbursement

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

City  
SAN FRANCISCOState  
CAZip Code  
94103

FEC Identification Number

C

Purpose of Disbursement  
TRAVEL

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

144.21

Transaction ID : SB17.1043

☒ Memo Item

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2030

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Full Name (Last, First, Middle Initial)

**C. WE THE PIZZA**

Mailing Address 305 PENN AVE

Date of Disbursement

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

City  
WASHINGTONState  
DCZip Code  
20003

FEC Identification Number

C

Purpose of Disbursement  
FOOD AND BEVERAGE

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

168.30

Transaction ID : SB17.1044

☒ Memo Item

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2030

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	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)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

RICK SCOTT FOR FLORIDA

Full Name (Last, First, Middle Initial)

**A. YOUNG CHOW**

Mailing Address 312 PENN AVE

City  
WASHINGTONState  
DCZip Code  
20003Purpose of Disbursement  
FOOD AND BEVERAGE

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2030

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/> General
<input type="checkbox"/>	Other (specify) ▼	

State:

District:

Category/  
Type

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

112.30

Transaction ID : SB17.1045

☒ Memo Item**B. FIRST BANKCARD**

Mailing Address PO BOX 2457

City  
OMAHAState  
NEZip Code  
68172Purpose of Disbursement  
CREDIT CARD PAYMENT

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2030

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/> General
<input type="checkbox"/>	Other (specify) ▼	

State:

District:

Category/  
Type

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

7226.84

Transaction ID : SB17.218

☐ Memo Item**C. AMAZON**

Mailing Address 440 TERRY AVE

City  
SEATTLEState  
WAZip Code  
98109Purpose of Disbursement  
EQUIPMENT PURCHASE

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2030

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/> General
<input type="checkbox"/>	Other (specify) ▼	

State:

District:

Category/  
Type

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

74.85

Transaction ID : SB17.1051

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

7226.84

**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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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
20a	20b	20c	21

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NAME OF COMMITTEE (In Full)

RICK SCOTT FOR FLORIDA

Full Name (Last, First, Middle Initial)

**A. AMERICAN AIRLINES**

Mailing Address 1 SKYVIEW DR

City  
FT WORTHState  
TXZip Code  
76155Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2030

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

349.82

Transaction ID : SB17.1052

☒ Memo Item

Full Name (Last, First, Middle Initial)

**B. AMTRAK**

Mailing Address 1 MASS AVE

City  
WASHINGTONState  
DCZip Code  
20001Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2030

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

734.00

Transaction ID : SB17.1050

☒ Memo Item

Full Name (Last, First, Middle Initial)

**C. BOWERY HOTEL**

Mailing Address 335 BOWERY

City  
NEW YORKState  
NYZip Code  
10003Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2030

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

60.00

Transaction ID : SB17.1061

☒ 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:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
20a	20b	20c	21

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NAME OF COMMITTEE (In Full)

**RICK SCOTT FOR FLORIDA**

Full Name (Last, First, Middle Initial)

**A. CHIPOTLE**

Mailing Address 1150 FIRST ST

Date of Disbursement

M M	D D	Y Y Y Y
06	05	2025

City  
WASHINGTONState  
DCZip Code  
20002

FEC Identification Number

**C**Purpose of Disbursement  
FOOD AND BEVERAGE

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

302.39

Transaction ID : SB17.1053

☒ Memo Item

Office Sought:

<input type="checkbox"/> House
<input type="checkbox"/> Senate
<input type="checkbox"/> President

Disbursement For: 2030

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State:

District:

Full Name (Last, First, Middle Initial)

**B. ENTERPRISE RENT A CAR**

Mailing Address 600 CORPORATE PARK DR

Date of Disbursement

M M	D D	Y Y Y Y
06	05	2025

City  
ST LOUISState  
MOZip Code  
63105

FEC Identification Number

**C**Purpose of Disbursement  
TRAVEL

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

597.88

Transaction ID : SB17.1054

☒ Memo Item

Office Sought:

<input type="checkbox"/> House
<input type="checkbox"/> Senate
<input type="checkbox"/> President

Disbursement For: 2030

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State:

District:

Full Name (Last, First, Middle Initial)

**C. HAMPTON INN-CHICAGO**

Mailing Address 33 ILLINOIS ST

Date of Disbursement

M M	D D	Y Y Y Y
06	05	2025

City  
CHICAGOState  
ILZip Code  
60654

FEC Identification Number

**C**Purpose of Disbursement  
TRAVEL

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

223.96

Transaction ID : SB17.1055

☒ Memo Item

Office Sought:

<input type="checkbox"/> House
<input type="checkbox"/> Senate
<input type="checkbox"/> President

Disbursement For: 2030

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> 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)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

RICK SCOTT FOR FLORIDA

Full Name (Last, First, Middle Initial)

**A. HILTON HOTELS**

Mailing Address 1335 AVE AMERICA

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		05		2025

City  
NEW YORKState  
NYZip Code  
10019

FEC Identification Number

C

Purpose of Disbursement  
TRAVEL

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

500.55

Transaction ID : SB17.1056

☒ Memo Item

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2030

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Full Name (Last, First, Middle Initial)

**B. INSTACART**

Mailing Address 500 BEALE ST

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		05		2025

City  
SAN FRANCISCOState  
CAZip Code  
94105

FEC Identification Number

C

Purpose of Disbursement  
FOOD AND BEVERAGE

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

84.33

Transaction ID : SB17.1057

☒ Memo Item

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2030

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Full Name (Last, First, Middle Initial)

**C. ONE PARKING**

Mailing Address 477 ROSEMARY AVE

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		05		2025

City  
WEST PALM BEACHState  
FLZip Code  
33401

FEC Identification Number

C

Purpose of Disbursement  
TRAVEL

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

35.99

Transaction ID : SB17.1058

☒ Memo Item

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2030

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	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)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 177 OF 244

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
20a	20b	20c	21

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NAME OF COMMITTEE (In Full)

**RICK SCOTT FOR FLORIDA**

Full Name (Last, First, Middle Initial)

**A. PETRO**

Mailing Address 3201 MANNHEIM

Date of Disbursement

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

City  
FRANKLIN PARKState  
ILZip Code  
60131

FEC Identification Number

**C**Purpose of Disbursement  
TRAVEL

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

28.96

Transaction ID : SB17.1060

☒ Memo Item

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2030

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Full Name (Last, First, Middle Initial)

**B. RMA WORLDWIDE**

Mailing Address 12270 WILKINS AVE

Date of Disbursement

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

City  
ROCKVILLEState  
MDZip Code  
20852

FEC Identification Number

**C**Purpose of Disbursement  
TRAVEL

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

3614.71

Transaction ID : SB17.1059

☒ Memo Item

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2030

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Full Name (Last, First, Middle Initial)

**C. ROTI**

Mailing Address 1311 F ST NW

Date of Disbursement

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

City  
WASHINGTONState  
DCZip Code  
20004

FEC Identification Number

**C**Purpose of Disbursement  
FOOD AND BEVERAGE

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

319.05

Transaction ID : SB17.1062

☒ Memo Item

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2030

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	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)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
20a	20b	20c	21

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NAME OF COMMITTEE (In Full)

RICK SCOTT FOR FLORIDA

Full Name (Last, First, Middle Initial)

**A. US SENATE CAFE**

Mailing Address US SENATE

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		05		2025

City  
WASHINGTONState  
DCZip Code  
20510

FEC Identification Number

C

Purpose of Disbursement  
FOOD AND BEVERAGE

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

172.00

Transaction ID : SB17.1063

☒ Memo Item

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2030

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Full Name (Last, First, Middle Initial)

**B. YOUNG CHOW**

Mailing Address 312 PENN AVE

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		05		2025

City  
WASHINGTONState  
DCZip Code  
20003

FEC Identification Number

C

Purpose of Disbursement  
FOOD AND BEVERAGE

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

128.35

Transaction ID : SB17.1064

☒ Memo Item

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2030

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Full Name (Last, First, Middle Initial)

**C. FIRST BANKCARD**

Mailing Address PO BOX 2457

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		05		2025

City  
OMAHAState  
NEZip Code  
68172

FEC Identification Number

C

Purpose of Disbursement  
CREDIT CARD PAYMENT

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

2684.76

Transaction ID : SB17.219

☐ Memo Item

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2030

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

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

2684.76

**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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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
20a	20b	20c	21

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NAME OF COMMITTEE (In Full)

RICK SCOTT FOR FLORIDA

Full Name (Last, First, Middle Initial)

**A. ADOBE**

Mailing Address 345 PARK AVE

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		05		2025

City  
SAN JOSEState  
CAZip Code  
95110

FEC Identification Number

C

Purpose of Disbursement  
SUBSCRIPTIONS

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

59.99

Transaction ID : SB17.1067

☒ Memo Item

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2030

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Full Name (Last, First, Middle Initial)

**B. BERNS STEAKHOUSE**

Mailing Address 1208 S HOWARD AVE

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		05		2025

City  
TAMPAState  
FLZip Code  
33606

FEC Identification Number

C

Purpose of Disbursement  
FOOD AND BEVERAGE

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

1051.92

Transaction ID : SB17.10699

☒ Memo Item

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2030

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Full Name (Last, First, Middle Initial)

**C. DISTRICT TACO**

Mailing Address 1309 F ST

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		05		2025

City  
WASHINGTONState  
DCZip Code  
20004

FEC Identification Number

C

Purpose of Disbursement  
FOOD AND BEVERAGE

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

1127.65

Transaction ID : SB17.1068

☒ Memo Item

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2030

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	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)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**RICK SCOTT FOR FLORIDA**

Full Name (Last, First, Middle Initial)

**A. SHUTTERSTOCK**

Mailing Address 350 5TH AVE

City  
NEW YORKState  
NYZip Code  
10118Purpose of Disbursement  
SUBSCRIPTIONS

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2030

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/> General
<input type="checkbox"/>	Other (specify) ▼	

State:

District:

Date of Disbursement

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

FEC Identification Number

**C**

Amount of Each Disbursement this Period

99.00

Transaction ID : SB17.1066

☒ Memo Item

Full Name (Last, First, Middle Initial)

**B. US SENATE CAFE**

Mailing Address US SENATE

City  
WASHINGTONState  
DCZip Code  
20510Purpose of Disbursement  
FOOD AND BEVERAGE

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2030

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/> General
<input type="checkbox"/>	Other (specify) ▼	

State:

District:

Date of Disbursement

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

FEC Identification Number

**C**

Amount of Each Disbursement this Period

346.20

Transaction ID : SB17.1069

☒ Memo Item

Full Name (Last, First, Middle Initial)

**C. FLORIDA DEPARTMENT OF REVENUE**

Mailing Address 5050 WEST TENNESSEE ST

City  
TALLAHASSEEState  
FLZip Code  
32399Purpose of Disbursement  
TAXES

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2030

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/> General
<input type="checkbox"/>	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	1		2	0	2	5

FEC Identification Number

**C**

Amount of Each Disbursement this Period

1864.00

Transaction ID : SB17.63

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

1864.00

**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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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

RICK SCOTT FOR FLORIDA

Full Name (Last, First, Middle Initial)

**A. FRONTLINE STRATEGIES**

Mailing Address 1501 COMMERCE DR

City  
ELGINState  
ILZip Code  
60123Purpose of Disbursement  
LIST RENTAL

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2030

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/> General
<input type="checkbox"/>	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	7		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

736.51

Transaction ID : SB17.64

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. FRONTLINE STRATEGIES**

Mailing Address 1501 COMMERCE DR

City  
ELGINState  
ILZip Code  
60123Purpose of Disbursement  
LIST RENTAL

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2030

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/> General
<input type="checkbox"/>	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	4		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

266.65

Transaction ID : SB17.65

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. FRONTLINE STRATEGIES**

Mailing Address 1501 COMMERCE DR

City  
ELGINState  
ILZip Code  
60123Purpose of Disbursement  
LIST RENTAL

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2030

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/> General
<input type="checkbox"/>	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	8		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

5.10

Transaction ID : SB17.66

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

1008.26

**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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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

RICK SCOTT FOR FLORIDA

Full Name (Last, First, Middle Initial)

**A. FRONTLINE STRATEGIES**

Mailing Address 1501 COMMERCE DR

City  
ELGINState  
ILZip Code  
60123Purpose of Disbursement  
LIST RENTAL

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2030

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/> General
<input type="checkbox"/>	Other (specify) ▼	

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

254.36

Transaction ID : SB17.67

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. FRONTLINE STRATEGIES**

Mailing Address 1501 COMMERCE DR

City  
ELGINState  
ILZip Code  
60123Purpose of Disbursement  
LIST RENTAL

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2030

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/> General
<input type="checkbox"/>	Other (specify) ▼	

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

604.10

Transaction ID : SB17.68

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. FRONTLINE STRATEGIES**

Mailing Address 1501 COMMERCE DR

City  
ELGINState  
ILZip Code  
60123Purpose of Disbursement  
LIST RENTAL

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2030

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/> General
<input type="checkbox"/>	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	9		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

80.75

Transaction ID : SB17.69

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

939.21

**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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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

RICK SCOTT FOR FLORIDA

Full Name (Last, First, Middle Initial)

**A. FRONTLINE STRATEGIES**

Mailing Address 1501 COMMERCE DR

City  
ELGINState  
ILZip Code  
60123Purpose of Disbursement  
LIST RENTAL

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2030

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/> General
<input type="checkbox"/>	Other (specify) ▼	

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

253.17

Transaction ID : SB17.70

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. FRONTLINE STRATEGIES**

Mailing Address 1501 COMMERCE DR

City  
ELGINState  
ILZip Code  
60123Purpose of Disbursement  
LIST RENTAL

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2030

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/> General
<input type="checkbox"/>	Other (specify) ▼	

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

671.24

Transaction ID : SB17.71

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. FRONTLINE STRATEGIES**

Mailing Address 1501 COMMERCE DR

City  
ELGINState  
ILZip Code  
60123Purpose of Disbursement  
LIST RENTAL

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2030

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/> General
<input type="checkbox"/>	Other (specify) ▼	

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

80.75

Transaction ID : SB17.72

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

1005.16

**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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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
20a	20b	20c	21

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NAME OF COMMITTEE (In Full)

RICK SCOTT FOR FLORIDA

Full Name (Last, First, Middle Initial)

**A. FRONTLINE STRATEGIES**

Mailing Address 1501 COMMERCE DR

City  
ELGINState  
ILZip Code  
60123Purpose of Disbursement  
LIST RENTAL

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2030

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/> General
<input type="checkbox"/>	Other (specify) ▼	

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

17.20

Transaction ID : SB17.73

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. GOODSPEED GROUP LLC**

Mailing Address 5293 BALLYCASTLE CIR

City  
ALEXANDRIAState  
VAZip Code  
22315Purpose of Disbursement  
FINANCE CONSULTING

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2030

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/> General
<input type="checkbox"/>	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	7		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

2500.00

Transaction ID : SB17.74

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. GOODSPEED GROUP LLC**

Mailing Address 5293 BALLYCASTLE CIR

City  
ALEXANDRIAState  
VAZip Code  
22315Purpose of Disbursement  
FINANCE CONSULTING

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2030

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/> General
<input type="checkbox"/>	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	8		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

2500.00

Transaction ID : SB17.75

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

5017.20

**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)

PAGE 185 OF 244

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

RICK SCOTT FOR FLORIDA

Full Name (Last, First, Middle Initial)

**A. HICKORY DATA MANAGEMENT**

Mailing Address 121 N WASHINGTON ST

City  
ALEXANDRIAState  
VAZip Code  
22314Purpose of Disbursement  
LIST RENTAL

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2030

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/> General
<input type="checkbox"/>	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	7		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

25.50

Transaction ID : SB17.76

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. HICKORY DATA MANAGEMENT**

Mailing Address 121 N WASHINGTON ST

City  
ALEXANDRIAState  
VAZip Code  
22314Purpose of Disbursement  
LIST RENTAL

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2030

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/> General
<input type="checkbox"/>	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	1		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

17.00

Transaction ID : SB17.77

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. HICKORY DATA MANAGEMENT**

Mailing Address 121 N WASHINGTON ST

City  
ALEXANDRIAState  
VAZip Code  
22314Purpose of Disbursement  
LIST RENTAL

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2030

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/> General
<input type="checkbox"/>	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	8		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

4.25

Transaction ID : SB17.78

☐ Memo Item

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

46.75

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)

PAGE 186 OF 244

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

RICK SCOTT FOR FLORIDA

Full Name (Last, First, Middle Initial)

**A. HICKORY DATA MANAGEMENT**

Mailing Address 121 N WASHINGTON ST

City  
ALEXANDRIAState  
VAZip Code  
22314Purpose of Disbursement  
LIST RENTAL

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2030

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/> General
<input type="checkbox"/>	Other (specify) ▼	

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

42.50

Transaction ID : SB17.79

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. HICKORY DATA MANAGEMENT**

Mailing Address 121 N WASHINGTON ST

City  
ALEXANDRIAState  
VAZip Code  
22314Purpose of Disbursement  
LIST RENTAL

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2030

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/> General
<input type="checkbox"/>	Other (specify) ▼	

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

17.00

Transaction ID : SB17.80

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. HICKORY DATA MANAGEMENT**

Mailing Address 121 N WASHINGTON ST

City  
ALEXANDRIAState  
VAZip Code  
22314Purpose of Disbursement  
LIST RENTAL

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2030

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/> General
<input type="checkbox"/>	Other (specify) ▼	

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

21.25

Transaction ID : SB17.81

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

80.75

**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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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

RICK SCOTT FOR FLORIDA

Full Name (Last, First, Middle Initial)

**A. HICKORY DATA MANAGEMENT**

Mailing Address 121 N WASHINGTON ST

City  
ALEXANDRIAState  
VAZip Code  
22314Purpose of Disbursement  
LIST RENTAL

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2030

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/> General
<input type="checkbox"/>	Other (specify) ▼	

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

25.50

Transaction ID : SB17.82

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. HICKORY DATA MANAGEMENT**

Mailing Address 121 N WASHINGTON ST

City  
ALEXANDRIAState  
VAZip Code  
22314Purpose of Disbursement  
LIST RENTAL

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2030

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/> General
<input type="checkbox"/>	Other (specify) ▼	

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

17.00

Transaction ID : SB17.83

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. HICKORY DATA MANAGEMENT**

Mailing Address 121 N WASHINGTON ST

City  
ALEXANDRIAState  
VAZip Code  
22314Purpose of Disbursement  
LIST RENTAL

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2030

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/> General
<input type="checkbox"/>	Other (specify) ▼	

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

21.25

Transaction ID : SB17.84

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

63.75

**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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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

RICK SCOTT FOR FLORIDA

Full Name (Last, First, Middle Initial)

**A. KEITH LIPERT GALLERY**

Mailing Address 1637 35TH ST NW

City  
WASHINGTONState  
DCZip Code  
20007Purpose of Disbursement  
CHALLENGE COINS

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2030

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/> General
<input type="checkbox"/>	Other (specify) ▼	

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

38390.00

Transaction ID : SB17.88

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. LEX POLITICA PLLC**

Mailing Address PO Box 341016

City  
AustinState  
TXZip Code  
78734Purpose of Disbursement  
LEGAL CONSULTING

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2030

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/> General
<input type="checkbox"/>	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	9		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

12000.00

Transaction ID : SB17.89

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. LEX POLITICA PLLC**

Mailing Address PO Box 341016

City  
AustinState  
TXZip Code  
78734Purpose of Disbursement  
LEGAL CONSULTING

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2030

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/> General
<input type="checkbox"/>	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	0		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

5000.00

Transaction ID : SB17.90

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

55390.00

**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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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
20a	20b	20c	21

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NAME OF COMMITTEE (In Full)

RICK SCOTT FOR FLORIDA

Full Name (Last, First, Middle Initial)

**A. LEX POLITICA PLLC**

Mailing Address PO BOX 341016

City  
AUSTINState  
TXZip Code  
78734Purpose of Disbursement  
LEGAL CONSULTING

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2030

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/> General
<input type="checkbox"/>	Other (specify) ▼	

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

5100.00

Transaction ID : SB17.91

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. LEX POLITICA PLLC**

Mailing Address PO BOX 341016

City  
AUSTINState  
TXZip Code  
78734Purpose of Disbursement  
LEGAL CONSULTING

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2030

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/> General
<input type="checkbox"/>	Other (specify) ▼	

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

5000.00

Transaction ID : SB17.92

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. MAWCO LLC**

Mailing Address 918 WHIRLAWAY DR

City  
UNIONState  
KYZip Code  
41091Purpose of Disbursement  
LIST RENTAL

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2030

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/> General
<input type="checkbox"/>	Other (specify) ▼	

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

77.00

Transaction ID : SB17.100

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

10177.00

**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)

PAGE 190 OF 244

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

RICK SCOTT FOR FLORIDA

Full Name (Last, First, Middle Initial)

**A. MAWCO LLC**

Mailing Address 918 WHIRLAWAY DR

Date of Disbursement

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

City  
UNIONState  
KYZip Code  
41091

FEC Identification Number

C

Purpose of Disbursement  
LIST RENTAL

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

50.73

Transaction ID : SB17.101

☐ Memo Item

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2030

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Full Name (Last, First, Middle Initial)

**B. MAWCO LLC**

Mailing Address 918 WHIRLAWAY DR

Date of Disbursement

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

City  
UNIONState  
KYZip Code  
41091

FEC Identification Number

C

Purpose of Disbursement  
LIST RENTAL

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

1.40

Transaction ID : SB17.102

☐ Memo Item

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2030

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Full Name (Last, First, Middle Initial)

**C. MAWCO LLC**

Mailing Address 918 WHIRLAWAY DR

Date of Disbursement

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

City  
UNIONState  
KYZip Code  
41091

FEC Identification Number

C

Purpose of Disbursement  
LIST RENTAL

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

40.60

Transaction ID : SB17.103

☐ Memo Item

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2030

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

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

92.73

**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)

PAGE 191 OF 244

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

RICK SCOTT FOR FLORIDA

Full Name (Last, First, Middle Initial)

**A. MAWCO LLC**

Mailing Address 918 WHIRLAWAY DR

City  
UNIONState  
KYZip Code  
41091Purpose of Disbursement  
LIST RENTAL

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2030

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/> General
<input type="checkbox"/>	Other (specify) ▼	

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

88.20

Transaction ID : SB17.104

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. MAWCO LLC**

Mailing Address 918 WHIRLAWAY DR

City  
UNIONState  
KYZip Code  
41091Purpose of Disbursement  
LIST RENTAL

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2030

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/> General
<input type="checkbox"/>	Other (specify) ▼	

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

5.60

Transaction ID : SB17.105

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. MAWCO LLC**

Mailing Address 918 WHIRLAWAY DR

City  
UNIONState  
KYZip Code  
41091Purpose of Disbursement  
LIST RENTAL

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2030

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/> General
<input type="checkbox"/>	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	7		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

120.08

Transaction ID : SB17.93

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

213.88

**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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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

RICK SCOTT FOR FLORIDA

Full Name (Last, First, Middle Initial)

**A. MAWCO LLC**

Mailing Address 918 WHIRLAWAY DR

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	4		2	0	2	5

City  
UNIONState  
KYZip Code  
41091

FEC Identification Number

C

Purpose of Disbursement  
LIST RENTAL

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

56.35

Transaction ID : SB17.94

☐ Memo Item

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2030

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Full Name (Last, First, Middle Initial)

**B. MAWCO LLC**

Mailing Address 918 WHIRLAWAY DR

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	1		2	0	2	5

City  
UNIONState  
KYZip Code  
41091

FEC Identification Number

C

Purpose of Disbursement  
LIST RENTAL

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

126.70

Transaction ID : SB17.95

☐ Memo Item

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2030

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Full Name (Last, First, Middle Initial)

**C. MAWCO LLC**

Mailing Address 918 WHIRLAWAY DR

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	8		2	0	2	5

City  
UNIONState  
KYZip Code  
41091

FEC Identification Number

C

Purpose of Disbursement  
LIST RENTAL

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

95.20

Transaction ID : SB17.96

☐ Memo Item

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2030

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

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

278.25

**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)

PAGE 193 OF 244

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
20a	20b	20c	21

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NAME OF COMMITTEE (In Full)

RICK SCOTT FOR FLORIDA

Full Name (Last, First, Middle Initial)

**A. MAWCO LLC**

Mailing Address 918 WHIRLAWAY DR

City  
UNIONState  
KYZip Code  
41091Purpose of Disbursement  
LIST RENTAL

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2030

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/> General
<input type="checkbox"/>	Other (specify) ▼	

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

105.33

Transaction ID : SB17.97

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. MAWCO LLC**

Mailing Address 918 WHIRLAWAY DR

City  
UNIONState  
KYZip Code  
41091Purpose of Disbursement  
LIST RENTAL

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2030

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/> General
<input type="checkbox"/>	Other (specify) ▼	

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

164.67

Transaction ID : SB17.98

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. MAWCO LLC**

Mailing Address 918 WHIRLAWAY DR

City  
UNIONState  
KYZip Code  
41091Purpose of Disbursement  
LIST RENTAL

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2030

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/> General
<input type="checkbox"/>	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	9		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

140.05

Transaction ID : SB17.99

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

410.05

**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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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

RICK SCOTT FOR FLORIDA

Full Name (Last, First, Middle Initial)

**A. O2M DIGITAL**

Mailing Address 539 W COMMERCE ST

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		07		2025

City  
DALLASState  
TXZip Code  
75208

FEC Identification Number

C

Purpose of Disbursement  
LIST RENTAL

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

13.63

Transaction ID : SB17.106

☐ Memo Item

Office Sought:

<input type="checkbox"/> House
<input type="checkbox"/> Senate
<input type="checkbox"/> President

Disbursement For: 2030

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State:

District:

Full Name (Last, First, Middle Initial)

**B. O2M DIGITAL**

Mailing Address 539 W COMMERCE ST

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		14		2025

City  
DALLASState  
TXZip Code  
75209

FEC Identification Number

C

Purpose of Disbursement  
LIST RENTAL

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

14.35

Transaction ID : SB17.107

☐ Memo Item

Office Sought:

<input type="checkbox"/> House
<input type="checkbox"/> Senate
<input type="checkbox"/> President

Disbursement For: 2030

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State:

District:

Full Name (Last, First, Middle Initial)

**C. O2M DIGITAL**

Mailing Address 539 W COMMERCE ST

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		21		2025

City  
DALLASState  
TXZip Code  
75210

FEC Identification Number

C

Purpose of Disbursement  
LIST RENTAL

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

0.04

Transaction ID : SB17.108

☐ Memo Item

Office Sought:

<input type="checkbox"/> House
<input type="checkbox"/> Senate
<input type="checkbox"/> President

Disbursement For: 2030

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State:

District:

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

28.02

**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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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
20a	20b	20c	21

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NAME OF COMMITTEE (In Full)

RICK SCOTT FOR FLORIDA

Full Name (Last, First, Middle Initial)

**A. O2M DIGITAL**

Mailing Address 539 W COMMERCE ST

City  
DALLASState  
TXZip Code  
75211Purpose of Disbursement  
LIST RENTAL

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2030

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/> General
<input type="checkbox"/>	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	8		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

17.81

Transaction ID : SB17.109

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. O2M DIGITAL**

Mailing Address 539 W COMMERCE ST

City  
DALLASState  
TXZip Code  
75212Purpose of Disbursement  
LIST RENTAL

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2030

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/> General
<input type="checkbox"/>	Other (specify) ▼	

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

31.75

Transaction ID : SB17.110

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. O2M DIGITAL**

Mailing Address 539 W COMMERCE ST

City  
DALLASState  
TXZip Code  
75213Purpose of Disbursement  
LIST RENTAL

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2030

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/> General
<input type="checkbox"/>	Other (specify) ▼	

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

13.56

Transaction ID : SB17.111

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

63.12

**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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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

RICK SCOTT FOR FLORIDA

Full Name (Last, First, Middle Initial)

**A. O2M DIGITAL**

Mailing Address 539 W COMMERCE ST

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		19		2025

City  
DALLASState  
TXZip Code  
75214

FEC Identification Number

C

Purpose of Disbursement  
LIST RENTAL

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

1.71

Transaction ID : SB17.112

☐ Memo Item

Office Sought:

<input type="checkbox"/> House
<input type="checkbox"/> Senate
<input type="checkbox"/> President

Disbursement For: 2030

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State:

District:

Full Name (Last, First, Middle Initial)

**B. O2M DIGITAL**

Mailing Address 539 W COMMERCE ST

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		26		2025

City  
DALLASState  
TXZip Code  
75215

FEC Identification Number

C

Purpose of Disbursement  
LIST RENTAL

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

8.50

Transaction ID : SB17.113

☐ Memo Item

Office Sought:

<input type="checkbox"/> House
<input type="checkbox"/> Senate
<input type="checkbox"/> President

Disbursement For: 2030

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State:

District:

Full Name (Last, First, Middle Initial)

**C. O2M DIGITAL**

Mailing Address 539 W COMMERCE ST

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		02		2025

City  
DALLASState  
TXZip Code  
75216

FEC Identification Number

C

Purpose of Disbursement  
LIST RENTAL

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

19.81

Transaction ID : SB17.114

☐ Memo Item

Office Sought:

<input type="checkbox"/> House
<input type="checkbox"/> Senate
<input type="checkbox"/> President

Disbursement For: 2030

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State:

District:

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

30.02

**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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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

RICK SCOTT FOR FLORIDA

Full Name (Last, First, Middle Initial)

**A. O2M DIGITAL**

Mailing Address 539 W COMMERCE ST

Date of Disbursement

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

City  
DALLASState  
TXZip Code  
75217

FEC Identification Number

C

Purpose of Disbursement  
LIST RENTAL

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

22.09

Transaction ID : SB17.115

☐ Memo Item

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2030

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Full Name (Last, First, Middle Initial)

**B. O2M DIGITAL**

Mailing Address 539 W COMMERCE ST

Date of Disbursement

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

City  
DALLASState  
TXZip Code  
75218

FEC Identification Number

C

Purpose of Disbursement  
LIST RENTAL

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

5.93

Transaction ID : SB17.116

☐ Memo Item

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2030

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Full Name (Last, First, Middle Initial)

**C. O2M DIGITAL**

Mailing Address 539 W COMMERCE ST

Date of Disbursement

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

City  
DALLASState  
TXZip Code  
75219

FEC Identification Number

C

Purpose of Disbursement  
LIST RENTAL

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

10.16

Transaction ID : SB17.117

☐ Memo Item

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2030

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

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

38.18

**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:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
20a	20b	20c	21

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NAME OF COMMITTEE (In Full)

RICK SCOTT FOR FLORIDA

Full Name (Last, First, Middle Initial)

**A. OLYMPIC MEDIA LLC**

Mailing Address 1881 N NASH ST

City  
ARLINGTONState  
VAZip Code  
22209Purpose of Disbursement  
LIST RENTAL

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2030

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/> General
<input type="checkbox"/>	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	7		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

42.70

Transaction ID : SB17.118

☐ Memo Item**B. OLYMPIC MEDIA LLC**

Mailing Address 1881 N NASH ST

City  
ARLINGTONState  
VAZip Code  
22209Purpose of Disbursement  
LIST RENTAL

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2030

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/> General
<input type="checkbox"/>	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	1		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

8.00

Transaction ID : SB17.119

☐ Memo Item**C. OLYMPIC MEDIA LLC**

Mailing Address 1881 N NASH ST

City  
ARLINGTONState  
VAZip Code  
22209Purpose of Disbursement  
LIST RENTAL

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2030

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/> General
<input type="checkbox"/>	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	8		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

121.90

Transaction ID : SB17.120

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

172.60

**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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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

RICK SCOTT FOR FLORIDA

Full Name (Last, First, Middle Initial)

**A. OLYMPIC MEDIA LLC**

Mailing Address 1881 N NASH ST

City  
ARLINGTONState  
VAZip Code  
22209Purpose of Disbursement  
LIST RENTAL

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2030

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/> General
<input type="checkbox"/>	Other (specify) ▼	

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

33.95

Transaction ID : SB17.121

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. OLYMPIC MEDIA LLC**

Mailing Address 1881 N NASH ST

City  
ARLINGTONState  
VAZip Code  
22209Purpose of Disbursement  
LIST RENTAL

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2030

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/> General
<input type="checkbox"/>	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	9		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

8.00

Transaction ID : SB17.122

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. OLYMPIC MEDIA LLC**

Mailing Address 1881 N NASH ST

City  
ARLINGTONState  
VAZip Code  
22209Purpose of Disbursement  
LIST RENTAL

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2030

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/> General
<input type="checkbox"/>	Other (specify) ▼	

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

93.00

Transaction ID : SB17.123

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

134.95

**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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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

RICK SCOTT FOR FLORIDA

Full Name (Last, First, Middle Initial)

**A. OLYMPIC MEDIA LLC**

Mailing Address 1881 N NASH ST

City  
ARLINGTONState  
VAZip Code  
22209Purpose of Disbursement  
LIST RENTAL

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2030

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/> General
<input type="checkbox"/>	Other (specify) ▼	

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

33.35

Transaction ID : SB17.124

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. OLYMPIC MEDIA LLC**

Mailing Address 1881 N NASH ST

City  
ARLINGTONState  
VAZip Code  
22209Purpose of Disbursement  
LIST RENTAL

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2030

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/> General
<input type="checkbox"/>	Other (specify) ▼	

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

4.00

Transaction ID : SB17.125

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. OLYMPIC MEDIA LLC**

Mailing Address 1881 N NASH ST

City  
ARLINGTONState  
VAZip Code  
22209Purpose of Disbursement  
LIST RENTAL

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2030

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/> General
<input type="checkbox"/>	Other (specify) ▼	

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

21.25

Transaction ID : SB17.126

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

58.60

**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)

PAGE 201 OF 244

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

RICK SCOTT FOR FLORIDA

Full Name (Last, First, Middle Initial)

**A. OLYMPIC MEDIA LLC**

Mailing Address 1881 N NASH ST

City  
ARLINGTONState  
VAZip Code  
22209Purpose of Disbursement  
LIST RENTAL

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2030

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/> General
<input type="checkbox"/>	Other (specify) ▼	

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

79.40

Transaction ID : SB17.127

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. ONMESSAGE DIGITAL FUNDRAISING LLC**

Mailing Address 716 GIDDINGS AVE

City  
ANNAPOLISState  
MDZip Code  
21401Purpose of Disbursement  
DIGITAL FUNDRAISING

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2030

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/> General
<input type="checkbox"/>	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	9		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

6955.99

Transaction ID : SB17.128

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. ONMESSAGE DIGITAL FUNDRAISING LLC**

Mailing Address 716 GIDDINGS AVE

City  
ANNAPOLISState  
MDZip Code  
21401Purpose of Disbursement  
DIGITAL FUNDRAISING

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2030

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/> General
<input type="checkbox"/>	Other (specify) ▼	

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

4949.95

Transaction ID : SB17.129

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

11985.34

**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)

PAGE 202 OF 244

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
20a	20b	20c	21

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NAME OF COMMITTEE (In Full)

RICK SCOTT FOR FLORIDA

Full Name (Last, First, Middle Initial)

**A. ONMESSAGE DIGITAL FUNDRAISING LLC**

Mailing Address 716 GIDDINGS AVE

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		12		2025

City  
ANNAPOLISState  
MDZip Code  
21401Purpose of Disbursement  
DIGITAL FUNDRAISING

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2030

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

FEC Identification Number

C

Amount of Each Disbursement this Period

5140.66

Transaction ID : SB17.130

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. ONMESSAGE DIGITAL FUNDRAISING LLC**

Mailing Address 716 GIDDINGS AVE

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		07		2025

City  
ANNAPOLISState  
MDZip Code  
21401Purpose of Disbursement  
LIST RENTAL

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2030

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

FEC Identification Number

C

Amount of Each Disbursement this Period

318.07

Transaction ID : SB17.131

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. ONMESSAGE DIGITAL FUNDRAISING LLC**

Mailing Address 716 GIDDINGS AVE

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		14		2025

City  
ANNAPOLISState  
MDZip Code  
21401Purpose of Disbursement  
LIST RENTAL

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2030

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

FEC Identification Number

C

Amount of Each Disbursement this Period

515.67

Transaction ID : SB17.132

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

5974.40

**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)

PAGE 203 OF 244

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
20a	20b	20c	21

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NAME OF COMMITTEE (In Full)

RICK SCOTT FOR FLORIDA

Full Name (Last, First, Middle Initial)

**A. ONMESSAGE DIGITAL FUNDRAISING LLC**

Mailing Address 716 GIDDINGS AVE

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		21		2025

City  
ANNAPOLISState  
MDZip Code  
21401Purpose of Disbursement  
LIST RENTAL

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2030

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

FEC Identification Number

C

Amount of Each Disbursement this Period

1128.35

Transaction ID : SB17.133

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. ONMESSAGE DIGITAL FUNDRAISING LLC**

Mailing Address 716 GIDDINGS AVE

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		28		2025

City  
ANNAPOLISState  
MDZip Code  
21401Purpose of Disbursement  
LIST RENTAL

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2030

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

FEC Identification Number

C

Amount of Each Disbursement this Period

257.03

Transaction ID : SB17.134

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. ONMESSAGE DIGITAL FUNDRAISING LLC**

Mailing Address 716 GIDDINGS AVE

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		05		2025

City  
ANNAPOLISState  
MDZip Code  
21401Purpose of Disbursement  
LIST RENTAL

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2030

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

FEC Identification Number

C

Amount of Each Disbursement this Period

353.69

Transaction ID : SB17.135

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

1739.07

**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)

PAGE 205 OF 244

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

RICK SCOTT FOR FLORIDA

Full Name (Last, First, Middle Initial)

**A. ONMESSAGE DIGITAL FUNDRAISING LLC**

Mailing Address 716 GIDDINGS AVE

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		02		2025

City  
ANNAPOLISState  
MDZip Code  
21401Purpose of Disbursement  
LIST RENTAL

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2030

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

FEC Identification Number

C

Amount of Each Disbursement this Period

345.17

Transaction ID : SB17.139

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. ONMESSAGE DIGITAL FUNDRAISING LLC**

Mailing Address 716 GIDDINGS AVE

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		09		2025

City  
ANNAPOLISState  
MDZip Code  
21401Purpose of Disbursement  
LIST RENTAL

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2030

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

FEC Identification Number

C

Amount of Each Disbursement this Period

280.53

Transaction ID : SB17.140

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. ONMESSAGE DIGITAL FUNDRAISING LLC**

Mailing Address 716 GIDDINGS AVE

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		16		2025

City  
ANNAPOLISState  
MDZip Code  
21401Purpose of Disbursement  
LIST RENTAL

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2030

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

FEC Identification Number

C

Amount of Each Disbursement this Period

205.70

Transaction ID : SB17.141

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

831.40

**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)

PAGE 206 OF 244

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

RICK SCOTT FOR FLORIDA

Full Name (Last, First, Middle Initial)

**A. ONMESSAGE DIGITAL FUNDRAISING LLC**

Mailing Address 716 GIDDINGS AVE

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		23		2025

City  
ANNAPOLISState  
MDZip Code  
21401

FEC Identification Number

C

Purpose of Disbursement  
LIST RENTAL

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

345.73

Transaction ID : SB17.142

☐ Memo Item

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2030

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Full Name (Last, First, Middle Initial)

**B. ONMESSAGE DIGITAL FUNDRAISING LLC**

Mailing Address 716 GIDDINGS AVE

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		30		2025

City  
ANNAPOLISState  
MDZip Code  
21401

FEC Identification Number

C

Purpose of Disbursement  
LIST RENTAL

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

164.31

Transaction ID : SB17.143

☐ Memo Item

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2030

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Full Name (Last, First, Middle Initial)

**C. P2P MESSAGING**

Mailing Address 2800 S SHIRLINGTON

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		07		2025

City  
ARLINGTONState  
VAZip Code  
22206

FEC Identification Number

C

Purpose of Disbursement  
LIST RENTAL

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

13.35

Transaction ID : SB17.144

☐ Memo Item

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2030

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

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

523.39

**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)

PAGE 207 OF 244

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

RICK SCOTT FOR FLORIDA

Full Name (Last, First, Middle Initial)

**A. P2P MESSAGING**

Mailing Address 2800 S SHIRLINGTON

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		14		2025

City  
ARLINGTONState  
VAZip Code  
22206Purpose of Disbursement  
LIST RENTAL

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2030

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

FEC Identification Number

C

Amount of Each Disbursement this Period

1.61

Transaction ID : SB17.145

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. P2P MESSAGING**

Mailing Address 2800 S SHIRLINGTON

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		21		2025

City  
ARLINGTONState  
VAZip Code  
22206Purpose of Disbursement  
LIST RENTAL

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2030

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

FEC Identification Number

C

Amount of Each Disbursement this Period

20.37

Transaction ID : SB17.146

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. P2P MESSAGING**

Mailing Address 2800 S SHIRLINGTON

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		28		2025

City  
ARLINGTONState  
VAZip Code  
22206Purpose of Disbursement  
LIST RENTAL

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2030

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

FEC Identification Number

C

Amount of Each Disbursement this Period

51.40

Transaction ID : SB17.147

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

73.38

**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  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 208 OF 244

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**RICK SCOTT FOR FLORIDA**

Full Name (Last, First, Middle Initial)

**A. P2P MESSAGING**

Mailing Address 2800 S SHIRLINGTON

City  
ARLINGTONState  
VAZip Code  
22206Purpose of Disbursement  
LIST RENTAL

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

13.35

Transaction ID : SB17.148

☐ Memo Item**B. P2P MESSAGING**

Mailing Address 2800 S SHIRLINGTON

City  
ARLINGTONState  
VAZip Code  
22206Purpose of Disbursement  
LIST RENTAL

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

54.00

Transaction ID : SB17.149

☐ Memo Item**C. P2P MESSAGING**

Mailing Address 2800 S SHIRLINGTON

City  
ARLINGTONState  
VAZip Code  
22206Purpose of Disbursement  
LIST RENTAL

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	9		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

4.03

Transaction ID : SB17.150

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

71.38

**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  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 209 OF 244

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

RICK SCOTT FOR FLORIDA

Full Name (Last, First, Middle Initial)

**A. P2P MESSAGING**

Mailing Address 2800 S SHIRLINGTON

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		26		2025

City  
ARLINGTONState  
VAZip Code  
22206Purpose of Disbursement  
LIST RENTAL

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2030

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

FEC Identification Number

C

Amount of Each Disbursement this Period

16.34

Transaction ID : SB17.151

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. P2P MESSAGING**

Mailing Address 2800 S SHIRLINGTON

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		02		2025

City  
ARLINGTONState  
VAZip Code  
22206Purpose of Disbursement  
LIST RENTAL

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2030

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

FEC Identification Number

C

Amount of Each Disbursement this Period

29.95

Transaction ID : SB17.152

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. P2P MESSAGING**

Mailing Address 2800 S SHIRLINGTON

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		09		2025

City  
ARLINGTONState  
VAZip Code  
22206Purpose of Disbursement  
LIST RENTAL

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2030

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

FEC Identification Number

C

Amount of Each Disbursement this Period

8.50

Transaction ID : SB17.153

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

54.79

**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)

PAGE 210 OF 244

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
20a	20b	20c	21

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NAME OF COMMITTEE (In Full)

RICK SCOTT FOR FLORIDA

Full Name (Last, First, Middle Initial)

**A. P2P MESSAGING**

Mailing Address 2800 S SHIRLINGTON

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		23		2025

City  
ARLINGTONState  
VAZip Code  
22206

FEC Identification Number

C

Purpose of Disbursement  
LIST RENTAL

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

20.37

Transaction ID : SB17.154

☐ Memo Item

Office Sought:

<input type="checkbox"/> House
<input type="checkbox"/> Senate
<input type="checkbox"/> President

Disbursement For: 2030

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State:

District:

Full Name (Last, First, Middle Initial)

**B. P2P MESSAGING**

Mailing Address 2800 S SHIRLINGTON

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		30		2025

City  
ARLINGTONState  
VAZip Code  
22206

FEC Identification Number

C

Purpose of Disbursement  
LIST RENTAL

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

29.95

Transaction ID : SB17.155

☐ Memo Item

Office Sought:

<input type="checkbox"/> House
<input type="checkbox"/> Senate
<input type="checkbox"/> President

Disbursement For: 2030

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State:

District:

Full Name (Last, First, Middle Initial)

**C. RED FOG**

Mailing Address 1209 ORANGE ST

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		07		2025

City  
WILMINGTONState  
DEZip Code  
19801

FEC Identification Number

C

Purpose of Disbursement  
LIST RENTAL

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

0.70

Transaction ID : SB17.156

☐ Memo Item

Office Sought:

<input type="checkbox"/> House
<input type="checkbox"/> Senate
<input type="checkbox"/> President

Disbursement For: 2030

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State:

District:

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

51.02

**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)

PAGE 211 OF 244

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
20a	20b	20c	21

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NAME OF COMMITTEE (In Full)

**RICK SCOTT FOR FLORIDA**

Full Name (Last, First, Middle Initial)

**A. RED FOG**

Mailing Address 1209 ORANGE ST

City  
WILMINGTONState  
DEZip Code  
19801Purpose of Disbursement  
LIST RENTAL

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2030

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/> General
<input type="checkbox"/>	Other (specify) ▼	

State:

District:

Date of Disbursement

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

FEC Identification Number

**C**

Amount of Each Disbursement this Period

0.70

Transaction ID : SB17.157

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. RED FOG**

Mailing Address 1209 ORANGE ST

City  
WILMINGTONState  
DEZip Code  
19801Purpose of Disbursement  
LIST RENTAL

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2030

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/> General
<input type="checkbox"/>	Other (specify) ▼	

State:

District:

Date of Disbursement

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

FEC Identification Number

**C**

Amount of Each Disbursement this Period

0.70

Transaction ID : SB17.158

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. RIGHT COUNTRY LISTS**

Mailing Address 115 N ST ASAPH ST

City  
ALEXANDRIAState  
VAZip Code  
22314Purpose of Disbursement  
LIST RENTAL

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2030

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/> General
<input type="checkbox"/>	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	4		2	0	2	5

FEC Identification Number

**C**

Amount of Each Disbursement this Period

28.36

Transaction ID : SB17.159

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

29.76

**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)

PAGE 212 OF 244

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
20a	20b	20c	21

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NAME OF COMMITTEE (In Full)

RICK SCOTT FOR FLORIDA

Full Name (Last, First, Middle Initial)

**A. RIGHT COUNTRY LISTS**

Mailing Address 115 N ST ASAPH ST

City  
ALEXANDRIAState  
VAZip Code  
22314Purpose of Disbursement  
LIST RENTAL

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2030

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/> General
<input type="checkbox"/>	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	1		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

7.00

Transaction ID : SB17.160

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. RIGHT COUNTRY LISTS**

Mailing Address 115 N ST ASAPH ST

City  
ALEXANDRIAState  
VAZip Code  
22314Purpose of Disbursement  
LIST RENTAL

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2030

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/> General
<input type="checkbox"/>	Other (specify) ▼	

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

28.36

Transaction ID : SB17.161

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. RIGHT COUNTRY LISTS**

Mailing Address 115 N ST ASAPH ST

City  
ALEXANDRIAState  
VAZip Code  
22314Purpose of Disbursement  
LIST RENTAL

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2030

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/> General
<input type="checkbox"/>	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	9		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

131.10

Transaction ID : SB17.162

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

166.46

**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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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

RICK SCOTT FOR FLORIDA

Full Name (Last, First, Middle Initial)

**A. RIGHT COUNTRY LISTS**

Mailing Address 115 N ST ASAPH ST

City  
ALEXANDRIAState  
VAZip Code  
22314Purpose of Disbursement  
LIST RENTAL

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2030

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/> General
<input type="checkbox"/>	Other (specify) ▼	

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

102.00

Transaction ID : SB17.163

☐ Memo Item**B. RIGHT COUNTRY LISTS**

Mailing Address 115 N ST ASAPH ST

City  
ALEXANDRIAState  
VAZip Code  
22314Purpose of Disbursement  
LIST RENTAL

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2030

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/> General
<input type="checkbox"/>	Other (specify) ▼	

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

46.75

Transaction ID : SB17.164

☐ Memo Item**C. RIGHT COUNTRY LISTS**

Mailing Address 115 N ST ASAPH ST

City  
ALEXANDRIAState  
VAZip Code  
22314Purpose of Disbursement  
LIST RENTAL

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2030

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/> General
<input type="checkbox"/>	Other (specify) ▼	

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

7.00

Transaction ID : SB17.165

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

155.75

**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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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

RICK SCOTT FOR FLORIDA

Full Name (Last, First, Middle Initial)

**A. RIGHT COUNTRY LISTS**

Mailing Address 115 N ST ASAPH ST

City  
ALEXANDRIAState  
VAZip Code  
22314Purpose of Disbursement  
LIST RENTAL

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2030

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/> General
<input type="checkbox"/>	Other (specify) ▼	

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

28.36

Transaction ID : SB17.166

☐ Memo Item**B. RIGHT COUNTRY LISTS**

Mailing Address 115 N ST ASAPH ST

City  
ALEXANDRIAState  
VAZip Code  
22314Purpose of Disbursement  
LIST RENTAL

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2030

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/> General
<input type="checkbox"/>	Other (specify) ▼	

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

29.75

Transaction ID : SB17.167

☐ Memo Item**C. RIGHT RAIL CO**

Mailing Address 705 MELVIN AVE

City  
ANNAPOLISState  
MDZip Code  
21401Purpose of Disbursement  
LIST RENTAL

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2030

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/> General
<input type="checkbox"/>	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	7		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

101.28

Transaction ID : SB17.168

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

159.39

**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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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**RICK SCOTT FOR FLORIDA**

Full Name (Last, First, Middle Initial)

**A. RIGHT RAIL CO**

Mailing Address 705 MELVIN AVE

City  
ANNAPOLISState  
MDZip Code  
21402Purpose of Disbursement  
LIST RENTAL

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2030

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/> General
<input type="checkbox"/>	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	4		2	0	2	5

FEC Identification Number

**C**

Amount of Each Disbursement this Period

220.89

Transaction ID : SB17.169

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. RIGHT RAIL CO**

Mailing Address 705 MELVIN AVE

City  
ANNAPOLISState  
MDZip Code  
21403Purpose of Disbursement  
LIST RENTAL

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2030

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/> General
<input type="checkbox"/>	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	1		2	0	2	5

FEC Identification Number

**C**

Amount of Each Disbursement this Period

208.92

Transaction ID : SB17.170

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. RIGHT RAIL CO**

Mailing Address 705 MELVIN AVE

City  
ANNAPOLISState  
MDZip Code  
21404Purpose of Disbursement  
LIST RENTAL

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2030

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/> General
<input type="checkbox"/>	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	8		2	0	2	5

FEC Identification Number

**C**

Amount of Each Disbursement this Period

275.08

Transaction ID : SB17.171

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

704.89

**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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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**RICK SCOTT FOR FLORIDA**

Full Name (Last, First, Middle Initial)

**A. RIGHT RAIL CO**

Mailing Address 705 MELVIN AVE

City  
ANNAPOLISState  
MDZip Code  
21405Purpose of Disbursement  
LIST RENTAL

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

462.75

Transaction ID : SB17.172

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. RIGHT RAIL CO**

Mailing Address 705 MELVIN AVE

City  
ANNAPOLISState  
MDZip Code  
21406Purpose of Disbursement  
LIST RENTAL

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

54.32

Transaction ID : SB17.173

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. RIGHT RAIL CO**

Mailing Address 705 MELVIN AVE

City  
ANNAPOLISState  
MDZip Code  
21407Purpose of Disbursement  
LIST RENTAL

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	9		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

346.55

Transaction ID : SB17.174

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

863.62

**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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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**RICK SCOTT FOR FLORIDA**

Full Name (Last, First, Middle Initial)

**A. RIGHT RAIL CO**

Mailing Address 705 MELVIN AVE

City  
ANNAPOLISState  
MDZip Code  
21408Purpose of Disbursement  
LIST RENTAL

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2030

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/> General
<input type="checkbox"/>	Other (specify) ▼	

State:

District:

Date of Disbursement

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

FEC Identification Number

**C**

Amount of Each Disbursement this Period

**245.53**

Transaction ID : SB17.175

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. RIGHT RAIL CO**

Mailing Address 705 MELVIN AVE

City  
ANNAPOLISState  
MDZip Code  
21409Purpose of Disbursement  
LIST RENTAL

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2030

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/> General
<input type="checkbox"/>	Other (specify) ▼	

State:

District:

Date of Disbursement

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

FEC Identification Number

**C**

Amount of Each Disbursement this Period

**340.00**

Transaction ID : SB17.176

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. RIGHT RAIL CO**

Mailing Address 705 MELVIN AVE

City  
ANNAPOLISState  
MDZip Code  
21410Purpose of Disbursement  
LIST RENTAL

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2030

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/> General
<input type="checkbox"/>	Other (specify) ▼	

State:

District:

Date of Disbursement

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

FEC Identification Number

**C**

Amount of Each Disbursement this Period

**12.75**

Transaction ID : SB17.177

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**598.28****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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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
20a	20b	20c	21

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NAME OF COMMITTEE (In Full)

RICK SCOTT FOR FLORIDA

Full Name (Last, First, Middle Initial)

**A. RIGHT RAIL CO**

Mailing Address 705 MELVIN AVE

City  
ANNAPOLISState  
MDZip Code  
21411Purpose of Disbursement  
LIST RENTAL

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2030

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/> General
<input type="checkbox"/>	Other (specify) ▼	

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

255.79

Transaction ID : SB17.178

☐ Memo Item**B. RIGHT RAIL CO**

Mailing Address 705 MELVIN AVE

City  
ANNAPOLISState  
MDZip Code  
21412Purpose of Disbursement  
LIST RENTAL

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2030

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/> General
<input type="checkbox"/>	Other (specify) ▼	

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

52.32

Transaction ID : SB17.179

☐ Memo Item**C. RIGHT RAIL CO**

Mailing Address 705 MELVIN AVE

City  
ANNAPOLISState  
MDZip Code  
21413Purpose of Disbursement  
LIST RENTAL

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2030

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/> General
<input type="checkbox"/>	Other (specify) ▼	

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

169.82

Transaction ID : SB17.180

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

477.93

**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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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

RICK SCOTT FOR FLORIDA

Full Name (Last, First, Middle Initial)

**A. SHIRAZ MEDIA**

Mailing Address 25 LITTLE BEND

City  
BARRINGTONState  
ILZip Code  
60010Purpose of Disbursement  
LIST RENTAL

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2030

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/> General
<input type="checkbox"/>	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	4		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

21.75

Transaction ID : SB17.187

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. SHIRAZ MEDIA**

Mailing Address 25 LITTLE BEND

City  
BARRINGTONState  
ILZip Code  
60010Purpose of Disbursement  
LIST RENTAL

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2030

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/> General
<input type="checkbox"/>	Other (specify) ▼	

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

21.75

Transaction ID : SB17.188

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. SHIRAZ MEDIA**

Mailing Address 25 LITTLE BEND

City  
BARRINGTONState  
ILZip Code  
60010Purpose of Disbursement  
LIST RENTAL

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2030

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/> General
<input type="checkbox"/>	Other (specify) ▼	

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

21.75

Transaction ID : SB17.189

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

65.25

**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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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

RICK SCOTT FOR FLORIDA

Full Name (Last, First, Middle Initial)

**A. TMA DIRECT INC**

Mailing Address 1900 RESTON METRO PLAZA

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		28		2025

City  
RESTONState  
VAZip Code  
20190

FEC Identification Number

C

Purpose of Disbursement  
LIST RENTAL

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

24.03

Transaction ID : SB17.190

☐ Memo Item

Office Sought:

<input type="checkbox"/> House
<input type="checkbox"/> Senate
<input type="checkbox"/> President

Disbursement For: 2030

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State:

District:

Full Name (Last, First, Middle Initial)

**B. TMA DIRECT INC**

Mailing Address 1900 RESTON METRO PLAZA

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		19		2025

City  
RESTONState  
VAZip Code  
20190

FEC Identification Number

C

Purpose of Disbursement  
LIST RENTAL

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

25.50

Transaction ID : SB17.191

☐ Memo Item

Office Sought:

<input type="checkbox"/> House
<input type="checkbox"/> Senate
<input type="checkbox"/> President

Disbursement For: 2030

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State:

District:

Full Name (Last, First, Middle Initial)

**C. TMA DIRECT INC**

Mailing Address 1900 RESTON METRO PLAZA

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		02		2025

City  
RESTONState  
VAZip Code  
20190

FEC Identification Number

C

Purpose of Disbursement  
LIST RENTAL

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

24.03

Transaction ID : SB17.192

☐ Memo Item

Office Sought:

<input type="checkbox"/> House
<input type="checkbox"/> Senate
<input type="checkbox"/> President

Disbursement For: 2030

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State:

District:

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

73.56

**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)

PAGE 221 OF 244

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

RICK SCOTT FOR FLORIDA

Full Name (Last, First, Middle Initial)

**A. TMA DIRECT INC**

Mailing Address 1900 RESTON METRO PLAZA

Date of Disbursement

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

City  
RESTONState  
VAZip Code  
20190

FEC Identification Number

C

Purpose of Disbursement  
LIST RENTAL

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

386.30

Transaction ID : SB17.193

☐ Memo Item

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2030

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Full Name (Last, First, Middle Initial)

**B. TMA DIRECT INC**

Mailing Address 1900 RESTON METRO PLAZA

Date of Disbursement

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

City  
RESTONState  
VAZip Code  
20190

FEC Identification Number

C

Purpose of Disbursement  
LIST RENTAL

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

0.85

Transaction ID : SB17.194

☐ Memo Item

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2030

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Full Name (Last, First, Middle Initial)

**C. TMA DIRECT INC**

Mailing Address 1900 RESTON METRO PLAZA

Date of Disbursement

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

City  
RESTONState  
VAZip Code  
20190

FEC Identification Number

C

Purpose of Disbursement  
LIST RENTAL

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

24.03

Transaction ID : SB17.195

☐ Memo Item

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2030

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

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

411.18

**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:  
(check only one)

PAGE 222 OF 244

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

RICK SCOTT FOR FLORIDA

Full Name (Last, First, Middle Initial)

**A. US TREASURY**

Mailing Address PO BOX 1214

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		10		2025

City  
CHARLOTTEState  
NCZip Code  
28201

FEC Identification Number

C

Purpose of Disbursement  
TAXES

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

17616.00

Transaction ID : SB17.196

☐ Memo Item

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2030

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Full Name (Last, First, Middle Initial)

**B. WELLS FARGO**

Mailing Address 420 MONTGOMERY ST

Date of Disbursement

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

City  
SAN FRANCISCOState  
CAZip Code  
94104

FEC Identification Number

C

Purpose of Disbursement  
BANK FEE

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

74.53

Transaction ID : SB17.197

☐ Memo Item

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2030

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Full Name (Last, First, Middle Initial)

**C. WELLS FARGO**

Mailing Address 420 MONTGOMERY ST

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		30		2025

City  
SAN FRANCISCOState  
CAZip Code  
94104

FEC Identification Number

C

Purpose of Disbursement  
BANK FEE

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

74.50

Transaction ID : SB17.198

☐ Memo Item

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2030

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

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

17765.03

**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)

PAGE 223 OF 244

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

RICK SCOTT FOR FLORIDA

Full Name (Last, First, Middle Initial)

**A. WELLS FARGO**

Mailing Address 420 MONTGOMERY ST

City  
SAN FRANCISCOState  
CAZip Code  
94104Purpose of Disbursement  
BANK FEE

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2030

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/> General
<input type="checkbox"/>	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		3	1		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

74.54

Transaction ID : SB17.199

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. WELLS FARGO**

Mailing Address 420 MONTGOMERY ST

City  
SAN FRANCISCOState  
CAZip Code  
94104Purpose of Disbursement  
BANK FEE

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2030

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/> General
<input type="checkbox"/>	Other (specify) ▼	

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

74.55

Transaction ID : SB17.200

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. WINRED**

Mailing Address PO BOX 9891

City  
ARLINGTONState  
VAZip Code  
22219Purpose of Disbursement  
CREDIT CARD MERCHANT FEE

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2030

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/> General
<input type="checkbox"/>	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	7		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

100.04

Transaction ID : SB17.201

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

249.13

**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)

PAGE 224 OF 244

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**RICK SCOTT FOR FLORIDA**

Full Name (Last, First, Middle Initial)

**A. WINRED**

Mailing Address PO BOX 9891

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	4		2	0	2	5

City  
ARLINGTONState  
VAZip Code  
22219

FEC Identification Number

**C**Purpose of Disbursement  
CREDIT CARD MERCHANT FEE

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

1	1	6	.	2	5
---	---	---	---	---	---

Transaction ID : SB17.202

☐ Memo Item

Office Sought:

<input type="checkbox"/> House
<input type="checkbox"/> Senate
<input type="checkbox"/> President

Disbursement For: 2030

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State:

District:

Full Name (Last, First, Middle Initial)

**B. WINRED**

Mailing Address PO BOX 9891

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	1		2	0	2	5

City  
ARLINGTONState  
VAZip Code  
22219

FEC Identification Number

**C**Purpose of Disbursement  
CREDIT CARD MERCHANT FEE

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

4	5	2	.	0	0
---	---	---	---	---	---

Transaction ID : SB17.203

☐ Memo Item

Office Sought:

<input type="checkbox"/> House
<input type="checkbox"/> Senate
<input type="checkbox"/> President

Disbursement For: 2030

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State:

District:

Full Name (Last, First, Middle Initial)

**C. WINRED**

Mailing Address PO BOX 9891

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	8		2	0	2	5

City  
ARLINGTONState  
VAZip Code  
22219

FEC Identification Number

**C**Purpose of Disbursement  
CREDIT CARD MERCHANT FEE

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

3	5	.	1	5
---	---	---	---	---

Transaction ID : SB17.204

☐ Memo Item

Office Sought:

<input type="checkbox"/> House
<input type="checkbox"/> Senate
<input type="checkbox"/> President

Disbursement For: 2030

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State:

District:

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

6	0	3	.	4	0
---	---	---	---	---	---

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

6	0	3	.	4	0
---	---	---	---	---	---



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

PAGE 225 OF 244

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**RICK SCOTT FOR FLORIDA**

Full Name (Last, First, Middle Initial)

**A. WINRED**

Mailing Address PO BOX 9891

City  
ARLINGTONState  
VAZip Code  
22219Purpose of Disbursement  
CREDIT CARD MERCHANT FEE

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

172.38

Transaction ID : SB17.205

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. WINRED**

Mailing Address PO BOX 9891

City  
ARLINGTONState  
VAZip Code  
22219Purpose of Disbursement  
CREDIT CARD MERCHANT FEE

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

59.00

Transaction ID : SB17.206

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. WINRED**

Mailing Address PO BOX 9891

City  
ARLINGTONState  
VAZip Code  
22219Purpose of Disbursement  
CREDIT CARD MERCHANT FEE

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	9		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

135.34

Transaction ID : SB17.207

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

366.72

**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)

PAGE 226 OF 244

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**RICK SCOTT FOR FLORIDA**

Full Name (Last, First, Middle Initial)

**A. WINRED**

Mailing Address PO BOX 9891

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		26		2025

City  
ARLINGTONState  
VAZip Code  
22219

FEC Identification Number

**C**Purpose of Disbursement  
CREDIT CARD MERCHANT FEE

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

68.24

Transaction ID : SB17.208

☐ Memo Item

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2030

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Full Name (Last, First, Middle Initial)

**B. WINRED**

Mailing Address PO BOX 9891

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		02		2025

City  
ARLINGTONState  
VAZip Code  
22219

FEC Identification Number

**C**Purpose of Disbursement  
CREDIT CARD MERCHANT FEE

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

20.01

Transaction ID : SB17.209

☐ Memo Item

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2030

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Full Name (Last, First, Middle Initial)

**C. WINRED**

Mailing Address PO BOX 9891

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		16		2025

City  
ARLINGTONState  
VAZip Code  
22219

FEC Identification Number

**C**Purpose of Disbursement  
CREDIT CARD MERCHANT FEE

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

98.47

Transaction ID : SB17.210

☐ Memo Item

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2030

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

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

186.72

**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)

PAGE 227 OF 244

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 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)

RICK SCOTT FOR FLORIDA

Full Name (Last, First, Middle Initial)

**A. WINRED**

Mailing Address PO BOX 9891

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		09		2025

City  
ARLINGTONState  
VAZip Code  
22219

FEC Identification Number

C

Purpose of Disbursement  
CREDIT CARD MERCHANT FEE

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

276.21

Transaction ID : SB17.210\_B

☐ Memo Item

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2030

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Full Name (Last, First, Middle Initial)

**B. WINRED**

Mailing Address PO BOX 9891

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		30		2025

City  
ARLINGTONState  
VAZip Code  
22219

FEC Identification Number

C

Purpose of Disbursement  
CREDIT CARD MERCHANT FEE

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

80.38

Transaction ID : SB17.211

☐ Memo Item

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2030

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

Date of Disbursement

M M	/	D D	/	Y Y Y Y

City

State

Zip Code

FEC Identification Number

C

Purpose of Disbursement

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

☐ Memo Item

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

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

356.59

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

343533.75

**SCHEDULE C (FEC Form 3)**  
**LOANS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

PAGE 228 OF 244

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

NAME OF COMMITTEE (In Full)

Transaction ID : SC10.804

RICK SCOTT FOR FLORIDA

LOAN SOURCE Full Name (Last, First, Middle Initial)

☐ Memo Item

Election: 2024

☒ Primary CANDIDATE LOAN  
☐ General  
☐ Other (specify) ▼

SCOTT, RICK, , SEN,

Mailing Address

P.O. BOX 130708

City

TAMPA

State

FL

ZIP Code

33681

☒ Personal Funds of the Candidate

Original Amount of Loan

1000000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

1000000.00

**TERMS**

Date Incurred

Date Due

Interest Rate  
(If none, enter 0)

Secured:

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

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y  
N/A

0.00 % (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).....▶

1000000.00

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

PAGE 229 OF 244

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

NAME OF COMMITTEE (In Full)

Transaction ID : SC10.864

RICK SCOTT FOR FLORIDA

LOAN SOURCE Full Name (Last, First, Middle Initial)

☐ Memo Item

Election: 2024

☒ Primary CANDIDATE LOAN☐ General☐ Other (specify) ▼

SCOTT, RICK, , SEN,

Mailing Address

P.O. BOX 130708

City

TAMPA

State

FL

ZIP Code

33681

☒ Personal Funds of the Candidate

Original Amount of Loan

3000000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

3000000.00

**TERMS**

Date Incurred

Date Due

Interest Rate  
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y  
11 / 07 / 2022

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y  
N/A

0.00 % (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).....▶

3000000.00

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

PAGE 230 OF 244

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

NAME OF COMMITTEE (In Full)

Transaction ID : SC10.864\_C\_B\_B

RICK SCOTT FOR FLORIDA

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

Election: 2024

☒ Primary CANDIDATE LOAN☐ General☐ Other (specify) ▼

SCOTT, RICK, , SEN,

Mailing Address

P.O. BOX 130708

City

TAMPA

State

FL

ZIP Code

33681

☒ Personal Funds of the Candidate

Original Amount of Loan

1400000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

1400000.00

**TERMS**

Date Incurred

Date Due

Interest Rate  
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y  
10 18 / 2023M M / D D / Y Y Y Y  
N/A

0.00 % (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).....▶

1400000.00

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

PAGE 231 OF 244

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

NAME OF COMMITTEE (In Full)

Transaction ID : SC10.864\_C\_B

RICK SCOTT FOR FLORIDA

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

Election: 2024

☒ Primary CANDIDATE LOAN☐ General☐ Other (specify) ▼

SCOTT, RICK, , SEN,

Mailing Address

P.O. BOX 130708

City

TAMPA

State

FL

ZIP Code

33681

☒ Personal Funds of the Candidate

Original Amount of Loan

700000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

700000.00

**TERMS**

Date Incurred

Date Due

Interest Rate  
(If none, enter 0)

Secured:

M M  
11D D  
03Y Y Y Y  
2023

M M

D D

Y Y Y Y  
N/A

0.00 % (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).....▶

700000.00

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

PAGE 232 OF 244

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

NAME OF COMMITTEE (In Full)

Transaction ID : SC10.864\_C

RICK SCOTT FOR FLORIDA

LOAN SOURCE Full Name (Last, First, Middle Initial)

☐ Memo Item

Election: 2024

☒ Primary CANDIDATE LOAN☐ General☐ Other (specify) ▼

SCOTT, RICK, , SEN,

Mailing Address

P.O. BOX 130708

City

TAMPA

State

FL

ZIP Code

33681

☒ Personal Funds of the Candidate

Original Amount of Loan

531000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

531000.00

**TERMS**

Date Incurred

Date Due

Interest Rate

(If none, enter 0)

Secured:

M M / D D / Y Y Y Y  
11 10 / 2023M M / D D / Y Y Y Y  
N/A

0.00 % (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).....▶

531000.00

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

PAGE 233 OF 244

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

NAME OF COMMITTEE (In Full)

Transaction ID : SC10.864\_B

RICK SCOTT FOR FLORIDA

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

Election: 2024

☒ Primary CANDIDATE LOAN☐ General☐ Other (specify) ▼

SCOTT, RICK, , SEN,

Mailing Address

P.O. BOX 130708

City

TAMPA

State

FL

ZIP Code

33681

☒ Personal Funds of the Candidate

Original Amount of Loan

209156.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

209156.00

**TERMS**

Date Incurred

Date Due

Interest Rate

(If none, enter 0)

Secured:

M M / D D / Y Y Y Y  
11 16 / 2023M M / D D / Y Y Y Y  
N/AY Y Y Y  
N/A

0.00 % (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).....▶

209156.00

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

PAGE 234 OF 244

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

NAME OF COMMITTEE (In Full)

Transaction ID : SC10.864\_B\_B

RICK SCOTT FOR FLORIDA

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

Election: 2024

☒ Primary CANDIDATE LOAN☐ General☐ Other (specify) ▼

SCOTT, RICK, , SEN,

Mailing Address

P.O. BOX 130708

City

TAMPA

State

FL

ZIP Code

33681

☒ Personal Funds of the Candidate

Original Amount of Loan

147567.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

147567.00

**TERMS**

Date Incurred

Date Due

Interest Rate  
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y  
11 / 21 / 2023M M / D D / Y Y Y Y  
/ / N/AM M / D D / Y Y Y Y  
/ / N/AM M / D D / Y Y Y Y  
/ / N/A

0.00 % (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).....▶

147567.00

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

PAGE 235 OF 244

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

NAME OF COMMITTEE (In Full)

Transaction ID : SC10.1061

RICK SCOTT FOR FLORIDA

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

Election: 2024

☒ Primary CANDIDATE LOAN☐ General☐ Other (specify) ▼

SCOTT, RICK, , SEN,

Mailing Address

P.O. BOX 130708

City

TAMPA

State

FL

ZIP Code

33681

☒ Personal Funds of the Candidate

Original Amount of Loan

924000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

924000.00

**TERMS**

Date Incurred

Date Due

Interest Rate

(If none, enter 0)

Secured:

M M / D D / Y Y Y Y  
04 04 / 2024

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y  
N/A

0.00

% (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).....▶

924000.00

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

PAGE 236 OF 244

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

NAME OF COMMITTEE (In Full)

Transaction ID : SC10.1099

RICK SCOTT FOR FLORIDA

LOAN SOURCE Full Name (Last, First, Middle Initial)

☐ Memo Item

Election: 2024

☒ Primary CANDIDATE LOAN☐ General☐ Other (specify) ▼

SCOTT, RICK, , SEN,

Mailing Address

P.O. BOX 130708

City

TAMPA

State

FL

ZIP Code

33681

☒ Personal Funds of the Candidate

Original Amount of Loan

934111.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

934111.00

**TERMS**

Date Incurred

Date Due

Interest Rate

(If none, enter 0)

Secured:

M M / D D / Y Y Y Y  
04 15 / 2024

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

N/A

0.00

% (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).....▶

934111.00

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

PAGE 237 OF 244

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

NAME OF COMMITTEE (In Full)

Transaction ID : SC10.1100

RICK SCOTT FOR FLORIDA

LOAN SOURCE Full Name (Last, First, Middle Initial)

☐ Memo Item

Election: 2024

☒ Primary CANDIDATE LOAN☐ General☐ Other (specify) ▼

SCOTT, RICK, , SEN,

Mailing Address

P.O. BOX 130708

City

TAMPA

State

FL

ZIP Code

33681

☒ Personal Funds of the Candidate

Original Amount of Loan

1418000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

1418000.00

**TERMS**

Date Incurred

Date Due

Interest Rate

(If none, enter 0)

Secured:

M M / D D / Y Y Y Y  
04 29 / 2024

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y  
N/A

0.00

% (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).....▶

1418000.00

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

PAGE 238 OF 244

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

NAME OF COMMITTEE (In Full)

Transaction ID : SC10.1120

RICK SCOTT FOR FLORIDA

LOAN SOURCE Full Name (Last, First, Middle Initial)

☐ Memo Item

Election: 2024

☒ Primary CANDIDATE LOAN☐ General☐ Other (specify) ▼

SCOTT, RICK, , SEN,

Mailing Address

P.O. BOX 130708

City

TAMPA

State

FL

ZIP Code

33681

☒ Personal Funds of the Candidate

Original Amount of Loan

2300000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

2300000.00

**TERMS**

Date Incurred

Date Due

Interest Rate  
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y  
06 13 / 2024

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y  
N/A

0.00 % (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).....▶

2300000.00

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

PAGE 239 OF 244

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

NAME OF COMMITTEE (In Full)

Transaction ID : SC10.1172

RICK SCOTT FOR FLORIDA

LOAN SOURCE Full Name (Last, First, Middle Initial)

☐ Memo Item

Election: 2024

☒ Primary CANDIDATE LOAN  
☐ General  
☐ Other (specify) ▼

SCOTT, RICK, , SEN,

Mailing Address

P.O. BOX 130708

City

TAMPA

State

FL

ZIP Code

33681

☒ Personal Funds of the Candidate

Original Amount of Loan

850000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

850000.00

**TERMS**

Date Incurred

Date Due

Interest Rate  
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y  
08 / 06 / 2024

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

N/A

0.00 % (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).....▶

850000.00

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

PAGE 240 OF 244

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

NAME OF COMMITTEE (In Full)

Transaction ID : SC10.1176

RICK SCOTT FOR FLORIDA

LOAN SOURCE Full Name (Last, First, Middle Initial)

☐ Memo Item

Election: 2024

☒ Primary CANDIDATE LOAN☐ General☐ Other (specify) ▼

SCOTT, RICK, , SEN,

Mailing Address

P.O. BOX 130708

City

TAMPA

State

FL

ZIP Code

33681

☒ Personal Funds of the Candidate

Original Amount of Loan

725000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

725000.00

**TERMS**

Date Incurred

Date Due

Interest Rate  
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y  
08 12 / 2024

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y  
N/A

0.00 % (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).....▶

725000.00

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 : SC10.1195

RICK SCOTT FOR FLORIDA

LOAN SOURCE Full Name (Last, First, Middle Initial)

☐ Memo Item

SCOTT, RICK, , SENATOR,

Election: 2024

☐ Primary CANDIDATE LOAN☒ General☐ Other (specify) ▼

Mailing Address

P.O. BOX 130708

City

TAMPA

State

FL

ZIP Code

33681

☒ Personal Funds of the Candidate

Original Amount of Loan

2500000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

2500000.00

**TERMS**

Date Incurred

Date Due

Interest Rate  
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y  
10 03 / 2024

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y  
N/A

0.00 % (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).....▶

2500000.00

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 : SC10.1215

RICK SCOTT FOR FLORIDA

LOAN SOURCE Full Name (Last, First, Middle Initial)

☐ Memo Item

Election: 2024

SCOTT, RICK, , SENATOR,

☐ Primary CANDIDATE LOAN☒ General☐ Other (specify) ▼

Mailing Address

P.O. BOX 130708

City

TAMPA

State

FL

ZIP Code

33681

☒ Personal Funds of the Candidate

Original Amount of Loan

3000000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

3000000.00

**TERMS**

Date Incurred

Date Due

Interest Rate

(If none, enter 0)

Secured:

M M / D D / Y Y Y Y  
10 11 / 2024

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

N/A

0.00 % (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).....▶

3000000.00

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**Use 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 : SC10.1219

RICK SCOTT FOR FLORIDA

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

SCOTT, RICK, , SENATOR,

Mailing Address

P.O. BOX 130708

City

TAMPA

State

FL

ZIP Code

33681

Election: 2024

☐ Primary CANDIDATE LOAN☒ General☐ Other (specify) ▼☒ Personal Funds of the Candidate

Original Amount of Loan

3000000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

3000000.00

**TERMS**

Date Incurred

Date Due

Interest Rate

(If none, enter 0)

Secured:

M M / D D / Y Y Y Y  
10 18 / 2024M M / D D / Y Y Y Y  
N/AM M / D D / Y Y Y Y  
N/A

0.00 % (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).....▶

3000000.00

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

PAGE 244 OF 244

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

NAME OF COMMITTEE (In Full)

Transaction ID : SC10.1238

RICK SCOTT FOR FLORIDA

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

SCOTT, RICK, , SENATOR,

Mailing Address

P.O. BOX 130708

Election: 2024

☐ Primary CANDIDATE LOADN☒ General☐ Other (specify) ▼

City

TAMPA

State

FL

ZIP Code

33681

☒ Personal Funds of the Candidate

Original Amount of Loan

1500000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

1500000.00

**TERMS**

Date Incurred

Date Due

Interest Rate

(If none, enter 0)

Secured:

M M / D D / Y Y Y Y  
10 / 28 / 2024M M / D D / Y Y Y Y  
/ / N/AM M / D D / Y Y Y Y  
/ / N/AM M / D D / Y Y Y Y  
/ / N/A

0.00

% (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).....▶

1500000.00

**TOTALS** This Period (last page in this line only).....▶

24138834.00

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