

SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 03/2016)

Write or Type Committee Name

KEITH GROSS FOR FLORIDA

Report Covering the Period: From: M M / D D / Y Y Y Y 01 / 01 / 2026 To: M M / D D / Y Y Y Y 03 / 31 / 2026

	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))	78895.00	78895.00
(b) Total Contribution Refunds (from Line 20(d))	1000.00	1000.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	77895.00	77895.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	515804.20	552324.69
(b) Total Offsets to Operating Expenditures (from Line 14)	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))	515804.20	552324.69
8. Cash on Hand at Close of Reporting Period (from Line 27)	5125436.86	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	8028146.78	

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

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 05/2016)

Write or Type Committee Name

KEITH GROSS FOR FLORIDA

Report Covering the Period: From: / / To: / /

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).....	70750.00	70750.00
(ii) Unitemized.....	1145.00	1145.00
(iii) TOTAL of contributions from individuals ▶	71895.00	71895.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	7000.00	7000.00
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	78895.00	78895.00
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	5543284.60	5601770.85
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	5543284.60	5601770.85
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	0.00	0.00
15. OTHER RECEIPTS (Dividends, Interest, etc.)	0.00	0.00
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	5622179.60	5680665.85

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.....	515804.20	552324.69
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	1000.00	1000.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	1000.00	1000.00
21. OTHER DISBURSEMENTS	2000.00	2000.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	518804.20	555324.69

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	22061.46
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	5622179.60
25. SUBTOTAL (add Line 23 and Line 24).....	5644241.06
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	518804.20
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	5125436.86

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 5 OF 130	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input 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)
KEITH GROSS FOR FLORIDA

A. Full Name (Last, First, Middle Initial)
ANDERSON, WALTER, , ,

Mailing Address 265 LAKEVIEW DRIVE

City SANTA ROSA BEACH	State FL	Zip Code 32459
--------------------------	-------------	-------------------

FEC ID number of contributing federal political committee.

Name of Employer RETIRED	Occupation RETIRED
-----------------------------	-----------------------

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
 / /

Transaction ID : A-2696

Amount of Each Receipt this Period

Memo Item

B. Full Name (Last, First, Middle Initial)
KAVIANI-ANDERSON, AFSHAN, , ,

Mailing Address 265 LAKEVIEW DRIVE

City SANTA ROSA BEACH	State FL	Zip Code 32459
--------------------------	-------------	-------------------

FEC ID number of contributing federal political committee.

Name of Employer RETIRED	Occupation RETIRED
-----------------------------	-----------------------

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
 / /

Transaction ID : A-2698

Amount of Each Receipt this Period

Memo Item

REATTRIBUTION TO

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

Mailing Address 265 LAKEVIEW DRIVE

City SANTA ROSA BEACH	State FL	Zip Code 32459
--------------------------	-------------	-------------------

FEC ID number of contributing federal political committee.

Name of Employer RETIRED	Occupation RETIRED
-----------------------------	-----------------------

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
 / /

Transaction ID : A-2699

Amount of Each Receipt this Period

Memo Item

REATTRIBUTION FROM

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="5000.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text" value="5000.00"/>

**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 6 OF 130	
	<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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NAME OF COMMITTEE (In Full)
KEITH GROSS FOR FLORIDA

A. Full Name (Last, First, Middle Initial)
FRIDMAN, ISRAEL, , ,

Mailing Address 1319 53RD ST

City BROOKLYN	State NY	Zip Code 11219
------------------	-------------	-------------------

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

Name of Employer SELF-EMPLOYED	Occupation BUSINESSPERSON
-----------------------------------	------------------------------

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
8500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 31 / 2026

Transaction ID : A-2884

Amount of Each Receipt this Period

8600.00

Memo Item

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

Mailing Address 1319 53RD ST

City BROOKLYN	State NY	Zip Code 11219
------------------	-------------	-------------------

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

Name of Employer SELF-EMPLOYED	Occupation BUSINESSPERSON
-----------------------------------	------------------------------

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
8500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 31 / 2026

Transaction ID : A-2886

Amount of Each Receipt this Period

2500.00

Memo Item

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

Mailing Address 8129 LAIRD STREET

City PANAMA CITY BEACH	State FL	Zip Code 32408
---------------------------	-------------	-------------------

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

Name of Employer GORMAN CONSTRUCTION	Occupation MANAGER
---	-----------------------

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 31 / 2026

Transaction ID : A-2897

Amount of Each Receipt this Period

250.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	8750.00
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)				PAGE 7 OF 130
	<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
KEITH GROSS FOR FLORIDA

Full Name (Last, First, Middle Initial) HEARTMAN, JACOB, , ,			Date of Receipt M M / D D / Y Y Y Y Y Y 03 / 31 / 2026		
Mailing Address 1759 58TH ST			Transaction ID : A-2879		
City BROOKLYN	State NY	Zip Code 11204	Amount of Each Receipt this Period _____ 1500.00		
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item		
Name of Employer SUNSHINE LIGHTING		Occupation CHIEF FINANCIAL OFFICER			
Receipt For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ _____ 1500.00			

Full Name (Last, First, Middle Initial) KLEIN, LUZER, , ,			Date of Receipt M M / D D / Y Y Y Y Y Y 03 / 31 / 2026		
Mailing Address 2 KAHAN DR			Transaction ID : A-2880		
City MONROE	State NY	Zip Code 10950	Amount of Each Receipt this Period _____ 14000.00		
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item		
Name of Employer SELF-EMPLOYED		Occupation BUSINESSPERSON			
Receipt For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ _____ 14000.00			

Full Name (Last, First, Middle Initial) KLEIN, LUZER, , ,			Date of Receipt M M / D D / Y Y Y Y Y Y 03 / 31 / 2026		
Mailing Address 2 KAHAN DR			Transaction ID : A-2889		
City MONROE	State NY	Zip Code 10950	Amount of Each Receipt this Period _____ 3500.00		
FEC ID number of contributing federal political committee. C			<input checked="" type="checkbox"/> Memo Item		
Name of Employer SELF-EMPLOYED		Occupation BUSINESSPERSON	REDESIGNATION TO		
Receipt For: 2026 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ _____ 14000.00			

SUBTOTAL of Receipts This Page (optional)..... ▶	_____ 15500.00
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: PAGE 8 OF 130
(check only one)
 11a 11b 11c 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
KEITH GROSS FOR FLORIDA

A. Full Name (Last, First, Middle Initial)
KLEIN, LUZER, , ,

Mailing Address 2 KAHAN DR

City MONROE State NY Zip Code 10950

FEC ID number of contributing federal political committee. C

Name of Employer SELF-EMPLOYED Occupation BUSINESSPERSON

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
14000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 / 31 / 2026

Transaction ID : A-2890

Amount of Each Receipt this Period
- 3500.00

Memo Item

REDESIGNATION FROM

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

Mailing Address 230 WOODLAWN DRIVE

City PANAMA CITY BEACH State FL Zip Code 32407

FEC ID number of contributing federal political committee. C

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 / 31 / 2026

Transaction ID : A-2899

Amount of Each Receipt this Period
500.00

Memo Item

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

Mailing Address 46 VIRGINIA AVE

City MONROE State NY Zip Code 10950

FEC ID number of contributing federal political committee. C

Name of Employer SELF-EMPLOYED Occupation BUSINESSPERSON

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
7000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 / 31 / 2026

Transaction ID : A-2883

Amount of Each Receipt this Period
14000.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 14500.00

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: PAGE 9 OF 130
(check only one)
 11a 11b 11c 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
KEITH GROSS FOR FLORIDA

A. Full Name (Last, First, Middle Initial)
MERMELSTEIN, ISAAC, , ,

Mailing Address 46 VIRGINIA AVE

City MONROE State NY Zip Code 10950

FEC ID number of contributing federal political committee. C

Name of Employer SELF-EMPLOYED Occupation BUSINESSPERSON

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
7000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 / 31 / 2026

Transaction ID : A-2891

Amount of Each Receipt this Period
3500.00

Memo Item

REDESIGNATION TO

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

Mailing Address 46 VIRGINIA AVE

City MONROE State NY Zip Code 10950

FEC ID number of contributing federal political committee. C

Name of Employer SELF-EMPLOYED Occupation BUSINESSPERSON

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
7000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 / 31 / 2026

Transaction ID : A-2892

Amount of Each Receipt this Period
- 3500.00

Memo Item

REDESIGNATION FROM

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

Mailing Address 46 VIRGINIA AVE

City MONROE State NY Zip Code 10950

FEC ID number of contributing federal political committee. C

Name of Employer HOMEMAKER Occupation HOMEMAKER

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
7000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 / 31 / 2026

Transaction ID : A-2915

Amount of Each Receipt this Period
7000.00

Memo Item

REATTRIBUTION TO

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 Page

FOR LINE NUMBER: PAGE 10 OF 130
(check only one)
 11a 11b 11c 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
KEITH GROSS FOR FLORIDA

A. Full Name (Last, First, Middle Initial)
MERMELSTEIN, ISAAC, , ,

Mailing Address 46 VIRGINIA AVE

City MONROE State NY Zip Code 10950

FEC ID number of contributing federal political committee. C

Name of Employer SELF-EMPLOYED Occupation BUSINESSPERSON

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
7000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 / 31 / 2026

Transaction ID : A-2916

Amount of Each Receipt this Period
- 7000.00

Memo Item

REATTRIBUTION FROM

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

Mailing Address 20 RITA AVE
201

City MONSEY State NY Zip Code 10952

FEC ID number of contributing federal political committee. C

Name of Employer SELF Occupation INVESTOR

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 / 31 / 2026

Transaction ID : A-2882

Amount of Each Receipt this Period
1000.00

Memo Item

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

Mailing Address 340 SUMMIT CIRCLE

City LOMBARD State IL Zip Code 60148

FEC ID number of contributing federal political committee. C

Name of Employer WORLD REACH HEALTH Occupation CEO

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 / 31 / 2026

Transaction ID : A-2878

Amount of Each Receipt this Period
5000.00

Memo Item

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

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

6000.00

**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 11 OF 130	
	<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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NAME OF COMMITTEE (In Full)
KEITH GROSS FOR FLORIDA

Full Name (Last, First, Middle Initial) OLMSTEAD, JELENA, , ,			Date of Receipt M M / D D / Y Y Y Y Y Y 03 / 31 / 2026	
Mailing Address 340 SUMMIT CIRCLE			Transaction ID : A-2885	
City LOMBARD	State IL	Zip Code 60148	Amount of Each Receipt this Period 3500.00	
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item	
Name of Employer WORLD REACH HEALTH		Occupation CEO		
Receipt For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 5000.00		

Full Name (Last, First, Middle Initial) OLMSTEAD, JELENA, , ,			Date of Receipt M M / D D / Y Y Y Y Y Y 03 / 31 / 2026	
Mailing Address 340 SUMMIT CIRCLE			Transaction ID : A-2887	
City LOMBARD	State IL	Zip Code 60148	Amount of Each Receipt this Period 1500.00	
FEC ID number of contributing federal political committee. C			<input checked="" type="checkbox"/> Memo Item	
Name of Employer WORLD REACH HEALTH		Occupation CEO		
Receipt For: 2026 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 5000.00		

Full Name (Last, First, Middle Initial) OLMSTEAD, JELENA, , ,			Date of Receipt M M / D D / Y Y Y Y Y Y 03 / 31 / 2026	
Mailing Address 340 SUMMIT CIRCLE			Transaction ID : A-2888	
City LOMBARD	State IL	Zip Code 60148	Amount of Each Receipt this Period - 1500.00	
FEC ID number of contributing federal political committee. C			<input checked="" type="checkbox"/> Memo Item	
Name of Employer WORLD REACH HEALTH		Occupation CEO		
Receipt For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 5000.00		

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)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 12 OF 130
(check only one)
 11a 11b 11c 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
KEITH GROSS FOR FLORIDA

A. Full Name (Last, First, Middle Initial)
PESOLI, JIM, , ,

Mailing Address 340 SUMMIT CIRCLE

City LOMBARD State IL Zip Code 60148

FEC ID number of contributing federal political committee. C

Name of Employer SELF Occupation BUSINESS CONSULTANT

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
3500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 / 31 / 2026

Transaction ID : A-2932

Amount of Each Receipt this Period
3500.00

Memo Item

REATTRIBUTION TO

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

Mailing Address 340 SUMMIT CIRCLE

City LOMBARD State IL Zip Code 60148

FEC ID number of contributing federal political committee. C

Name of Employer WORLD REACH HEALTH Occupation CEO

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 / 31 / 2026

Transaction ID : A-2933

Amount of Each Receipt this Period
- 3500.00

Memo Item

REATTRIBUTION FROM

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

Mailing Address 802 WEST 12TH STREET

City LYNN HAVEN State FL Zip Code 32444

FEC ID number of contributing federal political committee. C

Name of Employer BAY DISTRICT SCHOOLS Occupation SCHOOL BOARD MEMBER

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 / 26 / 2026

Transaction ID : A-2697

Amount of Each Receipt this Period
1000.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 1000.00

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: PAGE 13 OF 130
(check only one)
 11a 11b 11c 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
KEITH GROSS FOR FLORIDA

A. Full Name (Last, First, Middle Initial)
RODRIGUEZ PIN, RICK, , ,

Mailing Address 2151 S LE JEUNE RD
304

City CORAL GABLES State FL Zip Code 33134

FEC ID number of contributing federal political committee. C

Name of Employer RPA Occupation MANAGING PARTNER

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2500.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 30 / 2026

Transaction ID : A-2870

Amount of Each Receipt this Period
2500.00

Memo Item

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

Mailing Address 67 CLAYTON AVENUE

City TOMS RIVER State NJ Zip Code 08755

FEC ID number of contributing federal political committee. C

Name of Employer LIFE BIOLOGICS Occupation CEO

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
14000.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 31 / 2026

Transaction ID : A-2876

Amount of Each Receipt this Period
1800.00

Memo Item

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

Mailing Address 67 CLAYTON AVENUE

City TOMS RIVER State NJ Zip Code 08755

FEC ID number of contributing federal political committee. C

Name of Employer LIFE BIOLOGICS Occupation CEO

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
14000.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 31 / 2026

Transaction ID : A-2881

Amount of Each Receipt this Period
12200.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	16500.00
TOTAL This Period (last page this line number only).....▶	70750.00

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 14 OF 130	
	<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input checked="" type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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NAME OF COMMITTEE (In Full)
KEITH GROSS FOR FLORIDA

A. Full Name (Last, First, Middle Initial)
FRIENDS OF MARK SHELDON

Mailing Address 133 HARBOR DRIVE SOUTH

City VENICE	State FL	Zip Code 34285
----------------	-------------	-------------------

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
------------------	------------

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
 / /

Transaction ID : A-2871

Amount of Each Receipt this Period

Memo Item

B. Full Name (Last, First, Middle Initial)
FRIENDS OF MARK SHELDON

Mailing Address 133 HARBOR DRIVE SOUTH

City VENICE	State FL	Zip Code 34285
----------------	-------------	-------------------

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
------------------	------------

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
 / /

Transaction ID : A-2895

Amount of Each Receipt this Period

Memo Item

C. Full Name (Last, First, Middle Initial)
JOHN FRANKMAN FOR FLORIDA

Mailing Address PO BOX 304

City DESTIN	State FL	Zip Code 32540
----------------	-------------	-------------------

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
------------------	------------

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
 / /

Transaction ID : A-2857

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="7000.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text" value="7000.00"/>

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 15 OF 130
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
KEITH GROSS FOR FLORIDA

A. Full Name (Last, First, Middle Initial)
GROSS, KEITH, , ,

Mailing Address 4408 DELWOOD LANE
STE 14

City PANAMA CITY BEACH State FL Zip Code 32408

FEC ID number of contributing federal political committee. **C** H4FL01247

Name of Employer SELF Occupation INVESTOR

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
70291.97

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 20 / 2026

Transaction ID : A-2689

Amount of Each Receipt this Period
50000.00

Memo Item
CANDIDATE LOAN OF PERSONAL FUNDS

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

Mailing Address 4408 DELWOOD LANE
STE 14

City PANAMA CITY BEACH State FL Zip Code 32408

FEC ID number of contributing federal political committee. **C** H4FL01247

Name of Employer SELF Occupation INVESTOR

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
551143.24

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 26 / 2026

Transaction ID : A-2700

Amount of Each Receipt this Period
480851.27

Memo Item

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

Mailing Address 4408 DELWOOD LANE
STE 14

City PANAMA CITY BEACH State FL Zip Code 32408

FEC ID number of contributing federal political committee. **C** H4FL01247

Name of Employer SELF Occupation INVESTOR

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5551143.24

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 30 / 2026

Transaction ID : A-2873

Amount of Each Receipt this Period
5000000.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 530851.27

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: PAGE 16 OF 130
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
KEITH GROSS FOR FLORIDA

A. Full Name (Last, First, Middle Initial)
GROSS, KEITH, , ,

Mailing Address 4408 DELWOOD LANE
STE 14

City PANAMA CITY BEACH State FL Zip Code 32408

FEC ID number of contributing federal political committee. **C** H4FL01247

Name of Employer SELF Occupation INVESTOR

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5563576.57

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 / 31 / 2026

Transaction ID : A-2901

Amount of Each Receipt this Period
12433.33

Memo Item

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	12433.33
TOTAL This Period (last page this line number only).....▶	5543284.60

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 17 OF 130	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
KEITH GROSS FOR FLORIDA

Full Name (Last, First, Middle Initial) A. APPLETON, JACK, , ,			Date of Disbursement M M / D D / Y Y Y Y 03 / 17 / 2026	
Mailing Address 8419 LINDRICK LANE			FEC Identification Number C	
City BRADENTON	State FL	Zip Code 34202	Amount of Each Disbursement this Period 346.50	
Purpose of Disbursement FIELD TEAM SALARY		Category/ Type 001	Transaction ID : B-2668	
Candidate Name		<input type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) B. BARTOLETT, FELIX, , ,			Date of Disbursement M M / D D / Y Y Y Y 03 / 20 / 2026	
Mailing Address 1916 HERITAGE GROVE CIRCLE			FEC Identification Number C	
City TALLAHASSEE	State FL	Zip Code 32304	Amount of Each Disbursement this Period 1064.88	
Purpose of Disbursement FIELD TEAM SALARY		Category/ Type 001	Transaction ID : B-2688	
Candidate Name		<input type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) C. CURRIE, SARAH, , ,			Date of Disbursement M M / D D / Y Y Y Y 03 / 17 / 2026	
Mailing Address 17491 TIFFANY TRACE DRIVE			FEC Identification Number C	
City BOCA RATON	State FL	Zip Code 33487	Amount of Each Disbursement this Period 107.38	
Purpose of Disbursement FIELD TEAM SALARY		Category/ Type 001	Transaction ID : B-2672	
Candidate Name		<input type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

SUBTOTAL of Disbursements This Page (optional).....▶	1518.76
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 Page	FOR LINE NUMBER: (check only one)		PAGE 18 OF 130	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
KEITH GROSS FOR FLORIDA

Full Name (Last, First, Middle Initial)
A. CURRIE, SARAH, , ,

Mailing Address 17491 TIFFANY TRACE DRIVE

City BOCA RATON State FL Zip Code 33487

Purpose of Disbursement FIELD TEAM SALARY Category/Type 001

Candidate Name

Office Sought: House Senate President Disbursement For: 2026 Primary General Other (specify) ▼

State: District:

Date of Disbursement: 03 / 17 / 2026

FEC Identification Number: C

Amount of Each Disbursement this Period: 94.50

Transaction ID : B-2683

Memo Item

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

Mailing Address 510 WEST VIRGINIA STREET 1445

City TALLAHASSEE State FL Zip Code 32301

Purpose of Disbursement FIELD TEAM SALARY Category/Type 001

Candidate Name

Office Sought: House Senate President Disbursement For: 2026 Primary General Other (specify) ▼

State: District:

Date of Disbursement: 03 / 17 / 2026

FEC Identification Number: C

Amount of Each Disbursement this Period: 49.00

Transaction ID : B-2674

Memo Item

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

Mailing Address 510 WEST VIRGINIA STREET 1445

City TALLAHASSEE State FL Zip Code 32301

Purpose of Disbursement FIELD TEAM SALARY Category/Type 001

Candidate Name

Office Sought: House Senate President Disbursement For: 2026 Primary General Other (specify) ▼

State: District:

Date of Disbursement: 03 / 17 / 2026

FEC Identification Number: C

Amount of Each Disbursement this Period: 238.00

Transaction ID : B-2678

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶ 381.50

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 19 OF 130	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
KEITH GROSS FOR FLORIDA

Full Name (Last, First, Middle Initial) A. E-CORP INC		Date of Disbursement M M / D D / Y Y Y Y 03 / 12 / 2026
Mailing Address 1598 NORTH HILL FIELD ROAD SUITE B		FEC Identification Number C
City LAYTON	State UT	Zip Code 84041
Purpose of Disbursement ANNUAL REGISTRATION FEES		001
Candidate Name		Amount of Each Disbursement this Period 228.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : B-2663
State: District:		<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) B. GROSS, KEITH, , ,		Date of Disbursement M M / D D / Y Y Y Y 03 / 26 / 2026
Mailing Address 4408 DELWOOD LANE STE 14		FEC Identification Number C
City PANAMA CITY BEACH	State FL	Zip Code 32408
Purpose of Disbursement CANDIDATE PAID EXPENSES		001
Candidate Name		Amount of Each Disbursement this Period 480851.27
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : B-2701
State: District:		<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) C. X (TWITTER)		Date of Disbursement M M / D D / Y Y Y Y 01 / 06 / 2026
Mailing Address 1355 MARKET STREET STE 900		FEC Identification Number C
City SAN FRANCISCO	State CA	Zip Code 94103
Purpose of Disbursement SOCIAL MEDIA ADVERTISING		004
Candidate Name		Amount of Each Disbursement this Period 1050.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : B-2703
State: District:		<input checked="" type="checkbox"/> Memo Item MEMO: SUBVENDOR OF-KEITH GROSS

SUBTOTAL of Disbursements This Page (optional).....▶	481079.27
TOTAL This Period (last page this line number only).....▶	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 20 OF 130	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
KEITH GROSS FOR FLORIDA

Full Name (Last, First, Middle Initial) A. EXTENSIVE ADVERTISING INC		Date of Disbursement M M / D D / Y Y Y Y 01 / 06 / 2026
Mailing Address 14628 CRENSHAW DRIVE		FEC Identification Number C
City CENTREVILLE	State VA	Zip Code 20120
Purpose of Disbursement ADVERTISEMENT	Category/Type 004	
Candidate Name	Amount of Each Disbursement this Period 3750.00	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : B-2704
State: District:	<input checked="" type="checkbox"/> Memo Item MEMO: SUBVENDOR OF-KEITH GROSS	

Full Name (Last, First, Middle Initial) B. FEDEX		Date of Disbursement M M / D D / Y Y Y Y 01 / 08 / 2026
Mailing Address 942 S SHADY GROVE ROAD		FEC Identification Number C
City MEMPHIS	State TN	Zip Code 38120
Purpose of Disbursement CUSTOM CAMPAIGN PRINTING	Category/Type 001	
Candidate Name	Amount of Each Disbursement this Period 102.13	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : B-2705
State: District:	<input checked="" type="checkbox"/> Memo Item MEMO: SUBVENDOR OF-KEITH GROSS	

Full Name (Last, First, Middle Initial) C. SAL PRINTING		Date of Disbursement M M / D D / Y Y Y Y 01 / 14 / 2026
Mailing Address 3072 AUBURN PARKWAY		FEC Identification Number C
City GULF BREEZE	State FL	Zip Code 32563
Purpose of Disbursement YARD SIGNS	Category/Type 006	
Candidate Name	Amount of Each Disbursement this Period 2729.27	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : B-2707
State: District:	<input checked="" type="checkbox"/> Memo Item MEMO: SUBVENDOR OF-KEITH GROSS	

SUBTOTAL of Disbursements This Page (optional).....▶	0.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 21 OF 130	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
KEITH GROSS FOR FLORIDA

Full Name (Last, First, Middle Initial) A. OFF THE WALL PRINTING			Date of Disbursement M M / D D / Y Y Y Y 01 / 16 / 2026	
Mailing Address 1515 OHIO AVENUE			FEC Identification Number C	
City LYNN HAVEN	State FL	Zip Code 32444	Amount of Each Disbursement this Period 749.00	
Purpose of Disbursement CUSTOM HATS		Category/ Type 006	Transaction ID : B-2708	
Candidate Name		Memo Item MEMO: SUBVENDOR OF-KEITH GROSS		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) B. AMEX HOTELS			Date of Disbursement M M / D D / Y Y Y Y 01 / 16 / 2026	
Mailing Address 200 VESEY STREET			FEC Identification Number C	
City NEW YORK	State NY	Zip Code 10281	Amount of Each Disbursement this Period 2559.03	
Purpose of Disbursement LODGING		Category/ Type 002	Transaction ID : B-2709	
Candidate Name		Memo Item MEMO: SUBVENDOR OF-KEITH GROSS		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) C. SIGNS OTC			Date of Disbursement M M / D D / Y Y Y Y 01 / 19 / 2026	
Mailing Address 815 NORTH SHERMAN AVENUE ROOM 100			FEC Identification Number C	
City SPRINGFIELD	State MO	Zip Code 65802	Amount of Each Disbursement this Period 2444.07	
Purpose of Disbursement CAMPAIGN SIGNS		Category/ Type 006	Transaction ID : B-2711	
Candidate Name		Memo Item MEMO: SUBVENDOR OF-KEITH GROSS		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <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 Page	FOR LINE NUMBER: (check only one)		PAGE 22 OF 130	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
KEITH GROSS FOR FLORIDA

Full Name (Last, First, Middle Initial) A. OFF THE WALL PRINTING			Date of Disbursement M M / D D / Y Y Y Y 01 / 21 / 2026	
Mailing Address 1515 OHIO AVENUE			FEC Identification Number C	
City LYNN HAVEN	State FL	Zip Code 32444	Amount of Each Disbursement this Period 1523.68	
Purpose of Disbursement CUSTOM SHIRTS		Category/ Type 006	Transaction ID : B-2712	
Candidate Name		Memo Item MEMO: SUBVENDOR OF-KEITH GROSS		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) B. VIEJO, GREGORY, , ,			Date of Disbursement M M / D D / Y Y Y Y 01 / 23 / 2026	
Mailing Address 4102 MONSERRATE STREET			FEC Identification Number C	
City CORAL GABLES	State FL	Zip Code 33146	Amount of Each Disbursement this Period 216.00	
Purpose of Disbursement FIELD TEAM SALARY		Category/ Type 001	Transaction ID : B-2714	
Candidate Name		Memo Item MEMO: SUBVENDOR OF-KEITH GROSS		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) C. VALENTIN, MATTHEW, , ,			Date of Disbursement M M / D D / Y Y Y Y 01 / 23 / 2026	
Mailing Address 4310 WEST NORTH B STREET APT 24			FEC Identification Number C	
City TAMPA	State FL	Zip Code 33609	Amount of Each Disbursement this Period 486.00	
Purpose of Disbursement FIELD TEAM SALARY		Category/ Type 001	Transaction ID : B-2715	
Candidate Name		Memo Item MEMO: SUBVENDOR OF-KEITH GROSS		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <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 Page	FOR LINE NUMBER: (check only one)		PAGE 23 OF 130	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
KEITH GROSS FOR FLORIDA

Full Name (Last, First, Middle Initial) A. RITCHIE, LUKE, , ,			Date of Disbursement M M / D D / Y Y Y Y 01 / 23 / 2026	
Mailing Address 391 PRINCE STREET			FEC Identification Number C	
City TALLAHASSEE	State FL	Zip Code 32304	Amount of Each Disbursement this Period 280.00	
Purpose of Disbursement FIELD TEAM SALARY		Category/ Type 001	Transaction ID : B-2716	
Candidate Name		Memo Item MEMO: SUBVENDOR OF-KEITH GROSS		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) B. NIEMEYER, TESSA, , ,			Date of Disbursement M M / D D / Y Y Y Y 01 / 23 / 2026	
Mailing Address 640 H AVENUE			FEC Identification Number C	
City CORONADO	State CA	Zip Code 92118	Amount of Each Disbursement this Period 216.00	
Purpose of Disbursement FIELD TEAM SALARY		Category/ Type 001	Transaction ID : B-2717	
Candidate Name		Memo Item MEMO: SUBVENDOR OF-KEITH GROSS		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) C. I360			Date of Disbursement M M / D D / Y Y Y Y 01 / 26 / 2026	
Mailing Address 2300 CLARENDON BOULEVARD			FEC Identification Number C	
City ARLINGTON	State VA	Zip Code 22201	Amount of Each Disbursement this Period 2750.00	
Purpose of Disbursement DATA ACCESS AND MESSAGING		Category/ Type 001	Transaction ID : B-2718	
Candidate Name		Memo Item MEMO: SUBVENDOR OF-KEITH GROSS		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <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 Page

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

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NAME OF COMMITTEE (In Full)
KEITH GROSS FOR FLORIDA

Full Name (Last, First, Middle Initial) A. SA MARKETING			Date of Disbursement MM / DD / YYYY 01 / 28 / 2026		
Mailing Address 400 SYMPHONY CIR UNIT 550			FEC Identification Number C		
City HUNT VALLEY	State MD	Zip Code 21030	Amount of Each Disbursement this Period 704.86		
Purpose of Disbursement ADVERTISEMENT		Category/ Type 004	Transaction ID : B-2721		
Candidate Name		Memo Item MEMO: SUBVENDOR OF-KEITH GROSS			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) B. UBER			Date of Disbursement MM / DD / YYYY 01 / 28 / 2026		
Mailing Address 1455 MARKET STREET #400			FEC Identification Number C		
City SAN FRANCISCO	State CA	Zip Code 94103	Amount of Each Disbursement this Period 55.86		
Purpose of Disbursement TRANSPORTATION		Category/ Type 002	Transaction ID : B-2722		
Candidate Name		Memo Item MEMO: SUBVENDOR OF-KEITH GROSS			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) C. UBER			Date of Disbursement MM / DD / YYYY 01 / 28 / 2026		
Mailing Address 1455 MARKET STREET #400			FEC Identification Number C		
City SAN FRANCISCO	State CA	Zip Code 94103	Amount of Each Disbursement this Period 38.53		
Purpose of Disbursement TRANSPORTATION		Category/ Type 002	Transaction ID : B-2723		
Candidate Name		Memo Item MEMO: SUBVENDOR OF-KEITH GROSS			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <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 Page	FOR LINE NUMBER: (check only one)		PAGE 25 OF 130	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
KEITH GROSS FOR FLORIDA

Full Name (Last, First, Middle Initial) A. UBER			Date of Disbursement M M / D D / Y Y Y Y 01 / 29 / 2026	
Mailing Address 1455 MARKET STREET #400			FEC Identification Number C	
City SAN FRANCISCO	State CA	Zip Code 94103	Amount of Each Disbursement this Period 37.82	
Purpose of Disbursement TRANSPORTATION		Category/ Type 002	Transaction ID : B-2724	
Candidate Name		Memo Item MEMO: SUBVENDOR OF-KEITH GROSS		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) B. UBER			Date of Disbursement M M / D D / Y Y Y Y 01 / 29 / 2026	
Mailing Address 1455 MARKET STREET #400			FEC Identification Number C	
City SAN FRANCISCO	State CA	Zip Code 94103	Amount of Each Disbursement this Period 52.81	
Purpose of Disbursement TRANSPORTATION		Category/ Type 002	Transaction ID : B-2725	
Candidate Name		Memo Item MEMO: SUBVENDOR OF-KEITH GROSS		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) C. UBER			Date of Disbursement M M / D D / Y Y Y Y 01 / 29 / 2026	
Mailing Address 1455 MARKET STREET #400			FEC Identification Number C	
City SAN FRANCISCO	State CA	Zip Code 94103	Amount of Each Disbursement this Period 71.69	
Purpose of Disbursement TRANSPORTATION		Category/ Type 002	Transaction ID : B-2726	
Candidate Name		Memo Item MEMO: SUBVENDOR OF-KEITH GROSS		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <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 Page	FOR LINE NUMBER: (check only one)		PAGE 26 OF 130	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
KEITH GROSS FOR FLORIDA

Full Name (Last, First, Middle Initial)		Date of Disbursement	
A. SIGNS OTC		M M / D D / Y Y Y Y 01 / 29 / 2026	
Mailing Address 815 NORTH SHERMAN AVENUE ROOM 100		FEC Identification Number	
City SPRINGFIELD	State MO	Zip Code 65802	C
Purpose of Disbursement DOOR HANGERS		006	Amount of Each Disbursement this Period
Candidate Name		Category/Type	577.80
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID : B-2727
State: District:			<input checked="" type="checkbox"/> Memo Item MEMO: SUBVENDOR OF-KEITH GROSS

Full Name (Last, First, Middle Initial)		Date of Disbursement	
B. SA MARKETING		M M / D D / Y Y Y Y 02 / 01 / 2026	
Mailing Address 400 SYMPHONY CIR UNIT 550		FEC Identification Number	
City HUNT VALLEY	State MD	Zip Code 21030	C
Purpose of Disbursement ADVERTISEMENT		004	Amount of Each Disbursement this Period
Candidate Name		Category/Type	761.88
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID : B-2729
State: District:			<input checked="" type="checkbox"/> Memo Item MEMO: SUBVENDOR OF-KEITH GROSS

Full Name (Last, First, Middle Initial)		Date of Disbursement	
C. SA MARKETING		M M / D D / Y Y Y Y 02 / 01 / 2026	
Mailing Address 400 SYMPHONY CIR UNIT 550		FEC Identification Number	
City HUNT VALLEY	State MD	Zip Code 21030	C
Purpose of Disbursement ADVERTISEMENT		004	Amount of Each Disbursement this Period
Candidate Name		Category/Type	2.17
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID : B-2730
State: District:			<input checked="" type="checkbox"/> Memo Item MEMO: SUBVENDOR OF-KEITH GROSS

SUBTOTAL of Disbursements This Page (optional).....▶	0.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 27 OF 130	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
KEITH GROSS FOR FLORIDA

Full Name (Last, First, Middle Initial) A. MH OUTDOOR MEDIA, LLC			Date of Disbursement MM / DD / YYYY 02 / 02 / 2026	
Mailing Address 11750 KATY FREEWAY #1300			FEC Identification Number C	
City HOUSTON	State TX	Zip Code 77079	Amount of Each Disbursement this Period 5262.00	
Purpose of Disbursement BILLBOARDS		Category/ Type 004	Transaction ID : B-2731	
Candidate Name		Memo Item MEMO: SUBVENDOR OF-KEITH GROSS		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) B. VISTA PRINT			Date of Disbursement MM / DD / YYYY 02 / 03 / 2026	
Mailing Address 275 WYMAN STREET			FEC Identification Number C	
City WALTHAM	State MA	Zip Code 02451	Amount of Each Disbursement this Period 376.62	
Purpose of Disbursement BANNERS		Category/ Type 006	Transaction ID : B-2733	
Candidate Name		Memo Item MEMO: SUBVENDOR OF-KEITH GROSS		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) C. META PLATFORMS, INC.			Date of Disbursement MM / DD / YYYY 02 / 03 / 2026	
Mailing Address 1601 WILLOW ROAD			FEC Identification Number C	
City MENLO PARK	State CA	Zip Code 94025	Amount of Each Disbursement this Period 900.00	
Purpose of Disbursement DIGITAL ADVERTISING		Category/ Type 004	Transaction ID : B-2734	
Candidate Name		Memo Item MEMO: SUBVENDOR OF-KEITH GROSS		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <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 Page	FOR LINE NUMBER: (check only one)		PAGE 28 OF 130	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
KEITH GROSS FOR FLORIDA

Full Name (Last, First, Middle Initial) A. CONSTANT CONTACT			Date of Disbursement M M / D D / Y Y Y Y 02 / 05 / 2026	
Mailing Address 890 WINTER STREET SUITE 300			FEC Identification Number C	
City WALTHAM	State MA	Zip Code 02451	Amount of Each Disbursement this Period 864.50	
Purpose of Disbursement EMAIL HOSTING		Category/ Type 001	Transaction ID : B-2735	
Candidate Name		Memo Item MEMO: SUBVENDOR OF-KEITH GROSS		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) B. X (TWITTER)			Date of Disbursement M M / D D / Y Y Y Y 02 / 06 / 2026	
Mailing Address 1355 MARKET STREET STE 900			FEC Identification Number C	
City SAN FRANCISCO	State CA	Zip Code 94103	Amount of Each Disbursement this Period 1050.00	
Purpose of Disbursement SOCIAL MEDIA ADVERTISING		Category/ Type 004	Transaction ID : B-2736	
Candidate Name		Memo Item MEMO: SUBVENDOR OF-KEITH GROSS		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) C. META PLATFORMS, INC.			Date of Disbursement M M / D D / Y Y Y Y 02 / 07 / 2026	
Mailing Address 1601 WILLOW ROAD			FEC Identification Number C	
City MENLO PARK	State CA	Zip Code 94025	Amount of Each Disbursement this Period 900.00	
Purpose of Disbursement DIGITAL ADVERTISING		Category/ Type 004	Transaction ID : B-2737	
Candidate Name		Memo Item MEMO: SUBVENDOR OF-KEITH GROSS		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <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 Page	FOR LINE NUMBER: (check only one)		PAGE 29 OF 130	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
KEITH GROSS FOR FLORIDA

Full Name (Last, First, Middle Initial) A. SA MARKETING			Date of Disbursement M M / D D / Y Y Y Y 02 / 08 / 2026	
Mailing Address 400 SYMPHONY CIR UNIT 550			FEC Identification Number C	
City HUNT VALLEY	State MD	Zip Code 21030	Amount of Each Disbursement this Period 1966.44	
Purpose of Disbursement ADVERTISEMENT		Category/ Type 004	Transaction ID : B-2738	
Candidate Name		Memo Item MEMO: SUBVENDOR OF-KEITH GROSS		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) B. IHEART MEDIA			Date of Disbursement M M / D D / Y Y Y Y 02 / 09 / 2026	
Mailing Address 20880 STONE OAK PARKWAY			FEC Identification Number C	
City SAN ANTONIO	State TX	Zip Code 78258	Amount of Each Disbursement this Period 3187.82	
Purpose of Disbursement RADIO ADVERTISEMENTS		Category/ Type 004	Transaction ID : B-2739	
Candidate Name		Memo Item MEMO: SUBVENDOR OF-KEITH GROSS		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) C. META PLATFORMS, INC.			Date of Disbursement M M / D D / Y Y Y Y 02 / 09 / 2026	
Mailing Address 1601 WILLOW ROAD			FEC Identification Number C	
City MENLO PARK	State CA	Zip Code 94025	Amount of Each Disbursement this Period 900.24	
Purpose of Disbursement DIGITAL ADVERTISING		Category/ Type 004	Transaction ID : B-2740	
Candidate Name		Memo Item MEMO: SUBVENDOR OF-KEITH GROSS		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <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 Page	FOR LINE NUMBER: (check only one)	PAGE 30 OF 130			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
KEITH GROSS FOR FLORIDA

Full Name (Last, First, Middle Initial) A. LAMAR ADVERTISING			Date of Disbursement MM / DD / YYYY 02 / 10 / 2026		
Mailing Address 5321 CORPORATE BOULEVARD			FEC Identification Number C		
City BATON ROUGE	State LA	Zip Code 70808	Amount of Each Disbursement this Period 30450.00		
Purpose of Disbursement ADVERTISEMENT		Category/ Type 004	Transaction ID : B-2741		
Candidate Name		Memo Item MEMO: SUBVENDOR OF-KEITH GROSS			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) B. LAMAR ADVERTISING			Date of Disbursement MM / DD / YYYY 02 / 10 / 2026		
Mailing Address 5321 CORPORATE BOULEVARD			FEC Identification Number C		
City BATON ROUGE	State LA	Zip Code 70808	Amount of Each Disbursement this Period 22300.00		
Purpose of Disbursement ADVERTISEMENT		Category/ Type 004	Transaction ID : B-2742		
Candidate Name		Memo Item MEMO: SUBVENDOR OF-KEITH GROSS			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) C. LAMAR ADVERTISING			Date of Disbursement MM / DD / YYYY 02 / 10 / 2026		
Mailing Address 5321 CORPORATE BOULEVARD			FEC Identification Number C		
City BATON ROUGE	State LA	Zip Code 70808	Amount of Each Disbursement this Period 2250.00		
Purpose of Disbursement ADVERTISEMENT		Category/ Type 004	Transaction ID : B-2743		
Candidate Name		Memo Item MEMO: SUBVENDOR OF-KEITH GROSS			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <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 Page	FOR LINE NUMBER: (check only one)		PAGE 31 OF 130	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
KEITH GROSS FOR FLORIDA

Full Name (Last, First, Middle Initial) A. UBER			Date of Disbursement M M / D D / Y Y Y Y 02 / 11 / 2026	
Mailing Address 1455 MARKET STREET #400			FEC Identification Number C	
City SAN FRANCISCO	State CA	Zip Code 94103	Amount of Each Disbursement this Period 17.02	
Purpose of Disbursement TRANSPORTATION		Category/ Type 002	Transaction ID : B-2744	
Candidate Name		Memo Item MEMO: SUBVENDOR OF-KEITH GROSS		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) B. UBER			Date of Disbursement M M / D D / Y Y Y Y 02 / 11 / 2026	
Mailing Address 1455 MARKET STREET #400			FEC Identification Number C	
City SAN FRANCISCO	State CA	Zip Code 94103	Amount of Each Disbursement this Period 35.10	
Purpose of Disbursement TRANSPORTATION		Category/ Type 002	Transaction ID : B-2745	
Candidate Name		Memo Item MEMO: SUBVENDOR OF-KEITH GROSS		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) C. UBER			Date of Disbursement M M / D D / Y Y Y Y 02 / 11 / 2026	
Mailing Address 1455 MARKET STREET #400			FEC Identification Number C	
City SAN FRANCISCO	State CA	Zip Code 94103	Amount of Each Disbursement this Period 168.99	
Purpose of Disbursement TRANSPORTATION		Category/ Type 002	Transaction ID : B-2746	
Candidate Name		Memo Item MEMO: SUBVENDOR OF-KEITH GROSS		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <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 Page	FOR LINE NUMBER: (check only one)		PAGE 32 OF 130	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
KEITH GROSS FOR FLORIDA

Full Name (Last, First, Middle Initial) A. UBER			Date of Disbursement M M / D D / Y Y Y Y 02 / 11 / 2026	
Mailing Address 1455 MARKET STREET #400			FEC Identification Number C	
City SAN FRANCISCO	State CA	Zip Code 94103	Amount of Each Disbursement this Period 51.07	
Purpose of Disbursement TRANSPORTATION		Category/ Type 002	Transaction ID : B-2747	
Candidate Name		Memo Item MEMO: SUBVENDOR OF-KEITH GROSS		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) B. UBER			Date of Disbursement M M / D D / Y Y Y Y 02 / 11 / 2026	
Mailing Address 1455 MARKET STREET #400			FEC Identification Number C	
City SAN FRANCISCO	State CA	Zip Code 94103	Amount of Each Disbursement this Period 39.99	
Purpose of Disbursement TRANSPORTATION		Category/ Type 002	Transaction ID : B-2748	
Candidate Name		Memo Item MEMO: SUBVENDOR OF-KEITH GROSS		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) C. IHEART MEDIA			Date of Disbursement M M / D D / Y Y Y Y 02 / 11 / 2026	
Mailing Address 20880 STONE OAK PARKWAY			FEC Identification Number C	
City SAN ANTONIO	State TX	Zip Code 78258	Amount of Each Disbursement this Period 3187.82	
Purpose of Disbursement RADIO ADVERTISEMENTS		Category/ Type 004	Transaction ID : B-2749	
Candidate Name		Memo Item MEMO: SUBVENDOR OF-KEITH GROSS		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <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 Page	FOR LINE NUMBER: (check only one)	PAGE 33 OF 130			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
KEITH GROSS FOR FLORIDA

Full Name (Last, First, Middle Initial) A. UBER		Date of Disbursement M M / D D / Y Y Y Y 02 / 12 / 2026
Mailing Address 1455 MARKET STREET #400		FEC Identification Number C
City SAN FRANCISCO	State CA	Zip Code 94103
Purpose of Disbursement TRANSPORTATION	Category/ Type 002	
Candidate Name	Amount of Each Disbursement this Period 46.60	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : B-2750
State: District:	<input checked="" type="checkbox"/> Memo Item MEMO: SUBVENDOR OF-KEITH GROSS	

Full Name (Last, First, Middle Initial) B. UBER		Date of Disbursement M M / D D / Y Y Y Y 02 / 12 / 2026
Mailing Address 1455 MARKET STREET #400		FEC Identification Number C
City SAN FRANCISCO	State CA	Zip Code 94103
Purpose of Disbursement TRANSPORTATION	Category/ Type 002	
Candidate Name	Amount of Each Disbursement this Period 21.20	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : B-2751
State: District:	<input checked="" type="checkbox"/> Memo Item MEMO: SUBVENDOR OF-KEITH GROSS	

Full Name (Last, First, Middle Initial) C. UBER		Date of Disbursement M M / D D / Y Y Y Y 02 / 12 / 2026
Mailing Address 1455 MARKET STREET #400		FEC Identification Number C
City SAN FRANCISCO	State CA	Zip Code 94103
Purpose of Disbursement TRANSPORTATION	Category/ Type 002	
Candidate Name	Amount of Each Disbursement this Period 22.72	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : B-2752
State: District:	<input checked="" type="checkbox"/> Memo Item MEMO: SUBVENDOR OF-KEITH GROSS	

SUBTOTAL of Disbursements This Page (optional).....▶	0.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 34 OF 130	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
KEITH GROSS FOR FLORIDA

Full Name (Last, First, Middle Initial) A. UBER			Date of Disbursement M M / D D / Y Y Y Y 02 / 12 / 2026	
Mailing Address 1455 MARKET STREET #400			FEC Identification Number C	
City SAN FRANCISCO	State CA	Zip Code 94103	Amount of Each Disbursement this Period 30.64	
Purpose of Disbursement TRANSPORTATION		Category/ Type 002	Transaction ID : B-2753	
Candidate Name		Memo Item MEMO: SUBVENDOR OF-KEITH GROSS		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) B. UBER			Date of Disbursement M M / D D / Y Y Y Y 02 / 12 / 2026	
Mailing Address 1455 MARKET STREET #400			FEC Identification Number C	
City SAN FRANCISCO	State CA	Zip Code 94103	Amount of Each Disbursement this Period 38.17	
Purpose of Disbursement TRANSPORTATION		Category/ Type 002	Transaction ID : B-2754	
Candidate Name		Memo Item MEMO: SUBVENDOR OF-KEITH GROSS		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) C. UBER			Date of Disbursement M M / D D / Y Y Y Y 02 / 12 / 2026	
Mailing Address 1455 MARKET STREET #400			FEC Identification Number C	
City SAN FRANCISCO	State CA	Zip Code 94103	Amount of Each Disbursement this Period 21.70	
Purpose of Disbursement TRANSPORTATION		Category/ Type 002	Transaction ID : B-2755	
Candidate Name		Memo Item MEMO: SUBVENDOR OF-KEITH GROSS		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <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 Page	FOR LINE NUMBER: (check only one)		PAGE 35 OF 130	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 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)
KEITH GROSS FOR FLORIDA

Full Name (Last, First, Middle Initial) A. UBER			Date of Disbursement M M / D D / Y Y Y Y 02 / 12 / 2026	
Mailing Address 1455 MARKET STREET #400			FEC Identification Number C	
City SAN FRANCISCO	State CA	Zip Code 94103	Amount of Each Disbursement this Period 34.68	
Purpose of Disbursement TRANSPORTATION		Category/ Type 002	Transaction ID : B-2756	
Candidate Name		Memo Item MEMO: SUBVENDOR OF-KEITH GROSS		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) B. COMCAST			Date of Disbursement M M / D D / Y Y Y Y 02 / 12 / 2026	
Mailing Address ONE COMCAST CENTER 1701 JOHN F. KENNEDY BLVD			FEC Identification Number C	
City PHILADELPHIA	State PA	Zip Code 19103	Amount of Each Disbursement this Period 12500.00	
Purpose of Disbursement TELEVISION ADVERTISING		Category/ Type 004	Transaction ID : B-2757	
Candidate Name		Memo Item MEMO: SUBVENDOR OF-KEITH GROSS		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) C. META PLATFORMS, INC.			Date of Disbursement M M / D D / Y Y Y Y 02 / 12 / 2026	
Mailing Address 1601 WILLOW ROAD			FEC Identification Number C	
City MENLO PARK	State CA	Zip Code 94025	Amount of Each Disbursement this Period 900.00	
Purpose of Disbursement DIGITAL ADVERTISING		Category/ Type 004	Transaction ID : B-2758	
Candidate Name		Memo Item MEMO: SUBVENDOR OF-KEITH GROSS		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <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 Page	FOR LINE NUMBER: (check only one)		PAGE 36 OF 130	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
KEITH GROSS FOR FLORIDA

Full Name (Last, First, Middle Initial)		Date of Disbursement	
A. SIGNS OTC		M M / D D / Y Y Y Y 02 / 13 / 2026	
Mailing Address 815 NORTH SHERMAN AVENUE ROOM 100		FEC Identification Number	
City SPRINGFIELD	State MO	Zip Code 65802	C
Purpose of Disbursement CUSTOM SIGNS		006	Amount of Each Disbursement this Period
Candidate Name		Category/ Type	1199.30
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : B-2759
State:	District:		<input checked="" type="checkbox"/> Memo Item MEMO: SUBVENDOR OF-KEITH GROSS

Full Name (Last, First, Middle Initial)		Date of Disbursement	
B. VISTA PRINT		M M / D D / Y Y Y Y 02 / 13 / 2026	
Mailing Address 275 WYMAN STREET		FEC Identification Number	
City WALTHAM	State MA	Zip Code 02451	C
Purpose of Disbursement BANNERS		006	Amount of Each Disbursement this Period
Candidate Name		Category/ Type	212.27
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : B-2760
State:	District:		<input checked="" type="checkbox"/> Memo Item MEMO: SUBVENDOR OF-KEITH GROSS

Full Name (Last, First, Middle Initial)		Date of Disbursement	
C. VISTA PRINT		M M / D D / Y Y Y Y 02 / 13 / 2026	
Mailing Address 275 WYMAN STREET		FEC Identification Number	
City WALTHAM	State MA	Zip Code 02451	C
Purpose of Disbursement BANNERS		006	Amount of Each Disbursement this Period
Candidate Name		Category/ Type	528.56
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : B-2761
State:	District:		<input checked="" type="checkbox"/> Memo Item MEMO: SUBVENDOR OF-KEITH GROSS

SUBTOTAL of Disbursements This Page (optional).....▶	0.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 37 OF 130	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 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)
KEITH GROSS FOR FLORIDA

Full Name (Last, First, Middle Initial) A. LAMAR ADVERTISING		Date of Disbursement MM / DD / YYYY 02 / 13 / 2026
Mailing Address 5321 CORPORATE BOULEVARD		FEC Identification Number C
City BATON ROUGE	State LA	Zip Code 70808
Purpose of Disbursement ADVERTISEMENT	Category/ Type 004	
Candidate Name		Amount of Each Disbursement this Period 11525.10
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : B-2762
State: District:	<input checked="" type="checkbox"/> Memo Item MEMO: SUBVENDOR OF-KEITH GROSS	

Full Name (Last, First, Middle Initial) B. META PLATFORMS, INC.		Date of Disbursement MM / DD / YYYY 02 / 14 / 2026
Mailing Address 1601 WILLOW ROAD		FEC Identification Number C
City MENLO PARK	State CA	Zip Code 94025
Purpose of Disbursement DIGITAL ADVERTISING	Category/ Type 004	
Candidate Name		Amount of Each Disbursement this Period 900.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : B-2763
State: District:	<input checked="" type="checkbox"/> Memo Item MEMO: SUBVENDOR OF-KEITH GROSS	

Full Name (Last, First, Middle Initial) C. SA MARKETING		Date of Disbursement MM / DD / YYYY 02 / 15 / 2026
Mailing Address 400 SYMPHONY CIR UNIT 550		FEC Identification Number C
City HUNT VALLEY	State MD	Zip Code 21030
Purpose of Disbursement ADVERTISEMENT	Category/ Type 004	
Candidate Name		Amount of Each Disbursement this Period 2547.15
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : B-2764
State: District:	<input checked="" type="checkbox"/> Memo Item MEMO: SUBVENDOR OF-KEITH GROSS	

SUBTOTAL of Disbursements This Page (optional).....▶	0.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 38 OF 130	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
KEITH GROSS FOR FLORIDA

Full Name (Last, First, Middle Initial) A. META PLATFORMS, INC.			Date of Disbursement M M / D D / Y Y Y Y 02 / 15 / 2026	
Mailing Address 1601 WILLOW ROAD			FEC Identification Number C	
City MENLO PARK	State CA	Zip Code 94025	Amount of Each Disbursement this Period 900.00	
Purpose of Disbursement DIGITAL ADVERTISING		Category/ Type 004	Transaction ID : B-2765	
Candidate Name		Memo Item MEMO: SUBVENDOR OF-KEITH GROSS		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) B. VISTA PRINT			Date of Disbursement M M / D D / Y Y Y Y 02 / 15 / 2026	
Mailing Address 275 WYMAN STREET			FEC Identification Number C	
City WALTHAM	State MA	Zip Code 02451	Amount of Each Disbursement this Period 528.75	
Purpose of Disbursement CUSTOM SIGNS		Category/ Type 006	Transaction ID : B-2766	
Candidate Name		Memo Item MEMO: SUBVENDOR OF-KEITH GROSS		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) C. E- Z UP, INC			Date of Disbursement M M / D D / Y Y Y Y 02 / 16 / 2026	
Mailing Address 1900 2ND STREET			FEC Identification Number C	
City NORCO	State CA	Zip Code 92860	Amount of Each Disbursement this Period 664.36	
Purpose of Disbursement BANNER & TENT		Category/ Type 006	Transaction ID : B-2767	
Candidate Name		Memo Item MEMO: SUBVENDOR OF-KEITH GROSS		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <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 Page	FOR LINE NUMBER: (check only one)		PAGE 39 OF 130	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
KEITH GROSS FOR FLORIDA

Full Name (Last, First, Middle Initial) A. E- Z UP, INC			Date of Disbursement MM / DD / YYYY 02 / 16 / 2026	
Mailing Address 1900 2ND STREET			FEC Identification Number C	
City NORCO	State CA	Zip Code 92860	Amount of Each Disbursement this Period 162.53	
Purpose of Disbursement PRINTING		Category/ Type 006	Transaction ID : B-2768	
Candidate Name		Memo Item MEMO: SUBVENDOR OF-KEITH GROSS		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) B. LAMAR ADVERTISING			Date of Disbursement MM / DD / YYYY 02 / 17 / 2026	
Mailing Address 5321 CORPORATE BOULEVARD			FEC Identification Number C	
City BATON ROUGE	State LA	Zip Code 70808	Amount of Each Disbursement this Period 5278.00	
Purpose of Disbursement BILLBOARDS		Category/ Type 004	Transaction ID : B-2770	
Candidate Name		Memo Item MEMO: SUBVENDOR OF-KEITH GROSS		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) C. META PLATFORMS, INC.			Date of Disbursement MM / DD / YYYY 02 / 18 / 2026	
Mailing Address 1601 WILLOW ROAD			FEC Identification Number C	
City MENLO PARK	State CA	Zip Code 94025	Amount of Each Disbursement this Period 900.00	
Purpose of Disbursement DIGITAL ADVERTISING		Category/ Type 004	Transaction ID : B-2771	
Candidate Name		Memo Item MEMO: SUBVENDOR OF-KEITH GROSS		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <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 Page	FOR LINE NUMBER: (check only one)		PAGE 40 OF 130	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
KEITH GROSS FOR FLORIDA

Full Name (Last, First, Middle Initial) A. BACKDROP SOURCE			Date of Disbursement MM / DD / YYYY 02 / 19 / 2026	
Mailing Address 8565 SOUTH EASTERN AVENUE			FEC Identification Number C	
City LAS VEGAS	State NV	Zip Code 89123	Amount of Each Disbursement this Period 404.55	
Purpose of Disbursement FABRIC STEP AND REPEAT		Category/ Type 006	Transaction ID : B-2772	
Candidate Name		Memo Item MEMO: SUBVENDOR OF-KEITH GROSS		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) B. TRIGO (ONE THIRTY ONE EVENTS)			Date of Disbursement MM / DD / YYYY 02 / 20 / 2026	
Mailing Address 131 HARRISON AVENUE			FEC Identification Number C	
City PANAMA CITY	State FL	Zip Code 32401	Amount of Each Disbursement this Period 772.92	
Purpose of Disbursement CAMPAIGN EVENT		Category/ Type 007	Transaction ID : B-2773	
Candidate Name		Memo Item MEMO: SUBVENDOR OF-KEITH GROSS		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) C. SIGNS OTC			Date of Disbursement MM / DD / YYYY 02 / 20 / 2026	
Mailing Address 815 NORTH SHERMAN AVENUE ROOM 100			FEC Identification Number C	
City SPRINGFIELD	State MO	Zip Code 65802	Amount of Each Disbursement this Period 1199.30	
Purpose of Disbursement CUSTOM SIGNS		Category/ Type 006	Transaction ID : B-2774	
Candidate Name		Memo Item MEMO: SUBVENDOR OF-KEITH GROSS		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <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 Page	FOR LINE NUMBER: (check only one)		PAGE 41 OF 130	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
KEITH GROSS FOR FLORIDA

Full Name (Last, First, Middle Initial) A. META PLATFORMS, INC.			Date of Disbursement M M / D D / Y Y Y Y 02 / 20 / 2026	
Mailing Address 1601 WILLOW ROAD			FEC Identification Number C	
City MENLO PARK	State CA	Zip Code 94025	Amount of Each Disbursement this Period 900.00	
Purpose of Disbursement DIGITAL ADVERTISING		Category/ Type 004	Transaction ID : B-2775	
Candidate Name		Memo Item MEMO: SUBVENDOR OF-KEITH GROSS		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) B. SA MARKETING			Date of Disbursement M M / D D / Y Y Y Y 02 / 22 / 2026	
Mailing Address 400 SYMPHONY CIR UNIT 550			FEC Identification Number C	
City HUNT VALLEY	State MD	Zip Code 21030	Amount of Each Disbursement this Period 1052.65	
Purpose of Disbursement ADVERTISEMENT		Category/ Type 004	Transaction ID : B-2776	
Candidate Name		Memo Item MEMO: SUBVENDOR OF-KEITH GROSS		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) C. META PLATFORMS, INC.			Date of Disbursement M M / D D / Y Y Y Y 02 / 22 / 2026	
Mailing Address 1601 WILLOW ROAD			FEC Identification Number C	
City MENLO PARK	State CA	Zip Code 94025	Amount of Each Disbursement this Period 900.00	
Purpose of Disbursement DIGITAL ADVERTISING		Category/ Type 004	Transaction ID : B-2777	
Candidate Name		Memo Item MEMO: SUBVENDOR OF-KEITH GROSS		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <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 Page	FOR LINE NUMBER: (check only one)		PAGE 42 OF 130	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
KEITH GROSS FOR FLORIDA

Full Name (Last, First, Middle Initial) A. X (TWITTER)		Date of Disbursement M M / D D / Y Y Y Y 02 / 23 / 2026
Mailing Address 1355 MARKET STREET STE 900		FEC Identification Number C
City SAN FRANCISCO	State CA	Zip Code 94103
Purpose of Disbursement SOCIAL MEDIA ADVERTISING		004
Candidate Name		Amount of Each Disbursement this Period 33.68
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : B-2778 <input checked="" type="checkbox"/> Memo Item MEMO: SUBVENDOR OF-KEITH GROSS
State: District:		

Full Name (Last, First, Middle Initial) B. META PLATFORMS, INC.		Date of Disbursement M M / D D / Y Y Y Y 02 / 24 / 2026
Mailing Address 1601 WILLOW ROAD		FEC Identification Number C
City MENLO PARK	State CA	Zip Code 94025
Purpose of Disbursement DIGITAL ADVERTISING		004
Candidate Name		Amount of Each Disbursement this Period 900.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : B-2779 <input checked="" type="checkbox"/> Memo Item MEMO: SUBVENDOR OF-KEITH GROSS
State: District:		

Full Name (Last, First, Middle Initial) C. GRAY MEDIA		Date of Disbursement M M / D D / Y Y Y Y 02 / 25 / 2026
Mailing Address 4370 PEACHTREE ROAD NORTHEAST SUITE 400		FEC Identification Number C
City ATLANTA	State GA	Zip Code 30319
Purpose of Disbursement ADVERTISING		004
Candidate Name		Amount of Each Disbursement this Period 5100.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : B-2780 <input checked="" type="checkbox"/> Memo Item MEMO: SUBVENDOR OF-KEITH GROSS
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 Page	FOR LINE NUMBER: (check only one)		PAGE 43 OF 130	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
KEITH GROSS FOR FLORIDA

Full Name (Last, First, Middle Initial) A. I360		Date of Disbursement M M / D D / Y Y Y Y 02 / 26 / 2026
Mailing Address 2300 CLARENDON BOULEVARD		FEC Identification Number C
City ARLINGTON	State VA	Zip Code 22201
Purpose of Disbursement DATA ACCESS AND MESSAGING	Category/ Type 001	
Candidate Name	Amount of Each Disbursement this Period 2750.00	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : B-2781 <input checked="" type="checkbox"/> Memo Item MEMO: SUBVENDOR OF-KEITH GROSS
State: District:		

Full Name (Last, First, Middle Initial) B. GRAY MEDIA		Date of Disbursement M M / D D / Y Y Y Y 02 / 26 / 2026
Mailing Address 4370 PEACHTREE ROAD NORTHEAST SUITE 400		FEC Identification Number C
City ATLANTA	State GA	Zip Code 30319
Purpose of Disbursement ADVERTISING	Category/ Type 004	
Candidate Name	Amount of Each Disbursement this Period 4216.00	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : B-2782 <input checked="" type="checkbox"/> Memo Item MEMO: SUBVENDOR OF-KEITH GROSS
State: District:		

Full Name (Last, First, Middle Initial) C. KATZ TELEVISION GROUP		Date of Disbursement M M / D D / Y Y Y Y 02 / 26 / 2026
Mailing Address 125 WEST 55TH STREET		FEC Identification Number C
City NEW YORK	State NY	Zip Code 10019
Purpose of Disbursement TELEVISION ADVERTISING	Category/ Type 004	
Candidate Name	Amount of Each Disbursement this Period 6520.00	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : B-2783 <input checked="" type="checkbox"/> Memo Item MEMO: SUBVENDOR OF-KEITH GROSS
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 Page	FOR LINE NUMBER: (check only one)		PAGE 44 OF 130	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
KEITH GROSS FOR FLORIDA

Full Name (Last, First, Middle Initial) A. COMCAST		Date of Disbursement M M / D D / Y Y Y Y 02 / 27 / 2026
Mailing Address ONE COMCAST CENTER 1701 JOHN F. KENNEDY BLVD		FEC Identification Number C
City PHILADELPHIA	State PA	Zip Code 19103
Purpose of Disbursement TELEVISION ADVERTISING	Category/Type 004	
Candidate Name		Amount of Each Disbursement this Period 11254.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input checked="" type="checkbox"/> Memo Item MEMO: SUBVENDOR OF-KEITH GROSS	

Full Name (Last, First, Middle Initial) B. IHEART MEDIA		Date of Disbursement M M / D D / Y Y Y Y 02 / 27 / 2026
Mailing Address 20880 STONE OAK PARKWAY		FEC Identification Number C
City SAN ANTONIO	State TX	Zip Code 78258
Purpose of Disbursement RADIO ADVERTISEMENTS	Category/Type 004	
Candidate Name		Amount of Each Disbursement this Period 4250.44
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input checked="" type="checkbox"/> Memo Item MEMO: SUBVENDOR OF-KEITH GROSS	

Full Name (Last, First, Middle Initial) C. KATZ TELEVISION GROUP		Date of Disbursement M M / D D / Y Y Y Y 02 / 27 / 2026
Mailing Address 125 WEST 55TH STREET		FEC Identification Number C
City NEW YORK	State NY	Zip Code 10019
Purpose of Disbursement TELEVISION ADVERTISING	Category/Type 004	
Candidate Name		Amount of Each Disbursement this Period 5560.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input checked="" type="checkbox"/> Memo Item MEMO: SUBVENDOR OF-KEITH GROSS	

SUBTOTAL of Disbursements This Page (optional).....▶	0.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 45 OF 130	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
KEITH GROSS FOR FLORIDA

Full Name (Last, First, Middle Initial) A. REALWORKS MEDIA			Date of Disbursement MM / DD / YYYY 02 / 27 / 2026	
Mailing Address 5209 BURNET ROAD SUITE 220			FEC Identification Number C	
City AUSTIN	State TX	Zip Code 78756	Amount of Each Disbursement this Period 1468.00	
Purpose of Disbursement ADVERTISING		Category/ Type 004	Transaction ID : B-2787	
Candidate Name		Memo Item MEMO: SUBVENDOR OF-KEITH GROSS		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) B. META PLATFORMS, INC.			Date of Disbursement MM / DD / YYYY 02 / 27 / 2026	
Mailing Address 1601 WILLOW ROAD			FEC Identification Number C	
City MENLO PARK	State CA	Zip Code 94025	Amount of Each Disbursement this Period 900.00	
Purpose of Disbursement DIGITAL ADVERTISING		Category/ Type 004	Transaction ID : B-2788	
Candidate Name		Memo Item MEMO: SUBVENDOR OF-KEITH GROSS		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) C. BAY COUNTY COASTAL			Date of Disbursement MM / DD / YYYY 03 / 01 / 2026	
Mailing Address 10520 HUTCHISON BOULEVARD			FEC Identification Number C	
City PANAMA CITY BEACH	State FL	Zip Code 32408	Amount of Each Disbursement this Period 250.00	
Purpose of Disbursement ADVERTISEMENT		Category/ Type 004	Transaction ID : B-2789	
Candidate Name		Memo Item MEMO: SUBVENDOR OF-KEITH GROSS		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <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 Page	FOR LINE NUMBER: (check only one)		PAGE 46 OF 130	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
KEITH GROSS FOR FLORIDA

Full Name (Last, First, Middle Initial) A. SA MARKETING			Date of Disbursement MM / DD / YYYY 03 / 01 / 2026	
Mailing Address 400 SYMPHONY CIR UNIT 550			FEC Identification Number C	
City HUNT VALLEY	State MD	Zip Code 21030	Amount of Each Disbursement this Period 1045.77	
Purpose of Disbursement ADVERTISEMENT		Category/ Type 004	Transaction ID : B-2790	
Candidate Name		Memo Item MEMO: SUBVENDOR OF-KEITH GROSS		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) B. GR TECHNOLOGY INC			Date of Disbursement MM / DD / YYYY 03 / 01 / 2026	
Mailing Address 2570 HALLECK LANE			FEC Identification Number C	
City TALLAHASSEE	State FL	Zip Code 32312	Amount of Each Disbursement this Period 12237.10	
Purpose of Disbursement TEXT ADVERTISEMENTS		Category/ Type 004	Transaction ID : B-2792	
Candidate Name		Memo Item MEMO: SUBVENDOR OF-KEITH GROSS		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) C. META PLATFORMS, INC.			Date of Disbursement MM / DD / YYYY 03 / 01 / 2026	
Mailing Address 1601 WILLOW ROAD			FEC Identification Number C	
City MENLO PARK	State CA	Zip Code 94025	Amount of Each Disbursement this Period 900.00	
Purpose of Disbursement DIGITAL ADVERTISING		Category/ Type 004	Transaction ID : B-2793	
Candidate Name		Memo Item MEMO: SUBVENDOR OF-KEITH GROSS		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <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 Page	FOR LINE NUMBER: (check only one)		PAGE 47 OF 130	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
KEITH GROSS FOR FLORIDA

Full Name (Last, First, Middle Initial) A. NEXTSTAR TV			Date of Disbursement M M / D D / Y Y Y Y 03 / 02 / 2026	
Mailing Address 545 EAST JOHN W CARPENTER FREEWAY SUITE 700			FEC Identification Number C	
City IRVING	State TX	Zip Code 75062	Amount of Each Disbursement this Period 5780.00	
Purpose of Disbursement TELEVISION ADVERTISEMENTS		Category/ Type 004	Transaction ID : B-2794	
Candidate Name		Memo Item MEMO: SUBVENDOR OF-KEITH GROSS		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) B. CYGNAL			Date of Disbursement M M / D D / Y Y Y Y 03 / 02 / 2026	
Mailing Address 4635 BOSTON LANE			FEC Identification Number C	
City AUSTIN	State TX	Zip Code 78735	Amount of Each Disbursement this Period 34100.00	
Purpose of Disbursement POLLING		Category/ Type 005	Transaction ID : B-2795	
Candidate Name		Memo Item MEMO: SUBVENDOR OF-KEITH GROSS		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) C. X (TWITTER)			Date of Disbursement M M / D D / Y Y Y Y 03 / 02 / 2026	
Mailing Address 1355 MARKET STREET STE 900			FEC Identification Number C	
City SAN FRANCISCO	State CA	Zip Code 94103	Amount of Each Disbursement this Period 456.15	
Purpose of Disbursement SOCIAL MEDIA ADVERTISING		Category/ Type 004	Transaction ID : B-2796	
Candidate Name		Memo Item MEMO: SUBVENDOR OF-KEITH GROSS		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <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 Page	FOR LINE NUMBER: (check only one)		PAGE 48 OF 130	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
KEITH GROSS FOR FLORIDA

Full Name (Last, First, Middle Initial) A. META PLATFORMS, INC.			Date of Disbursement M M / D D / Y Y Y Y 03 / 03 / 2026	
Mailing Address 1601 WILLOW ROAD			FEC Identification Number C	
City MENLO PARK	State CA	Zip Code 94025	Amount of Each Disbursement this Period 900.00	
Purpose of Disbursement DIGITAL ADVERTISING		Category/ Type 004	Transaction ID : B-2798	
Candidate Name		Memo Item MEMO: SUBVENDOR OF-KEITH GROSS		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) B. VISTA PRINT			Date of Disbursement M M / D D / Y Y Y Y 03 / 03 / 2026	
Mailing Address 275 WYMAN STREET			FEC Identification Number C	
City WALTHAM	State MA	Zip Code 02451	Amount of Each Disbursement this Period 148.78	
Purpose of Disbursement PRINTING		Category/ Type 006	Transaction ID : B-2799	
Candidate Name		Memo Item MEMO: SUBVENDOR OF-KEITH GROSS		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) C. SIGNS OTC			Date of Disbursement M M / D D / Y Y Y Y 03 / 04 / 2026	
Mailing Address 815 NORTH SHERMAN AVENUE ROOM 100			FEC Identification Number C	
City SPRINGFIELD	State MO	Zip Code 65802	Amount of Each Disbursement this Period 747.40	
Purpose of Disbursement BANNERS		Category/ Type 006	Transaction ID : B-2800	
Candidate Name		Memo Item MEMO: SUBVENDOR OF-KEITH GROSS		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <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 Page	FOR LINE NUMBER: (check only one)		PAGE 49 OF 130	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
KEITH GROSS FOR FLORIDA

Full Name (Last, First, Middle Initial) A. BRIGHT BEGINNINGS PC		Date of Disbursement M M / D D / Y Y Y Y 03 / 04 / 2026
Mailing Address 9 VILLAGE LOOP DRIVE		FEC Identification Number C
City GRAND CANYON VILLAGE	State AZ	Zip Code 86023
Purpose of Disbursement STAFF LODGING	Category/Type 002	
Candidate Name	Amount of Each Disbursement this Period 1865.00	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : B-2801
State: District:	<input checked="" type="checkbox"/> Memo Item MEMO: SUBVENDOR OF-KEITH GROSS	

Full Name (Last, First, Middle Initial) B. CONSTANT CONTACT		Date of Disbursement M M / D D / Y Y Y Y 03 / 04 / 2026
Mailing Address 890 WINTER STREET SUITE 300		FEC Identification Number C
City WALTHAM	State MA	Zip Code 02451
Purpose of Disbursement EMAIL HOSTING	Category/Type 001	
Candidate Name	Amount of Each Disbursement this Period 1206.50	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : B-2802
State: District:	<input checked="" type="checkbox"/> Memo Item MEMO: SUBVENDOR OF-KEITH GROSS	

Full Name (Last, First, Middle Initial) C. WALMART		Date of Disbursement M M / D D / Y Y Y Y 03 / 04 / 2026
Mailing Address 702 SOUTHWEST 8TH STREET		FEC Identification Number C
City BENTONVILLE	State AR	Zip Code 72712
Purpose of Disbursement EVENT SUPPLIES	Category/Type 001	
Candidate Name	Amount of Each Disbursement this Period 357.92	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : B-2803
State: District:	<input checked="" type="checkbox"/> Memo Item MEMO: SUBVENDOR OF-KEITH GROSS	

SUBTOTAL of Disbursements This Page (optional).....▶	0.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 50 OF 130	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
KEITH GROSS FOR FLORIDA

Full Name (Last, First, Middle Initial) A. META PLATFORMS, INC.			Date of Disbursement M M / D D / Y Y Y Y 03 / 04 / 2026	
Mailing Address 1601 WILLOW ROAD			FEC Identification Number C	
City MENLO PARK	State CA	Zip Code 94025	Amount of Each Disbursement this Period 900.00	
Purpose of Disbursement DIGITAL ADVERTISING		Category/ Type 004	Transaction ID : B-2804	
Candidate Name		Memo Item MEMO: SUBVENDOR OF-KEITH GROSS		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) B. FEDEX			Date of Disbursement M M / D D / Y Y Y Y 03 / 05 / 2026	
Mailing Address 942 S SHADY GROVE ROAD			FEC Identification Number C	
City MEMPHIS	State TN	Zip Code 38120	Amount of Each Disbursement this Period 28.88	
Purpose of Disbursement CUSTOM CAMPAIGN PRINTING		Category/ Type 001	Transaction ID : B-2805	
Candidate Name		Memo Item MEMO: SUBVENDOR OF-KEITH GROSS		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) C. TRIGO (ONE THIRTY ONE EVENTS)			Date of Disbursement M M / D D / Y Y Y Y 03 / 05 / 2026	
Mailing Address 131 HARRISON AVENUE			FEC Identification Number C	
City PANAMA CITY	State FL	Zip Code 32401	Amount of Each Disbursement this Period 3576.40	
Purpose of Disbursement LAUNCH PARTY		Category/ Type 007	Transaction ID : B-2808	
Candidate Name		Memo Item MEMO: SUBVENDOR OF-KEITH GROSS		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <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 Page	FOR LINE NUMBER: (check only one)		PAGE 51 OF 130	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
KEITH GROSS FOR FLORIDA

Full Name (Last, First, Middle Initial) A. THREE PART FILMS			Date of Disbursement M M / D D / Y Y Y Y 03 / 05 / 2026	
Mailing Address 319 RAVEN LANE			FEC Identification Number C	
City PANAMA CITY	State FL	Zip Code 32404	Amount of Each Disbursement this Period 1250.00	
Purpose of Disbursement PHOTOGRAPHY		Category/ Type 001	Transaction ID : B-2809	
Candidate Name		Memo Item MEMO: SUBVENDOR OF-KEITH GROSS		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) B. 5 BOYS APPAREL			Date of Disbursement M M / D D / Y Y Y Y 03 / 05 / 2026	
Mailing Address 113 JETPLEX CIRCLE			FEC Identification Number C	
City MADISON	State AL	Zip Code 35758	Amount of Each Disbursement this Period 421.60	
Purpose of Disbursement CUSTOM SHIRTS		Category/ Type 006	Transaction ID : B-2810	
Candidate Name		Memo Item MEMO: SUBVENDOR OF-KEITH GROSS		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) C. ACOUSTIC ENTERTAINMENT INC			Date of Disbursement M M / D D / Y Y Y Y 03 / 05 / 2026	
Mailing Address 3 EAST 28TH STREET 4TH FLOOR			FEC Identification Number C	
City NEW YORK	State NY	Zip Code 10016	Amount of Each Disbursement this Period 500.00	
Purpose of Disbursement MUSIC FOR CAMPAIGN EVENT		Category/ Type 007	Transaction ID : B-2811	
Candidate Name		Memo Item MEMO: SUBVENDOR OF-KEITH GROSS		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <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 Page	FOR LINE NUMBER: (check only one)		PAGE 52 OF 130	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
KEITH GROSS FOR FLORIDA

Full Name (Last, First, Middle Initial) A. X (TWITTER)		Date of Disbursement M M / D D / Y Y Y Y 03 / 06 / 2026
Mailing Address 1355 MARKET STREET STE 900		FEC Identification Number C
City SAN FRANCISCO	State CA	Zip Code 94103
Purpose of Disbursement SOCIAL MEDIA ADVERTISING		004
Candidate Name		Amount of Each Disbursement this Period 1050.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : B-2812 <input checked="" type="checkbox"/> Memo Item MEMO: SUBVENDOR OF-KEITH GROSS
State: District:		

Full Name (Last, First, Middle Initial) B. META PLATFORMS, INC.		Date of Disbursement M M / D D / Y Y Y Y 03 / 07 / 2026
Mailing Address 1601 WILLOW ROAD		FEC Identification Number C
City MENLO PARK	State CA	Zip Code 94025
Purpose of Disbursement DIGITAL ADVERTISING		004
Candidate Name		Amount of Each Disbursement this Period 900.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : B-2813 <input checked="" type="checkbox"/> Memo Item MEMO: SUBVENDOR OF-KEITH GROSS
State: District:		

Full Name (Last, First, Middle Initial) C. SA MARKETING		Date of Disbursement M M / D D / Y Y Y Y 03 / 08 / 2026
Mailing Address 400 SYMPHONY CIR UNIT 550		FEC Identification Number C
City HUNT VALLEY	State MD	Zip Code 21030
Purpose of Disbursement ADVERTISEMENT		004
Candidate Name		Amount of Each Disbursement this Period 1433.41
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : B-2814 <input checked="" type="checkbox"/> Memo Item MEMO: SUBVENDOR OF-KEITH GROSS
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 Page	FOR LINE NUMBER: (check only one)		PAGE 53 OF 130	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
KEITH GROSS FOR FLORIDA

Full Name (Last, First, Middle Initial) A. LAMAR ADVERTISING		Date of Disbursement M M / D D / Y Y Y Y 03 / 09 / 2026
Mailing Address 5321 CORPORATE BOULEVARD		FEC Identification Number C
City BATON ROUGE	State LA	Zip Code 70808
Purpose of Disbursement BILLBOARDS	Category/ Type 004	
Candidate Name	Amount of Each Disbursement this Period 5436.34	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : B-2816
State: District:	<input checked="" type="checkbox"/> Memo Item MEMO: SUBVENDOR OF-KEITH GROSS	

Full Name (Last, First, Middle Initial) B. AMAZON		Date of Disbursement M M / D D / Y Y Y Y 03 / 10 / 2026
Mailing Address 410 TERRY AVENUE NORTH		FEC Identification Number C
City SEATTLE	State WA	Zip Code 98109
Purpose of Disbursement OFFICE SUPPLIES	Category/ Type 001	
Candidate Name	Amount of Each Disbursement this Period 68.74	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : B-2818
State: District:	<input checked="" type="checkbox"/> Memo Item MEMO: SUBVENDOR OF-KEITH GROSS	

Full Name (Last, First, Middle Initial) C. AMAZON		Date of Disbursement M M / D D / Y Y Y Y 03 / 10 / 2026
Mailing Address 410 TERRY AVENUE NORTH		FEC Identification Number C
City SEATTLE	State WA	Zip Code 98109
Purpose of Disbursement PRINTING SERVICES	Category/ Type 001	
Candidate Name	Amount of Each Disbursement this Period 36.22	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : B-2819
State: District:	<input checked="" type="checkbox"/> Memo Item MEMO: SUBVENDOR OF-KEITH GROSS	

SUBTOTAL of Disbursements This Page (optional).....▶	0.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 54 OF 130	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
KEITH GROSS FOR FLORIDA

Full Name (Last, First, Middle Initial) A. AMAZON		Date of Disbursement M M / D D / Y Y Y Y 03 / 10 / 2026
Mailing Address 410 TERRY AVENUE NORTH		FEC Identification Number C
City SEATTLE	State WA	Zip Code 98109
Purpose of Disbursement TABLES	Category/Type 006	
Candidate Name	Amount of Each Disbursement this Period 257.96	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : B-2821
State: District:	<input checked="" type="checkbox"/> Memo Item MEMO: SUBVENDOR OF-KEITH GROSS	

Full Name (Last, First, Middle Initial) B. META PLATFORMS, INC.		Date of Disbursement M M / D D / Y Y Y Y 03 / 10 / 2026
Mailing Address 1601 WILLOW ROAD		FEC Identification Number C
City MENLO PARK	State CA	Zip Code 94025
Purpose of Disbursement DIGITAL ADVERTISING	Category/Type 004	
Candidate Name	Amount of Each Disbursement this Period 900.00	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : B-2822
State: District:	<input checked="" type="checkbox"/> Memo Item MEMO: SUBVENDOR OF-KEITH GROSS	

Full Name (Last, First, Middle Initial) C. META PLATFORMS, INC.		Date of Disbursement M M / D D / Y Y Y Y 03 / 11 / 2026
Mailing Address 1601 WILLOW ROAD		FEC Identification Number C
City MENLO PARK	State CA	Zip Code 94025
Purpose of Disbursement DIGITAL ADVERTISING	Category/Type 004	
Candidate Name	Amount of Each Disbursement this Period 900.00	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : B-2824
State: District:	<input checked="" type="checkbox"/> Memo Item MEMO: SUBVENDOR OF-KEITH GROSS	

SUBTOTAL of Disbursements This Page (optional).....▶	0.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 55 OF 130	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
KEITH GROSS FOR FLORIDA

Full Name (Last, First, Middle Initial) A. META PLATFORMS, INC.		Date of Disbursement M M / D D / Y Y Y Y 03 / 13 / 2026
Mailing Address 1601 WILLOW ROAD		FEC Identification Number C
City MENLO PARK	State CA	Zip Code 94025
Purpose of Disbursement DIGITAL ADVERTISING	Category/ Type 004	
Candidate Name	Amount of Each Disbursement this Period 900.00	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : B-2825 <input checked="" type="checkbox"/> Memo Item MEMO: SUBVENDOR OF-KEITH GROSS
State: District:		

Full Name (Last, First, Middle Initial) B. ACCEL ADVERTISING		Date of Disbursement M M / D D / Y Y Y Y 03 / 15 / 2026
Mailing Address 1521 ALTON ROAD #144		FEC Identification Number C
City MIAMI BEACH	State FL	Zip Code 33139
Purpose of Disbursement BILLBOARDS	Category/ Type 004	
Candidate Name	Amount of Each Disbursement this Period 9050.00	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : B-2827 <input checked="" type="checkbox"/> Memo Item MEMO: SUBVENDOR OF-KEITH GROSS
State: District:		

Full Name (Last, First, Middle Initial) C. SA MARKETING		Date of Disbursement M M / D D / Y Y Y Y 03 / 15 / 2026
Mailing Address 400 SYMPHONY CIR UNIT 550		FEC Identification Number C
City HUNT VALLEY	State MD	Zip Code 21030
Purpose of Disbursement ADVERTISEMENT	Category/ Type 004	
Candidate Name	Amount of Each Disbursement this Period 5851.51	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : B-2828 <input checked="" type="checkbox"/> Memo Item MEMO: SUBVENDOR OF-KEITH GROSS
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 Page	FOR LINE NUMBER: (check only one)		PAGE 56 OF 130	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
KEITH GROSS FOR FLORIDA

Full Name (Last, First, Middle Initial) A. RIGHT STRATEGIES, LLC			Date of Disbursement M M / D D / Y Y Y Y 03 / 15 / 2026	
Mailing Address 616 17TH STREET SOUTHEAST			FEC Identification Number C	
City ALTOONA	State IA	Zip Code 50009	Amount of Each Disbursement this Period 32529.67	
Purpose of Disbursement DIRECT MAIL ADVERTISING		Category/ Type 004	Transaction ID : B-2829	
Candidate Name		Memo Item MEMO: SUBVENDOR OF-KEITH GROSS		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) B. META PLATFORMS, INC.			Date of Disbursement M M / D D / Y Y Y Y 03 / 15 / 2026	
Mailing Address 1601 WILLOW ROAD			FEC Identification Number C	
City MENLO PARK	State CA	Zip Code 94025	Amount of Each Disbursement this Period 900.00	
Purpose of Disbursement DIGITAL ADVERTISING		Category/ Type 004	Transaction ID : B-2830	
Candidate Name		Memo Item MEMO: SUBVENDOR OF-KEITH GROSS		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) C. LAMAR ADVERTISING			Date of Disbursement M M / D D / Y Y Y Y 03 / 16 / 2026	
Mailing Address 5321 CORPORATE BOULEVARD			FEC Identification Number C	
City BATON ROUGE	State LA	Zip Code 70808	Amount of Each Disbursement this Period 9921.47	
Purpose of Disbursement ADVERTISEMENT		Category/ Type 004	Transaction ID : B-2831	
Candidate Name		Memo Item MEMO: SUBVENDOR OF-KEITH GROSS		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <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 Page	FOR LINE NUMBER: (check only one)		PAGE 57 OF 130	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
KEITH GROSS FOR FLORIDA

Full Name (Last, First, Middle Initial) A. VISTA PRINT			Date of Disbursement MM / DD / YYYY 03 / 16 / 2026	
Mailing Address 275 WYMAN STREET			FEC Identification Number C	
City WALTHAM	State MA	Zip Code 02451	Amount of Each Disbursement this Period 237.04	
Purpose of Disbursement APPARELL		Category/Type 006	Transaction ID : B-2832	
Candidate Name		Memo Item MEMO: SUBVENDOR OF-KEITH GROSS		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) B. FASTSIGNS			Date of Disbursement MM / DD / YYYY 03 / 16 / 2026	
Mailing Address 2542 HIGHLANDER WAY			FEC Identification Number C	
City CARROLLTON	State TX	Zip Code 75006	Amount of Each Disbursement this Period 367.24	
Purpose of Disbursement CAMPAIGN SIGNS		Category/Type 006	Transaction ID : B-2833	
Candidate Name		Memo Item MEMO: SUBVENDOR OF-KEITH GROSS		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) C. SIGNS OTC			Date of Disbursement MM / DD / YYYY 03 / 23 / 2026	
Mailing Address 815 NORTH SHERMAN AVENUE ROOM 100			FEC Identification Number C	
City SPRINGFIELD	State MO	Zip Code 65802	Amount of Each Disbursement this Period 5662.44	
Purpose of Disbursement SIGNS, RACK CARDS & DOOR HANGERS		Category/Type 006	Transaction ID : B-2836	
Candidate Name		Memo Item MEMO: SUBVENDOR OF-KEITH GROSS		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <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 Page	FOR LINE NUMBER: (check only one)		PAGE 58 OF 130	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
KEITH GROSS FOR FLORIDA

Full Name (Last, First, Middle Initial)		Date of Disbursement
A. FEDEX		M M / D D / Y Y Y Y 03 / 23 / 2026
Mailing Address 942 S SHADY GROVE ROAD		FEC Identification Number
City MEMPHIS	State TN	Zip Code 38120
Purpose of Disbursement PRINTING	Category/Type 001	
Candidate Name	Amount of Each Disbursement this Period	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026	
State: District:	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Full Name (Last, First, Middle Initial)		Transaction ID : B-2837
B. FEDEX		<input checked="" type="checkbox"/> Memo Item MEMO: SUBVENDOR OF-KEITH GROSS

Full Name (Last, First, Middle Initial)		Date of Disbursement
B. FEDEX		M M / D D / Y Y Y Y 03 / 23 / 2026
Mailing Address 942 S SHADY GROVE ROAD		FEC Identification Number
City MEMPHIS	State TN	Zip Code 38120
Purpose of Disbursement PRINTING	Category/Type 001	
Candidate Name	Amount of Each Disbursement this Period	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026	
State: District:	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Full Name (Last, First, Middle Initial)		Transaction ID : B-2838
C. E- Z UP, INC		<input checked="" type="checkbox"/> Memo Item MEMO: SUBVENDOR OF-KEITH GROSS

Full Name (Last, First, Middle Initial)		Date of Disbursement
C. E- Z UP, INC		M M / D D / Y Y Y Y 03 / 23 / 2026
Mailing Address 1900 2ND STREET		FEC Identification Number
City NORCO	State CA	Zip Code 92860
Purpose of Disbursement BANNER & TENT	Category/Type 006	
Candidate Name	Amount of Each Disbursement this Period	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026	
State: District:	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Full Name (Last, First, Middle Initial)		Transaction ID : B-2840
SUBTOTAL of Disbursements This Page (optional).....		<input checked="" type="checkbox"/> Memo Item MEMO: SUBVENDOR OF-KEITH GROSS

SUBTOTAL of Disbursements This Page (optional).....		0.00
TOTAL This Period (last page this line number only).....		

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 59 OF 130	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
KEITH GROSS FOR FLORIDA

Full Name (Last, First, Middle Initial) A. IHEART MEDIA		Date of Disbursement M M / D D / Y Y Y Y 03 / 24 / 2026
Mailing Address 20880 STONE OAK PARKWAY		FEC Identification Number C
City SAN ANTONIO	State TX	Zip Code 78258
Purpose of Disbursement RADIO ADVERTISEMENTS	Category/ Type 004	
Candidate Name	Amount of Each Disbursement this Period 5921.87	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : B-2841
State: District:	<input checked="" type="checkbox"/> Memo Item MEMO: SUBVENDOR OF-KEITH GROSS	

Full Name (Last, First, Middle Initial) B. HILTON GARDEN INN		Date of Disbursement M M / D D / Y Y Y Y 03 / 25 / 2026
Mailing Address 930 JONES BRANCH DRIVE		FEC Identification Number C
City TYSONS	State VA	Zip Code 22102
Purpose of Disbursement LODGING	Category/ Type 002	
Candidate Name	Amount of Each Disbursement this Period 597.00	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : B-2842
State: District:	<input checked="" type="checkbox"/> Memo Item MEMO: SUBVENDOR OF-KEITH GROSS	

Full Name (Last, First, Middle Initial) C. WASHINGTON CHAMBER OF COMMERCE		Date of Disbursement M M / D D / Y Y Y Y 03 / 25 / 2026
Mailing Address 205 WEST MAIN STREET		FEC Identification Number C
City WASHINGTON	State IA	Zip Code 52353
Purpose of Disbursement ADVERTISEMENT	Category/ Type 004	
Candidate Name	Amount of Each Disbursement this Period 2500.00	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : B-2843
State: District:	<input checked="" type="checkbox"/> Memo Item MEMO: SUBVENDOR OF-KEITH GROSS	

SUBTOTAL of Disbursements This Page (optional).....▶	0.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 60 OF 130	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
KEITH GROSS FOR FLORIDA

Full Name (Last, First, Middle Initial) A. COMCAST		Date of Disbursement M M / D D / Y Y Y Y 03 / 25 / 2026
Mailing Address ONE COMCAST CENTER 1701 JOHN F. KENNEDY BLVD		FEC Identification Number C
City PHILADELPHIA	State PA	Zip Code 19103
Purpose of Disbursement TELEVISION ADVERTISING		004
Candidate Name		Amount of Each Disbursement this Period 30038.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : B-2844
State: District:		<input checked="" type="checkbox"/> Memo Item MEMO: SUBVENDOR OF-KEITH GROSS

Full Name (Last, First, Middle Initial) B. SA MARKETING		Date of Disbursement M M / D D / Y Y Y Y 03 / 26 / 2026
Mailing Address 400 SYMPHONY CIR UNIT 550		FEC Identification Number C
City HUNT VALLEY	State MD	Zip Code 21030
Purpose of Disbursement ADVERTISEMENT		004
Candidate Name		Amount of Each Disbursement this Period 6185.26
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : B-2845
State: District:		<input checked="" type="checkbox"/> Memo Item MEMO: SUBVENDOR OF-KEITH GROSS

Full Name (Last, First, Middle Initial) C. I360		Date of Disbursement M M / D D / Y Y Y Y 03 / 26 / 2026
Mailing Address 2300 CLARENDON BOULEVARD		FEC Identification Number C
City ARLINGTON	State VA	Zip Code 22201
Purpose of Disbursement DATA ACCESS AND MESSAGING		001
Candidate Name		Amount of Each Disbursement this Period 2750.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : B-2846
State: District:		<input checked="" type="checkbox"/> Memo Item MEMO: SUBVENDOR OF-KEITH GROSS

SUBTOTAL of Disbursements This Page (optional).....▶	0.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 61 OF 130	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
KEITH GROSS FOR FLORIDA

A. SIGNS OTC

Full Name (Last, First, Middle Initial)

Mailing Address 815 NORTH SHERMAN AVENUE
ROOM 100

City SPRINGFIELD State MO Zip Code 65802

Purpose of Disbursement DOOR HANGERS Category/Type 006

Candidate Name

Office Sought: House Senate President Disbursement For: 2026
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement: 03 / 25 / 2026

FEC Identification Number: C

Amount of Each Disbursement this Period: 139.10

Transaction ID : B-2847

Memo Item MEMO: SUBVENDOR OF-KEITH GROSS

B. GRAY MEDIA

Full Name (Last, First, Middle Initial)

Mailing Address 4370 PEACHTREE ROAD NORTHEAST
SUITE 400

City ATLANTA State GA Zip Code 30319

Purpose of Disbursement ADVERTISING Category/Type 004

Candidate Name

Office Sought: House Senate President Disbursement For: 2026
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement: 03 / 24 / 2026

FEC Identification Number: C

Amount of Each Disbursement this Period: 31750.00

Transaction ID : B-2849

Memo Item MEMO: SUBVENDOR OF-KEITH GROSS

C. KATZ TELEVISION GROUP

Full Name (Last, First, Middle Initial)

Mailing Address 125 WEST 55TH STREET

City NEW YORK State NY Zip Code 10019

Purpose of Disbursement TELEVISION ADVERTISING Category/Type 004

Candidate Name

Office Sought: House Senate President Disbursement For: 2026
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement: 03 / 24 / 2026

FEC Identification Number: C

Amount of Each Disbursement this Period: 5840.00

Transaction ID : B-2851

Memo Item MEMO: SUBVENDOR OF-KEITH GROSS

SUBTOTAL of Disbursements This Page (optional).....▶ 0.00

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 62 OF 130	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
KEITH GROSS FOR FLORIDA

Full Name (Last, First, Middle Initial) A. KATZ TELEVISION GROUP			Date of Disbursement M M / D D / Y Y Y Y 03 / 24 / 2026	
Mailing Address 125 WEST 55TH STREET			FEC Identification Number C	
City NEW YORK	State NY	Zip Code 10019	Amount of Each Disbursement this Period 5120.00	
Purpose of Disbursement TELEVISION ADVERTISING		Category/ Type 004	Transaction ID : B-2852	
Candidate Name		Memo Item MEMO: SUBVENDOR OF-KEITH GROSS		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) B. GRAY MEDIA			Date of Disbursement M M / D D / Y Y Y Y 03 / 24 / 2026	
Mailing Address 4370 PEACHTREE ROAD NORTHEAST SUITE 400			FEC Identification Number C	
City ATLANTA	State GA	Zip Code 30319	Amount of Each Disbursement this Period 29480.00	
Purpose of Disbursement ADVERTISING		Category/ Type 004	Transaction ID : B-2853	
Candidate Name		Memo Item MEMO: SUBVENDOR OF-KEITH GROSS		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) C. NEXTSTAR TV			Date of Disbursement M M / D D / Y Y Y Y 03 / 25 / 2026	
Mailing Address 545 EAST JOHN W CARPENTER FREEWAY SUITE 700			FEC Identification Number C	
City IRVING	State TX	Zip Code 75062	Amount of Each Disbursement this Period 11550.00	
Purpose of Disbursement TELEVISION ADVERTISEMENTS		Category/ Type 004	Transaction ID : B-2854	
Candidate Name		Memo Item MEMO: SUBVENDOR OF-KEITH GROSS		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <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 Page	FOR LINE NUMBER: (check only one)		PAGE 63 OF 130	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
KEITH GROSS FOR FLORIDA

Full Name (Last, First, Middle Initial) A. NEXTSTAR TV			Date of Disbursement MM / DD / YYYY 03 / 25 / 2026	
Mailing Address 545 EAST JOHN W CARPENTER FREEWAY SUITE 700			FEC Identification Number C	
City IRVING	State TX	Zip Code 75062	Amount of Each Disbursement this Period 12400.00	
Purpose of Disbursement TELEVISION ADVERTISEMENTS		Category/ Type 004	Transaction ID : B-2855	
Candidate Name		Memo Item <input checked="" type="checkbox"/> MEMO: SUBVENDOR OF-KEITH GROSS		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) B. META PLATFORMS, INC.			Date of Disbursement MM / DD / YYYY 03 / 05 / 2026	
Mailing Address 1601 WILLOW ROAD			FEC Identification Number C	
City MENLO PARK	State CA	Zip Code 94025	Amount of Each Disbursement this Period 900.00	
Purpose of Disbursement DIGITAL ADVERTISING		Category/ Type 004	Transaction ID : B-2856	
Candidate Name		Memo Item <input checked="" type="checkbox"/> MEMO: SUBVENDOR OF-KEITH GROSS		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) C. GROSS, KEITH, , ,			Date of Disbursement MM / DD / YYYY 03 / 31 / 2026	
Mailing Address 4408 DELWOOD LANE STE 14			FEC Identification Number C	
City PANAMA CITY BEACH	State FL	Zip Code 32408	Amount of Each Disbursement this Period 12433.33	
Purpose of Disbursement CANDIDATE PAID EXPENSES		Category/ Type 001	Transaction ID : B-2902	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

SUBTOTAL of Disbursements This Page (optional).....▶	12433.33
TOTAL This Period (last page this line number only).....▶	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 64 OF 130	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
KEITH GROSS FOR FLORIDA

Full Name (Last, First, Middle Initial) A. SA MARKETING		Date of Disbursement M M / D D / Y Y Y Y 03 / 31 / 2026
Mailing Address 400 SYMPHONY CIR UNIT 550		FEC Identification Number C
City HUNT VALLEY	State MD	Zip Code 21030
Purpose of Disbursement TV ADVERTISING	Category/Type 004	
Candidate Name	Amount of Each Disbursement this Period 5633.33	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : B-2903
State: District:	<input checked="" type="checkbox"/> Memo Item MEMO: SUBVENDOR OF-KEITH GROSS	

Full Name (Last, First, Middle Initial) B. META PLATFORMS, INC.		Date of Disbursement M M / D D / Y Y Y Y 03 / 17 / 2026
Mailing Address 1601 WILLOW ROAD		FEC Identification Number C
City MENLO PARK	State CA	Zip Code 94025
Purpose of Disbursement DIGITAL ADVERTISING	Category/Type 004	
Candidate Name	Amount of Each Disbursement this Period 900.00	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : B-2904
State: District:	<input checked="" type="checkbox"/> Memo Item MEMO: SUBVENDOR OF-KEITH GROSS	

Full Name (Last, First, Middle Initial) C. META PLATFORMS, INC.		Date of Disbursement M M / D D / Y Y Y Y 03 / 24 / 2026
Mailing Address 1601 WILLOW ROAD		FEC Identification Number C
City MENLO PARK	State CA	Zip Code 94025
Purpose of Disbursement DIGITAL ADVERTISING	Category/Type 004	
Candidate Name	Amount of Each Disbursement this Period 900.00	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : B-2905
State: District:	<input checked="" type="checkbox"/> Memo Item MEMO: SUBVENDOR OF-KEITH GROSS	

SUBTOTAL of Disbursements This Page (optional).....▶	0.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 65 OF 130	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
KEITH GROSS FOR FLORIDA

Full Name (Last, First, Middle Initial) A. META PLATFORMS, INC.		Date of Disbursement M M / D D / Y Y Y Y 03 / 27 / 2026
Mailing Address 1601 WILLOW ROAD		FEC Identification Number C
City MENLO PARK	State CA	Zip Code 94025
Purpose of Disbursement DIGITAL ADVERTISING	Category/ Type 004	
Candidate Name	Amount of Each Disbursement this Period 900.00	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : B-2906
State: District:	<input checked="" type="checkbox"/> Memo Item MEMO: SUBVENDOR OF-KEITH GROSS	

Full Name (Last, First, Middle Initial) B. META PLATFORMS, INC.		Date of Disbursement M M / D D / Y Y Y Y 03 / 28 / 2026
Mailing Address 1601 WILLOW ROAD		FEC Identification Number C
City MENLO PARK	State CA	Zip Code 94025
Purpose of Disbursement DIGITAL ADVERTISING	Category/ Type 004	
Candidate Name	Amount of Each Disbursement this Period 900.00	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : B-2907
State: District:	<input checked="" type="checkbox"/> Memo Item MEMO: SUBVENDOR OF-KEITH GROSS	

Full Name (Last, First, Middle Initial) C. CRUZ, R, , ,		Date of Disbursement M M / D D / Y Y Y Y 03 / 26 / 2026
Mailing Address 4305 BAY POINT ROAD UNIT 454		FEC Identification Number C
City PANAMA CITY BEACH	State FL	Zip Code 32408
Purpose of Disbursement RENTAL FOR STAFF LODGING	Category/ Type 002	
Candidate Name	Amount of Each Disbursement this Period 3200.00	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : B-2908
State: District:	<input checked="" type="checkbox"/> Memo Item MEMO: SUBVENDOR OF-KEITH GROSS	

SUBTOTAL of Disbursements This Page (optional).....▶	0.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 66 OF 130	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
KEITH GROSS FOR FLORIDA

Full Name (Last, First, Middle Initial)

A. INTEGRATED SOLUTIONS: POLITICAL

Mailing Address 4142 ADAMS AVENUE
SUITE 103-550

City SAN DIEGO State CA Zip Code 92116

Purpose of Disbursement SOFTWARE SUBSCRIPTION Category/Type 001

Candidate Name

Office Sought: House Senate President Disbursement For: 2026 Primary General Other (specify) ▼

State: District:

Date of Disbursement M M / D D / Y Y Y Y
01 / 05 / 2026

FEC Identification Number C

Amount of Each Disbursement this Period 100.00

Transaction ID : B-2579

Memo Item

Full Name (Last, First, Middle Initial)

B. INTEGRATED SOLUTIONS: POLITICAL

Mailing Address 4142 ADAMS AVENUE
SUITE 103-550

City SAN DIEGO State CA Zip Code 92116

Purpose of Disbursement SOFTWARE SUBSCRIPTION Category/Type 001

Candidate Name

Office Sought: House Senate President Disbursement For: 2026 Primary General Other (specify) ▼

State: District:

Date of Disbursement M M / D D / Y Y Y Y
02 / 05 / 2026

FEC Identification Number C

Amount of Each Disbursement this Period 100.00

Transaction ID : B-2634

Memo Item

Full Name (Last, First, Middle Initial)

C. INTEGRATED SOLUTIONS: POLITICAL

Mailing Address 4142 ADAMS AVENUE
SUITE 103-550

City SAN DIEGO State CA Zip Code 92116

Purpose of Disbursement SOFTWARE SUBSCRIPTION Category/Type 001

Candidate Name

Office Sought: House Senate President Disbursement For: 2026 Primary General Other (specify) ▼

State: District:

Date of Disbursement M M / D D / Y Y Y Y
03 / 05 / 2026

FEC Identification Number C

Amount of Each Disbursement this Period 100.00

Transaction ID : B-2638

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶ 300.00

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

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 67 OF 130			
	<input checked="" type="checkbox"/> 17 <input type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21	

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NAME OF COMMITTEE (In Full)
KEITH GROSS FOR FLORIDA

Full Name (Last, First, Middle Initial) A. KELLY, NICOLE, , ,			Date of Disbursement M M / D D / Y Y Y Y 03 / 11 / 2026		
Mailing Address 8720 SPRING SHORE TRAIL			FEC Identification Number C		
City TALLAHASSEE	State FL	Zip Code 32312	Amount of Each Disbursement this Period 1940.00		
Purpose of Disbursement FIELD TEAM SALARY		Category/ Type 001	Transaction ID : B-2656		
Candidate Name		Memo Item <input type="checkbox"/>			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) B. KELLY, NICOLE, , ,			Date of Disbursement M M / D D / Y Y Y Y 03 / 17 / 2026		
Mailing Address 8720 SPRING SHORE TRAIL			FEC Identification Number C		
City TALLAHASSEE	State FL	Zip Code 32312	Amount of Each Disbursement this Period 1270.00		
Purpose of Disbursement FIELD TEAM SALARY		Category/ Type 001	Transaction ID : B-2664		
Candidate Name		Memo Item <input type="checkbox"/>			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) C. KELLY, NICOLE, , ,			Date of Disbursement M M / D D / Y Y Y Y 03 / 17 / 2026		
Mailing Address 8720 SPRING SHORE TRAIL			FEC Identification Number C		
City TALLAHASSEE	State FL	Zip Code 32312	Amount of Each Disbursement this Period 860.00		
Purpose of Disbursement FIELD TEAM SALARY		Category/ Type 001	Transaction ID : B-2676		
Candidate Name		Memo Item <input type="checkbox"/>			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

SUBTOTAL of Disbursements This Page (optional).....▶	4070.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 68 OF 130			
	<input checked="" type="checkbox"/> 17 <input type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21	

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NAME OF COMMITTEE (In Full)
KEITH GROSS FOR FLORIDA

Full Name (Last, First, Middle Initial) A. KUCHKIN, TIMOTHY, , ,			Date of Disbursement M M / D D / Y Y Y Y 03 / 17 / 2026		
Mailing Address 510 WEST VIRGINIA STREET			FEC Identification Number C		
City TALLAHASSEE	State FL	Zip Code 32301	Amount of Each Disbursement this Period 399.00		
Purpose of Disbursement FIELD TEAM SALARY		Category/ Type 001	Transaction ID : B-2667		
Candidate Name		Memo Item <input type="checkbox"/>			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) B. KUCHKIN, TIMOTHY, , ,			Date of Disbursement M M / D D / Y Y Y Y 03 / 17 / 2026		
Mailing Address 510 WEST VIRGINIA STREET			FEC Identification Number C		
City TALLAHASSEE	State FL	Zip Code 32301	Amount of Each Disbursement this Period 112.00		
Purpose of Disbursement FIELD TEAM SALARY		Category/ Type 001	Transaction ID : B-2681		
Candidate Name		Memo Item <input type="checkbox"/>			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) C. LEVIN, JANA, , ,			Date of Disbursement M M / D D / Y Y Y Y 03 / 17 / 2026		
Mailing Address 901 MOSLEY STREET #426			FEC Identification Number C		
City TALLAHASSEE	State FL	Zip Code 32310	Amount of Each Disbursement this Period 413.00		
Purpose of Disbursement FIELD TEAM SALARY		Category/ Type 001	Transaction ID : B-2666		
Candidate Name		Memo Item <input type="checkbox"/>			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

SUBTOTAL of Disbursements This Page (optional).....▶	924.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 69 OF 130	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
KEITH GROSS FOR FLORIDA

Full Name (Last, First, Middle Initial) A. LEVIN, JANA, , ,		Date of Disbursement M M / D D / Y Y Y Y 03 / 17 / 2026
Mailing Address 901 MOSLEY STREET #426		FEC Identification Number C
City TALLAHASSEE	State FL	Zip Code 32310
Purpose of Disbursement FIELD TEAM SALARY	Category/Type 001	
Candidate Name	Amount of Each Disbursement this Period 112.00	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : B-2682 <input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) B. MCKINNEY, OLIVER, , ,		Date of Disbursement M M / D D / Y Y Y Y 03 / 18 / 2026
Mailing Address 250 COYOTE RD		FEC Identification Number C
City DEFUNIAK SPRINGS	State FL	Zip Code 32433
Purpose of Disbursement FIELD TEAM SALARY	Category/Type 001	
Candidate Name	Amount of Each Disbursement this Period 90.30	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : B-2686 <input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) C. MCKINNEY, OLIVER, , ,		Date of Disbursement M M / D D / Y Y Y Y 03 / 18 / 2026
Mailing Address 250 COYOTE RD		FEC Identification Number C
City DEFUNIAK SPRINGS	State FL	Zip Code 32433
Purpose of Disbursement FIELD TEAM SALARY	Category/Type 001	
Candidate Name	Amount of Each Disbursement this Period 164.50	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : B-2687 <input type="checkbox"/> Memo Item
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	366.80
TOTAL This Period (last page this line number only).....▶	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 70 OF 130	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
KEITH GROSS FOR FLORIDA

Full Name (Last, First, Middle Initial) A. NIEMEYER, TESSA, , ,			Date of Disbursement M M / D D / Y Y Y Y 03 / 11 / 2026	
Mailing Address 640 H AVENUE			FEC Identification Number C	
City CORONADO	State CA	Zip Code 92118	Amount of Each Disbursement this Period 52.50	
Purpose of Disbursement FIELD TEAM SALARY		Category/ Type 001	Transaction ID : B-2660	
Candidate Name		<input type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) B. NIEMEYER, TESSA, , ,			Date of Disbursement M M / D D / Y Y Y Y 03 / 17 / 2026	
Mailing Address 640 H AVENUE			FEC Identification Number C	
City CORONADO	State CA	Zip Code 92118	Amount of Each Disbursement this Period 147.00	
Purpose of Disbursement FIELD TEAM SALARY		Category/ Type 001	Transaction ID : B-2670	
Candidate Name		<input type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) C. NIEMEYER, TESSA, , ,			Date of Disbursement M M / D D / Y Y Y Y 03 / 17 / 2026	
Mailing Address 640 H AVENUE			FEC Identification Number C	
City CORONADO	State CA	Zip Code 92118	Amount of Each Disbursement this Period 197.12	
Purpose of Disbursement FIELD TEAM SALARY		Category/ Type 001	Transaction ID : B-2679	
Candidate Name		<input type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

SUBTOTAL of Disbursements This Page (optional).....▶	396.62
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 Page	FOR LINE NUMBER: (check only one)		PAGE 71 OF 130	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
KEITH GROSS FOR FLORIDA

Full Name (Last, First, Middle Initial) A. POSTAGE FOR DIRECT MAIL FUNDRAISING LLC		Date of Disbursement M M / D D / Y Y Y Y 03 / 09 / 2026
Mailing Address 20130 LAKEVIEW CENTER PLAZA SUITE 300		FEC Identification Number C
City ASHBURN	State VA	Zip Code 20147
Purpose of Disbursement POSTAGE- MAIL PROGRAM		Category/Type 003
Candidate Name		Amount of Each Disbursement this Period 8600.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : B-2645
State: District:		<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) B. RITCHIE, LUKE, , ,		Date of Disbursement M M / D D / Y Y Y Y 03 / 11 / 2026
Mailing Address 391 PRINCE STREET		FEC Identification Number C
City TALLAHASSEE	State FL	Zip Code 32304
Purpose of Disbursement FIELD TEAM SALARY		Category/Type 001
Candidate Name		Amount of Each Disbursement this Period 35.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : B-2658
State: District:		<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) C. RITCHIE, LUKE, , ,		Date of Disbursement M M / D D / Y Y Y Y 03 / 17 / 2026
Mailing Address 391 PRINCE STREET		FEC Identification Number C
City TALLAHASSEE	State FL	Zip Code 32304
Purpose of Disbursement FIELD TEAM SALARY		Category/Type 001
Candidate Name		Amount of Each Disbursement this Period 315.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : B-2669
State: District:		<input type="checkbox"/> Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	8950.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 72 OF 130	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
KEITH GROSS FOR FLORIDA

Full Name (Last, First, Middle Initial)

A. TABULARIUS COMPLIANCE

Mailing Address 126 C STREET NW
THIRD FLOOR

City WASHINGTON State DC Zip Code 20001

Purpose of Disbursement COMPLIANCE AND ETHICS CONSULTING - REGULATORY REPORTING Category/Type

Candidate Name

Office Sought: House Senate President Disbursement For: 2026 Primary General Other (specify) ▼

State: District:

Date of Disbursement M M / D D / Y Y Y Y
01 / 02 / 2026

FEC Identification Number

Amount of Each Disbursement this Period

Transaction ID : B-2578

Memo Item

Full Name (Last, First, Middle Initial)

B. TABULARIUS COMPLIANCE

Mailing Address 126 C STREET NW
THIRD FLOOR

City WASHINGTON State DC Zip Code 20001

Purpose of Disbursement COMPLIANCE AND ETHICS CONSULTING - REGULATORY REPORTING Category/Type

Candidate Name

Office Sought: House Senate President Disbursement For: 2026 Primary General Other (specify) ▼

State: District:

Date of Disbursement M M / D D / Y Y Y Y
02 / 02 / 2026

FEC Identification Number

Amount of Each Disbursement this Period

Transaction ID : B-2633

Memo Item

Full Name (Last, First, Middle Initial)

C. TABULARIUS COMPLIANCE

Mailing Address 126 C STREET NW
THIRD FLOOR

City WASHINGTON State DC Zip Code 20001

Purpose of Disbursement COMPLIANCE AND ETHICS CONSULTING - REGULATORY REPORTING Category/Type

Candidate Name

Office Sought: House Senate President Disbursement For: 2026 Primary General Other (specify) ▼

State: District:

Date of Disbursement M M / D D / Y Y Y Y
02 / 26 / 2026

FEC Identification Number

Amount of Each Disbursement this Period

Transaction ID : B-2635

Memo Item

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

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 73 OF 130	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
KEITH GROSS FOR FLORIDA

Full Name (Last, First, Middle Initial) A. VALENTIN, MATTHEW, , ,			Date of Disbursement MM / DD / YYYY 03 / 17 / 2026	
Mailing Address 4310 WEST NORTH B STREET APT 24			FEC Identification Number C	
City TAMPA	State FL	Zip Code 33609	Amount of Each Disbursement this Period 1045.00	
Purpose of Disbursement FIELD TEAM SALARY		Category/ Type 001	Transaction ID : B-2665	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) B. VALENTIN, MATTHEW, , ,			Date of Disbursement MM / DD / YYYY 03 / 17 / 2026	
Mailing Address 4310 WEST NORTH B STREET APT 24			FEC Identification Number C	
City TAMPA	State FL	Zip Code 33609	Amount of Each Disbursement this Period 686.00	
Purpose of Disbursement FIELD TEAM SALARY		Category/ Type 001	Transaction ID : B-2677	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) C. VAZQUEZ, LUIS, , ,			Date of Disbursement MM / DD / YYYY 03 / 17 / 2026	
Mailing Address 4550 ALHAMBRA CIRCLE			FEC Identification Number C	
City CORAL GABLES	State FL	Zip Code 33146	Amount of Each Disbursement this Period 126.00	
Purpose of Disbursement FIELD TEAM SALARY		Category/ Type 001	Transaction ID : B-2671	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

SUBTOTAL of Disbursements This Page (optional).....▶	1857.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 74 OF 130			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
KEITH GROSS FOR FLORIDA

Full Name (Last, First, Middle Initial) A. VAZQUEZ, LUIS, , ,			Date of Disbursement M M / D D / Y Y Y Y 03 / 17 / 2026		
Mailing Address 4550 ALHAMBRA CIRCLE			FEC Identification Number C		
City CORAL GABLES	State FL	Zip Code 33146	Amount of Each Disbursement this Period 166.88		
Purpose of Disbursement FIELD TEAM SALARY		Category/ Type 001	Transaction ID : B-2680		
Candidate Name		Memo Item <input type="checkbox"/>			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) B.			Date of Disbursement M M / D D / Y Y Y Y		
Mailing Address			FEC Identification Number C		
City	State	Zip Code	Amount of Each Disbursement this Period		
Purpose of Disbursement		Category/ Type	Memo Item <input type="checkbox"/>		
Candidate Name					
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:					

Full Name (Last, First, Middle Initial) C.			Date of Disbursement M M / D D / Y Y Y Y		
Mailing Address			FEC Identification Number C		
City	State	Zip Code	Amount of Each Disbursement this Period		
Purpose of Disbursement		Category/ Type	Memo Item <input type="checkbox"/>		
Candidate Name					
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).....▶	166.88
TOTAL This Period (last page this line number only).....▶	515444.16

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 75 OF 130	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input checked="" type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
KEITH GROSS FOR FLORIDA

Full Name (Last, First, Middle Initial) A. FRIENDS OF MARK SHELDON		Date of Disbursement M M / D D / Y Y Y Y 03 / 31 / 2026
Mailing Address 133 HARBOR DRIVE SOUTH		FEC Identification Number C
City VENICE	State FL	Zip Code 34285
Purpose of Disbursement REFUND OF EXCESS CONTRIBUTION		010
Candidate Name		Amount of Each Disbursement this Period 1000.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : B-2931
State: District:		<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) B.		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		FEC Identification Number C
City	State	Zip Code
Purpose of Disbursement		Category/Type
Candidate Name		Amount of Each Disbursement this Period
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) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) C.		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		FEC Identification Number C
City	State	Zip Code
Purpose of Disbursement		Category/Type
Candidate Name		Amount of Each Disbursement this Period
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) ▼	<input type="checkbox"/> Memo Item
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	1000.00
TOTAL This Period (last page this line number only).....▶	1000.00

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 76 OF 130	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input checked="" type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
KEITH GROSS FOR FLORIDA

Full Name (Last, First, Middle Initial) A. CALHOUN COUNTY			Date of Disbursement M M / D D / Y Y Y Y 03 / 01 / 2026	
Mailing Address 102 COURTHOUSE DRIVE SUITE 105			FEC Identification Number C	
City SAINT MATTHEWS	State SC	Zip Code 29135	Amount of Each Disbursement this Period 650.00	
Purpose of Disbursement SPONSORSHIP		Category/ Type 012	Transaction ID : B-2791	
Candidate Name		Memo Item MEMO: SUBVENDOR OF-KEITH GROSS		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) B. CALHOUN COUNTY			Date of Disbursement M M / D D / Y Y Y Y 03 / 08 / 2026	
Mailing Address 102 COURTHOUSE DRIVE SUITE 105			FEC Identification Number C	
City SAINT MATTHEWS	State SC	Zip Code 29135	Amount of Each Disbursement this Period 650.00	
Purpose of Disbursement SPONSORSHIP		Category/ Type 012	Transaction ID : B-2815	
Candidate Name		Memo Item MEMO: SUBVENDOR OF-KEITH GROSS		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) C. CALHOUN COUNTY			Date of Disbursement M M / D D / Y Y Y Y 03 / 10 / 2026	
Mailing Address 102 COURTHOUSE DRIVE SUITE 105			FEC Identification Number C	
City SAINT MATTHEWS	State SC	Zip Code 29135	Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement SPONSORSHIP		Category/ Type 012	Transaction ID : B-2820	
Candidate Name		Memo Item MEMO: SUBVENDOR OF-KEITH GROSS		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <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 Page	FOR LINE NUMBER: (check only one)		PAGE 77 OF 130	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input checked="" type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
KEITH GROSS FOR FLORIDA

Full Name (Last, First, Middle Initial)
A. PERRY-TAYLOR COUNTY CHAMBER OF COMMERCE

Mailing Address 428 NORTH JEFFERSON STREET

City PERRY State FL Zip Code 32347

Purpose of Disbursement SPONSORSHIP Category/Type 012

Candidate Name

Office Sought: House Senate President Disbursement For: 2026 Primary General Other (specify) ▼

State: District:

Date of Disbursement: 03 / 20 / 2026

FEC Identification Number: C

Amount of Each Disbursement this Period: 2500.00

Transaction ID : B-2834

Memo Item MEMO: SUBVENDOR OF-KEITH GROSS

Full Name (Last, First, Middle Initial)
B. JEFFERSON COUNTY CHAMBER OF COMMERCE

Mailing Address 44 TRIFECTA PLACE #202

City CHARLES TOWN State WV Zip Code 25414

Purpose of Disbursement SPONSORSHIP Category/Type 012

Candidate Name

Office Sought: House Senate President Disbursement For: 2026 Primary General Other (specify) ▼

State: District:

Date of Disbursement: 03 / 24 / 2026

FEC Identification Number: C

Amount of Each Disbursement this Period: 3000.00

Transaction ID : B-2848

Memo Item MEMO: SUBVENDOR OF-KEITH GROSS

Full Name (Last, First, Middle Initial)
C. JOHN FRANKMAN FOR FLORIDA

Mailing Address PO BOX 304

City DESTIN State FL Zip Code 32540

Purpose of Disbursement POLITICAL DONATION Category/Type 011

Candidate Name FRANKMAN, JOHN, , ,

Office Sought: House Senate President Disbursement For: 2026 Primary General Other (specify) ▼

State: FL District: 01

Date of Disbursement: 03 / 24 / 2026

FEC Identification Number: C C00938555

Amount of Each Disbursement this Period: 2000.00

Transaction ID : B-2692

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	2000.00
TOTAL This Period (last page this line number only).....▶	2000.00

SCHEDULE C (FEC Form 3) LOANS

NAME OF COMMITTEE (In Full) **Transaction ID : C-2465**
KEITH GROSS FOR FLORIDA

LOAN SOURCE Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item		Election: 2024
GROSS, KEITH, , ,		<input checked="" type="checkbox"/> Primary
Mailing Address 4408 DELWOOD LANE STE 14		<input type="checkbox"/> General
City PANAMA CITY BEACH		<input type="checkbox"/> Other (specify) ▼
State FL	ZIP Code 32408	<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 10000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 10000.00
-------------------------------------	------------------------------------	---

TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M M / D D / Y Y Y Y 01 / 04 / 2024	M M / D D / Y Y Y Y / / 12/31/2026	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

SUBTOTALS This Period This Page (optional).....▶	10000.00
TOTALS This Period (last page in this line only).....▶	[]

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

SCHEDULE C (FEC Form 3) LOANS

NAME OF COMMITTEE (In Full) **Transaction ID : C-2466**
KEITH GROSS FOR FLORIDA

LOAN SOURCE Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item		Election: 2024
GROSS, KEITH, , ,		<input checked="" type="checkbox"/> Primary
Mailing Address 4408 DELWOOD LANE STE 14		<input type="checkbox"/> General
City PANAMA CITY BEACH		<input type="checkbox"/> Other (specify) ▼
State FL	ZIP Code 32408	<input checked="" type="checkbox"/> Personal Funds of the Candidate

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

TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M M / D D / Y Y Y Y 01 / 12 / 2024	M M / D D / Y Y Y Y / / 12/31/2026	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

SUBTOTALS This Period This Page (optional).....▶	20000.00
TOTALS This Period (last page in this line only).....▶	[]

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

SCHEDULE C (FEC Form 3) LOANS

NAME OF COMMITTEE (In Full) **Transaction ID : C-2467**
KEITH GROSS FOR FLORIDA

LOAN SOURCE Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item		Election: 2024
GROSS, KEITH, , ,		<input checked="" type="checkbox"/> Primary
Mailing Address 4408 DELWOOD LANE STE 14		<input type="checkbox"/> General
City PANAMA CITY BEACH		<input type="checkbox"/> Other (specify) ▼
State FL	ZIP Code 32408	<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 10000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 10000.00
-------------------------------------	------------------------------------	---

TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M M / D D / Y Y Y Y 01 / 08 / 2024	M M / D D / Y Y Y Y / / 12/31/2026	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

SUBTOTALS This Period This Page (optional).....▶	10000.00
TOTALS This Period (last page in this line only).....▶	[]

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

SCHEDULE C (FEC Form 3) LOANS

NAME OF COMMITTEE (In Full) **Transaction ID : C-2468**
KEITH GROSS FOR FLORIDA

LOAN SOURCE Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item		Election: 2024
GROSS, KEITH, , ,		<input checked="" type="checkbox"/> Primary
Mailing Address 4408 DELWOOD LANE STE 14		<input type="checkbox"/> General
City PANAMA CITY BEACH		<input type="checkbox"/> Other (specify) ▼
State FL	ZIP Code 32408	<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 25000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 25000.00
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TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M M / D D / Y Y Y Y 01 / 18 / 2024	M M / D D / Y Y Y Y / / 12/31/2026	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

SUBTOTALS This Period This Page (optional).....▶	25000.00
TOTALS This Period (last page in this line only).....▶	

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

SCHEDULE C (FEC Form 3) LOANS

NAME OF COMMITTEE (In Full) **Transaction ID : C-2469**
KEITH GROSS FOR FLORIDA

LOAN SOURCE Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item		Election: 2024
GROSS, KEITH, , ,		<input checked="" type="checkbox"/> Primary
Mailing Address 4408 DELWOOD LANE STE 14		<input type="checkbox"/> General
City PANAMA CITY BEACH		<input type="checkbox"/> Other (specify) ▼
State FL	ZIP Code 32408	<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 10000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 10000.00
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TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M M / D D / Y Y Y Y 01 / 18 / 2024	M M / D D / Y Y Y Y / / 12/31/2026	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

SUBTOTALS This Period This Page (optional).....▶	10000.00
TOTALS This Period (last page in this line only).....▶	[]

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

SCHEDULE C (FEC Form 3) LOANS

NAME OF COMMITTEE (In Full) **Transaction ID : C-2470**
KEITH GROSS FOR FLORIDA

LOAN SOURCE Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item		Election: 2024
GROSS, KEITH, , ,		<input checked="" type="checkbox"/> Primary
Mailing Address 4408 DELWOOD LANE STE 14		<input type="checkbox"/> General
City PANAMA CITY BEACH		<input type="checkbox"/> Other (specify) ▼
State FL	ZIP Code 32408	<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 65000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 65000.00
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TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	01 / 25 / 2024	12/31/2026	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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).....▶	65000.00
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

NAME OF COMMITTEE (In Full) **Transaction ID : C-2471**
KEITH GROSS FOR FLORIDA

LOAN SOURCE Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item		Election: 2024
GROSS, KEITH, , ,		<input checked="" type="checkbox"/> Primary
Mailing Address 4408 DELWOOD LANE STE 14		<input type="checkbox"/> General
City PANAMA CITY BEACH		<input type="checkbox"/> Other (specify) ▼
State FL	ZIP Code 32408	<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 25000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 25000.00
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TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	01 / 29 / 2024	12/31/2026	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

SUBTOTALS This Period This Page (optional).....▶	25000.00
TOTALS This Period (last page in this line only).....▶	[]

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

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **Transaction ID : C-2472**
KEITH GROSS FOR FLORIDA

LOAN SOURCE Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item		Election: 2024
GROSS, KEITH, , ,		<input checked="" type="checkbox"/> Primary
Mailing Address 4408 DELWOOD LANE STE 14		<input type="checkbox"/> General
City PANAMA CITY BEACH		<input type="checkbox"/> Other (specify) ▼
State FL	ZIP Code 32408	<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 71000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 71000.00
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TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M M / D D / Y Y Y Y 02 / 01 / 2024	M M / D D / Y Y Y Y / / 12/31/2026	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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: <input type="text"/>
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>

SUBTOTALS This Period This Page (optional).....▶	<input type="text" value="71000.00"/>
TOTALS This Period (last page in this line only).....▶	<input type="text"/>

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

NAME OF COMMITTEE (In Full) **Transaction ID : C-2473**
KEITH GROSS FOR FLORIDA

LOAN SOURCE Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item		Election: 2024
GROSS, KEITH, , ,		<input checked="" type="checkbox"/> Primary
Mailing Address 4408 DELWOOD LANE STE 14		<input type="checkbox"/> General
City PANAMA CITY BEACH		<input type="checkbox"/> Other (specify) ▼
State FL	ZIP Code 32408	<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 60000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 60000.00
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TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M M / D D / Y Y Y Y 02 / 13 / 2024	M M / D D / Y Y Y Y / / 12/31/2026	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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).....▶	60000.00
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

NAME OF COMMITTEE (In Full) **Transaction ID : C-2474**
KEITH GROSS FOR FLORIDA

LOAN SOURCE Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item		Election: 2024
GROSS, KEITH, , ,		<input checked="" type="checkbox"/> Primary
Mailing Address 4408 DELWOOD LANE STE 14		<input type="checkbox"/> General
City PANAMA CITY BEACH		<input type="checkbox"/> Other (specify) ▼
State FL	ZIP Code 32408	<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 65000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 65000.00
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TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	02 / 22 / 2024	12/31/2026	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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).....▶	65000.00
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

NAME OF COMMITTEE (In Full) Transaction ID : C-2475
 KEITH GROSS FOR FLORIDA

LOAN SOURCE Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item GROSS, KEITH, , ,		Election: 2024 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 4408 DELWOOD LANE STE 14		
City PANAMA CITY BEACH	State FL	ZIP Code 32408 <input checked="" type="checkbox"/> Personal Funds of the Candidate

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

TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M M / D D / Y Y Y Y 02 / 29 / 2024	M M / D D / Y Y Y Y 12/31/2026	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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: <input style="width: 150px;" type="text"/>
2. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City	State	ZIP Code	Amount Guaranteed Outstanding: <input style="width: 150px;" type="text"/>
3. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City	State	ZIP Code	Amount Guaranteed Outstanding: <input style="width: 150px;" type="text"/>
4. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City	State	ZIP Code	Amount Guaranteed Outstanding: <input style="width: 150px;" type="text"/>

SUBTOTALS This Period This Page (optional).....▶	<input style="width: 150px;" type="text" value="100000.00"/>
TOTALS This Period (last page in this line only)▶	<input style="width: 150px;" type="text"/>

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

NAME OF COMMITTEE (In Full) **Transaction ID : C-2476**
KEITH GROSS FOR FLORIDA

LOAN SOURCE Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item		Election: 2024
GROSS, KEITH, , ,		<input checked="" type="checkbox"/> Primary
Mailing Address 4408 DELWOOD LANE STE 14		<input type="checkbox"/> General
City State ZIP Code PANAMA CITY BEACH FL 32408		<input type="checkbox"/> Other (specify) ▼
		<input checked="" type="checkbox"/> Personal Funds of the Candidate

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

TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	03 / 12 / 2024	12/31/2026	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

SUBTOTALS This Period This Page (optional).....▶	20000.00
TOTALS This Period (last page in this line only).....▶	

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

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **Transaction ID : C-2477**
KEITH GROSS FOR FLORIDA

LOAN SOURCE Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item			Election: 2024
GROSS, KEITH, , ,			<input checked="" type="checkbox"/> Primary
Mailing Address 4408 DELWOOD LANE STE 14			<input type="checkbox"/> General
City			<input type="checkbox"/> Other (specify) ▼
State	ZIP Code	<input checked="" type="checkbox"/> Personal Funds of the Candidate	
PANAMA CITY BEACH	FL 32408		

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
35000.00	0.00	35000.00

TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M M / D D / Y Y Y Y	M M / D D / Y Y Y Y	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	03 / 21 / 2024	12/31/2026		

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

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

SUBTOTALS This Period This Page (optional).....▶	35000.00
TOTALS This Period (last page in this line only).....▶	

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

SCHEDULE C (FEC Form 3) LOANS

NAME OF COMMITTEE (In Full) **Transaction ID : C-2478**
KEITH GROSS FOR FLORIDA

LOAN SOURCE Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item		Election: 2024
GROSS, KEITH, , ,		<input checked="" type="checkbox"/> Primary
Mailing Address 4408 DELWOOD LANE STE 14		<input type="checkbox"/> General
City PANAMA CITY BEACH		<input type="checkbox"/> Other (specify) ▼
State FL	ZIP Code 32408	<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 20000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 20000.00
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TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M M / D D / Y Y Y Y 03 / 27 / 2024	M M / D D / Y Y Y Y 12/31/2026	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

SUBTOTALS This Period This Page (optional).....▶	20000.00
TOTALS This Period (last page in this line only).....▶	[]

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

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **Transaction ID : C-2479**
KEITH GROSS FOR FLORIDA

LOAN SOURCE Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item		Election: 2024
GROSS, KEITH, , ,		<input checked="" type="checkbox"/> Primary
Mailing Address 4408 DELWOOD LANE STE 14		<input type="checkbox"/> General
City PANAMA CITY BEACH		<input type="checkbox"/> Other (specify) ▼
State FL	ZIP Code 32408	<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 15750.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 15750.00
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TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M M / D D / Y Y Y Y 04 / 08 / 2024	M M / D D / Y Y Y Y 12/31/2026	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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).....▶	15750.00
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

NAME OF COMMITTEE (In Full) **Transaction ID : C-2480**
KEITH GROSS FOR FLORIDA

LOAN SOURCE Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item		Election: 2024
GROSS, KEITH, , ,		<input checked="" type="checkbox"/> Primary
Mailing Address 4408 DELWOOD LANE STE 14		<input type="checkbox"/> General
City PANAMA CITY BEACH		<input type="checkbox"/> Other (specify) ▼
State FL	ZIP Code 32408	<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 150000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 150000.00
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TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M M / D D / Y Y Y Y 04 / 08 / 2024	M M / D D / Y Y Y Y 12/31/2026	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

SUBTOTALS This Period This Page (optional).....▶	150000.00
TOTALS This Period (last page in this line only).....▶	[]

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

SCHEDULE C (FEC Form 3) LOANS

NAME OF COMMITTEE (In Full) **Transaction ID : C-2481**
KEITH GROSS FOR FLORIDA

LOAN SOURCE Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item		Election: 2024
GROSS, KEITH, , ,		<input checked="" type="checkbox"/> Primary
Mailing Address 4408 DELWOOD LANE STE 14		<input type="checkbox"/> General
City State ZIP Code PANAMA CITY BEACH FL 32408		<input type="checkbox"/> Other (specify) ▼
		<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
95000.00	0.00	95000.00

TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	04 / 25 / 2024	12/31/2026	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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).....▶	95000.00
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

NAME OF COMMITTEE (In Full) **Transaction ID : C-2482**
KEITH GROSS FOR FLORIDA

LOAN SOURCE Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item		Election: 2024
GROSS, KEITH, , ,		<input checked="" type="checkbox"/> Primary
Mailing Address 4408 DELWOOD LANE STE 14		<input type="checkbox"/> General
City PANAMA CITY BEACH		<input type="checkbox"/> Other (specify) ▼
State FL	ZIP Code 32408	<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 80000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 80000.00
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TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M M / D D / Y Y Y Y 05 / 07 / 2024	M M / D D / Y Y Y Y 12/31/2026	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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).....▶	80000.00
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

NAME OF COMMITTEE (In Full) **Transaction ID : C-2483**
KEITH GROSS FOR FLORIDA

LOAN SOURCE Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item		Election: 2024
GROSS, KEITH, , ,		<input checked="" type="checkbox"/> Primary
Mailing Address 4408 DELWOOD LANE STE 14		<input type="checkbox"/> General
City PANAMA CITY BEACH		<input type="checkbox"/> Other (specify) ▼
State FL	ZIP Code 32408	<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 5000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 5000.00
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TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M M / D D / Y Y Y Y 05 / 20 / 2024	M M / D D / Y Y Y Y 12/31/2026	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

SUBTOTALS This Period This Page (optional).....▶	5000.00
TOTALS This Period (last page in this line only).....▶	[]

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

SCHEDULE C (FEC Form 3) LOANS

NAME OF COMMITTEE (In Full) **Transaction ID : C-2484**
KEITH GROSS FOR FLORIDA

LOAN SOURCE Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item		Election: 2024
GROSS, KEITH, , ,		<input checked="" type="checkbox"/> Primary
Mailing Address 4408 DELWOOD LANE STE 14		<input type="checkbox"/> General
City PANAMA CITY BEACH		<input type="checkbox"/> Other (specify) ▼
State FL	ZIP Code 32408	<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 32290.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 32290.00
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TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M M / D D / Y Y Y Y 05 / 29 / 2024	M M / D D / Y Y Y Y 12/31/2026	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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).....▶	32290.00
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

NAME OF COMMITTEE (In Full) **Transaction ID : C-2485**
KEITH GROSS FOR FLORIDA

LOAN SOURCE Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item		Election: 2024
GROSS, KEITH, , ,		<input checked="" type="checkbox"/> Primary
Mailing Address 4408 DELWOOD LANE STE 14		<input type="checkbox"/> General
City PANAMA CITY BEACH		<input type="checkbox"/> Other (specify) ▼
State FL	ZIP Code 32408	<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 19000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 19000.00
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TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M M / D D / Y Y Y Y 05 / 06 / 2024	M M / D D / Y Y Y Y 12/31/2026	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

SUBTOTALS This Period This Page (optional).....▶	19000.00
TOTALS This Period (last page in this line only).....▶	[]

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

SCHEDULE C (FEC Form 3) LOANS

NAME OF COMMITTEE (In Full) **Transaction ID : C-2486**
KEITH GROSS FOR FLORIDA

LOAN SOURCE Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item		Election: 2024
GROSS, KEITH, , ,		<input checked="" type="checkbox"/> Primary
Mailing Address 4408 DELWOOD LANE STE 14		<input type="checkbox"/> General
City PANAMA CITY BEACH		<input type="checkbox"/> Other (specify) ▼
State FL	ZIP Code 32408	<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 20000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 20000.00
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TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M M / D D / Y Y Y Y 05 / 28 / 2024	M M / D D / Y Y Y Y / / 12/31/2026	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

SUBTOTALS This Period This Page (optional).....▶	20000.00
TOTALS This Period (last page in this line only).....▶	[]

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

SCHEDULE C (FEC Form 3) LOANS

NAME OF COMMITTEE (In Full) **Transaction ID : C-2487**
KEITH GROSS FOR FLORIDA

LOAN SOURCE Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item		Election: 2024
GROSS, KEITH, , ,		<input checked="" type="checkbox"/> Primary
Mailing Address 4408 DELWOOD LANE STE 14		<input type="checkbox"/> General
City PANAMA CITY BEACH		<input type="checkbox"/> Other (specify) ▼
State FL	ZIP Code 32408	<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 97433.39	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 97433.39
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TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M M / D D / Y Y Y Y 06 / 10 / 2024	M M / D D / Y Y Y Y 12/31/2026	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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).....▶	97433.39
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

NAME OF COMMITTEE (In Full) **Transaction ID : C-2488**
KEITH GROSS FOR FLORIDA

LOAN SOURCE Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item		Election: 2024
GROSS, KEITH, , ,		<input checked="" type="checkbox"/> Primary
Mailing Address 4408 DELWOOD LANE STE 14		<input type="checkbox"/> General
City PANAMA CITY BEACH		<input type="checkbox"/> Other (specify) ▼
State FL	ZIP Code 32408	<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 10000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 10000.00
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TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M M / D D / Y Y Y Y 07 / 10 / 2024	M M / D D / Y Y Y Y / / 12/31/2026	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

SUBTOTALS This Period This Page (optional).....▶	10000.00
TOTALS This Period (last page in this line only).....▶	

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

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **Transaction ID : C-2489**
KEITH GROSS FOR FLORIDA

LOAN SOURCE Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item		Election: 2024
GROSS, KEITH, , ,		<input checked="" type="checkbox"/> Primary
Mailing Address 4408 DELWOOD LANE STE 14		<input type="checkbox"/> General
City PANAMA CITY BEACH		<input type="checkbox"/> Other (specify) ▼
State FL	ZIP Code 32408	<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 48000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 48000.00
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TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M M / D D / Y Y Y Y 07 / 10 / 2024	M M / D D / Y Y Y Y 12/31/2026	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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).....▶	48000.00
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

NAME OF COMMITTEE (In Full) **Transaction ID : C-2490**
KEITH GROSS FOR FLORIDA

LOAN SOURCE Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item		Election: 2024
GROSS, KEITH, , ,		<input checked="" type="checkbox"/> Primary
Mailing Address 4408 DELWOOD LANE STE 14		<input type="checkbox"/> General
City PANAMA CITY BEACH		<input type="checkbox"/> Other (specify) ▼
State FL	ZIP Code 32408	<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 70270.94	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 70270.94
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TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M M / D D / Y Y Y Y 08 / 07 / 2024	M M / D D / Y Y Y Y 12/31/2026	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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).....▶	70270.94
TOTALS This Period (last page in this line only).....▶	[]

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

SCHEDULE C (FEC Form 3) LOANS

NAME OF COMMITTEE (In Full) **Transaction ID : C-2491**
KEITH GROSS FOR FLORIDA

LOAN SOURCE Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item		Election: 2024
GROSS, KEITH, , ,		<input checked="" type="checkbox"/> Primary
Mailing Address 4408 DELWOOD LANE STE 14		<input type="checkbox"/> General
City PANAMA CITY BEACH		<input type="checkbox"/> Other (specify) ▼
State FL	ZIP Code 32408	<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 16000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 16000.00
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TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M M / D D / Y Y Y Y 08 / 08 / 2024	M M / D D / Y Y Y Y 12/31/2026	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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).....▶	16000.00
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

NAME OF COMMITTEE (In Full) **Transaction ID : C-2492**
KEITH GROSS FOR FLORIDA

LOAN SOURCE Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item		Election: 2024
GROSS, KEITH, , ,		<input checked="" type="checkbox"/> Primary
Mailing Address 4408 DELWOOD LANE STE 14		<input type="checkbox"/> General
City PANAMA CITY BEACH		<input type="checkbox"/> Other (specify) ▼
State FL	ZIP Code 32408	<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 14500.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 14500.00
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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 12/31/2026	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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).....▶	14500.00
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

NAME OF COMMITTEE (In Full) **Transaction ID : C-2493**
KEITH GROSS FOR FLORIDA

LOAN SOURCE Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item		Election: 2024
GROSS, KEITH, , ,		<input checked="" type="checkbox"/> Primary
Mailing Address 4408 DELWOOD LANE STE 14		<input type="checkbox"/> General
City PANAMA CITY BEACH		<input type="checkbox"/> Other (specify) ▼
State FL	ZIP Code 32408	<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 12000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 12000.00
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TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M M / D D / Y Y Y Y 08 / 18 / 2024	M M / D D / Y Y Y Y 12/31/2026	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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).....▶	12000.00
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

NAME OF COMMITTEE (In Full) **Transaction ID : C-2494**
KEITH GROSS FOR FLORIDA

LOAN SOURCE Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item		Election: 2025
GROSS, KEITH, , ,		<input type="checkbox"/> Primary
Mailing Address 4408 DELWOOD LANE STE 14		<input type="checkbox"/> General
City	State	<input checked="" type="checkbox"/> Other (specify) ▼ SPECIAL-2025
PANAMA CITY BEACH	FL	<input checked="" type="checkbox"/> Personal Funds of the Candidate
ZIP Code	32408	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
5000.00	0.00	5000.00

TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M M / D D / Y Y Y Y 02 / 04 / 2025	M M / D D / Y Y Y Y 12/31/2026	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

SUBTOTALS This Period This Page (optional).....▶	5000.00
TOTALS This Period (last page in this line only).....▶	

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

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **Transaction ID : C-2495**
KEITH GROSS FOR FLORIDA

LOAN SOURCE Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item		Election: 2024
GROSS, KEITH, , ,		<input checked="" type="checkbox"/> Primary
Mailing Address 4408 DELWOOD LANE STE 14		<input type="checkbox"/> General
City PANAMA CITY BEACH		<input type="checkbox"/> Other (specify) ▼
State FL	ZIP Code 32408	<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 25000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 25000.00
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TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M M / D D / Y Y Y Y 10 / 11 / 2023	M M / D D / Y Y Y Y 12/31/2026	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

SUBTOTALS This Period This Page (optional).....▶	25000.00
TOTALS This Period (last page in this line only).....▶	

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

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **Transaction ID : C-2496**
KEITH GROSS FOR FLORIDA

LOAN SOURCE Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item		Election: 2024
GROSS, KEITH, , ,		<input checked="" type="checkbox"/> Primary
Mailing Address 4408 DELWOOD LANE STE 14		<input type="checkbox"/> General
City PANAMA CITY BEACH		<input type="checkbox"/> Other (specify) ▼
State FL	ZIP Code 32408	<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 50000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 50000.00
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TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M M / D D / Y Y Y Y 11 / 13 / 2023	M M / D D / Y Y Y Y 12/31/2026	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

SUBTOTALS This Period This Page (optional).....▶	50000.00
TOTALS This Period (last page in this line only).....▶	[]

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

SCHEDULE C (FEC Form 3) LOANS

NAME OF COMMITTEE (In Full) **Transaction ID : C-2497**
KEITH GROSS FOR FLORIDA

LOAN SOURCE Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item		Election: 2024
GROSS, KEITH, , ,		<input checked="" type="checkbox"/> Primary
Mailing Address 4408 DELWOOD LANE STE 14		<input type="checkbox"/> General
City PANAMA CITY BEACH		<input type="checkbox"/> Other (specify) ▼
State FL	ZIP Code 32408	<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 50000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 50000.00
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TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M M / D D / Y Y Y Y 11 / 30 / 2023	M M / D D / Y Y Y Y 12/31/2026	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

SUBTOTALS This Period This Page (optional).....▶	50000.00
TOTALS This Period (last page in this line only).....▶	[]

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

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **Transaction ID : C-2498**
KEITH GROSS FOR FLORIDA

LOAN SOURCE Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item		Election: 2024
GROSS, KEITH, , ,		<input checked="" type="checkbox"/> Primary
Mailing Address 4408 DELWOOD LANE STE 14		<input type="checkbox"/> General
City PANAMA CITY BEACH		<input type="checkbox"/> Other (specify) ▼
State FL	ZIP Code 32408	<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 50000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 50000.00
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TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M M / D D / Y Y Y Y 12 / 13 / 2023	M M / D D / Y Y Y Y 12/31/2026	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

SUBTOTALS This Period This Page (optional).....▶	50000.00
TOTALS This Period (last page in this line only).....▶	

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

SCHEDULE C (FEC Form 3) LOANS

NAME OF COMMITTEE (In Full) **Transaction ID : C-2499**
KEITH GROSS FOR FLORIDA

LOAN SOURCE Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item		Election: 2024
GROSS, KEITH, , ,		<input checked="" type="checkbox"/> Primary
Mailing Address 4408 DELWOOD LANE STE 14		<input type="checkbox"/> General
City PANAMA CITY BEACH		<input type="checkbox"/> Other (specify) ▼
State FL	ZIP Code 32408	<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 50000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 50000.00
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TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M M / D D / Y Y Y Y 12 / 29 / 2023	M M / D D / Y Y Y Y 12/31/2026	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

SUBTOTALS This Period This Page (optional).....▶	50000.00
TOTALS This Period (last page in this line only).....▶	[]

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

SCHEDULE C (FEC Form 3) LOANS

NAME OF COMMITTEE (In Full) **Transaction ID : C-2500**
KEITH GROSS FOR FLORIDA

LOAN SOURCE Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item		Election: 2024
GROSS, KEITH, , ,		<input checked="" type="checkbox"/> Primary
Mailing Address 4408 DELWOOD LANE STE 14		<input type="checkbox"/> General
City PANAMA CITY BEACH		<input type="checkbox"/> Other (specify) ▼
State FL	ZIP Code 32408	<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 131240.25	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 131240.25
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TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M M / D D / Y Y Y Y 12 / 31 / 2023	M M / D D / Y Y Y Y 12/31/2026	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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).....▶	131240.25
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

NAME OF COMMITTEE (In Full) **Transaction ID : C-2501**
KEITH GROSS FOR FLORIDA

LOAN SOURCE Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item		Election: 2024
GROSS, KEITH, , ,		<input checked="" type="checkbox"/> Primary
Mailing Address 4408 DELWOOD LANE STE 14		<input type="checkbox"/> General
City PANAMA CITY BEACH		<input type="checkbox"/> Other (specify) ▼
State FL	ZIP Code 32408	<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 50000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 50000.00
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TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M M / D D / Y Y Y Y 08 / 21 / 2023	M M / D D / Y Y Y Y 12/31/2026	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

SUBTOTALS This Period This Page (optional).....▶	50000.00
TOTALS This Period (last page in this line only).....▶	[]

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

SCHEDULE C (FEC Form 3) LOANS

NAME OF COMMITTEE (In Full) **Transaction ID : C-2502**
KEITH GROSS FOR FLORIDA

LOAN SOURCE Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item		Election: 2024
GROSS, KEITH, , ,		<input checked="" type="checkbox"/> Primary
Mailing Address 4408 DELWOOD LANE STE 14		<input type="checkbox"/> General
City PANAMA CITY BEACH		<input type="checkbox"/> Other (specify) ▼
State FL	ZIP Code 32408	<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 50000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 50000.00
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TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	09 / 12 / 2023	12/31/2026	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

SUBTOTALS This Period This Page (optional).....▶	50000.00
TOTALS This Period (last page in this line only).....▶	[]

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

SCHEDULE C (FEC Form 3) LOANS

NAME OF COMMITTEE (In Full) **Transaction ID : C-2503**
KEITH GROSS FOR FLORIDA

LOAN SOURCE Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item		Election: 2024
GROSS, KEITH, , ,		<input checked="" type="checkbox"/> Primary
Mailing Address 4408 DELWOOD LANE STE 14		<input type="checkbox"/> General
City PANAMA CITY BEACH		<input type="checkbox"/> Other (specify) ▼
State FL	ZIP Code 32408	<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 50000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 50000.00
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TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	09 / 14 / 2023	12/31/2026	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

SUBTOTALS This Period This Page (optional).....▶	50000.00
TOTALS This Period (last page in this line only).....▶	

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

SCHEDULE C (FEC Form 3) LOANS

NAME OF COMMITTEE (In Full) **Transaction ID : C-2504**
KEITH GROSS FOR FLORIDA

LOAN SOURCE Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item		Election: 2024
GROSS, KEITH, , ,		<input checked="" type="checkbox"/> Primary
Mailing Address 4408 DELWOOD LANE STE 14		<input type="checkbox"/> General
City PANAMA CITY BEACH		<input type="checkbox"/> Other (specify) ▼
State FL	ZIP Code 32408	<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 150000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 150000.00
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TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	09 / 25 / 2023	12/31/2026	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

SUBTOTALS This Period This Page (optional).....▶	150000.00
TOTALS This Period (last page in this line only).....▶	[]

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

SCHEDULE C (FEC Form 3) LOANS

NAME OF COMMITTEE (In Full) **Transaction ID : C-2505**
KEITH GROSS FOR FLORIDA

LOAN SOURCE Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item		Election: 2024
GROSS, KEITH, , ,		<input checked="" type="checkbox"/> Primary
Mailing Address 4408 DELWOOD LANE STE 14		<input type="checkbox"/> General
City PANAMA CITY BEACH		<input type="checkbox"/> Other (specify) ▼
State FL	ZIP Code 32408	<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 23891.35	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 23891.35
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TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M M / D D / Y Y Y Y 09 / 30 / 2023	M M / D D / Y Y Y Y 12/31/2026	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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).....▶	23891.35
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

NAME OF COMMITTEE (In Full) **Transaction ID : C-2506**
KEITH GROSS FOR FLORIDA

LOAN SOURCE Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item		Election: 2024
GROSS, KEITH, , ,		<input checked="" type="checkbox"/> Primary
Mailing Address 4408 DELWOOD LANE STE 14		<input type="checkbox"/> General
City PANAMA CITY BEACH		<input type="checkbox"/> Other (specify) ▼
State FL	ZIP Code 32408	<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 300000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 300000.00
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TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M M / D D / Y Y Y Y 06 / 29 / 2023	M M / D D / Y Y Y Y 12/31/2026	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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).....▶	300000.00
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

NAME OF COMMITTEE (In Full) **Transaction ID : C-2507**
KEITH GROSS FOR FLORIDA

LOAN SOURCE Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item		Election: 2024
GROSS, KEITH, , ,		<input checked="" type="checkbox"/> Primary
Mailing Address 4408 DELWOOD LANE STE 14		<input type="checkbox"/> General
City PANAMA CITY BEACH		<input type="checkbox"/> Other (specify) ▼
State FL	ZIP Code 32408	<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 25000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 25000.00
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TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M M / D D / Y Y Y Y 06 / 26 / 2023	M M / D D / Y Y Y Y 12/31/2026	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

SUBTOTALS This Period This Page (optional).....▶	25000.00
TOTALS This Period (last page in this line only).....▶	

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

SCHEDULE C (FEC Form 3) LOANS

NAME OF COMMITTEE (In Full) **Transaction ID : C-2508**
KEITH GROSS FOR FLORIDA

LOAN SOURCE Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item		Election: 2024
GROSS, KEITH, , ,		<input checked="" type="checkbox"/> Primary
Mailing Address 4408 DELWOOD LANE STE 14		<input type="checkbox"/> General
City PANAMA CITY BEACH		<input type="checkbox"/> Other (specify) ▼
State FL	ZIP Code 32408	<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 50000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 50000.00
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TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M M / D D / Y Y Y Y 06 / 12 / 2023	M M / D D / Y Y Y Y 12/31/2026	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

SUBTOTALS This Period This Page (optional).....▶	50000.00
TOTALS This Period (last page in this line only).....▶	[]

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

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **Transaction ID : C-2509**
KEITH GROSS FOR FLORIDA

LOAN SOURCE Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item		Election: 2024
GROSS, KEITH, , ,		<input checked="" type="checkbox"/> Primary
Mailing Address 4408 DELWOOD LANE STE 14		<input type="checkbox"/> General
City PANAMA CITY BEACH		<input type="checkbox"/> Other (specify) ▼
State FL	ZIP Code 32408	<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 50000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 50000.00
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TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M M / D D / Y Y Y Y 06 / 07 / 2023	M M / D D / Y Y Y Y 12/31/2026	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

SUBTOTALS This Period This Page (optional).....▶	50000.00
TOTALS This Period (last page in this line only).....▶	[]

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

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **Transaction ID : C-2510**
KEITH GROSS FOR FLORIDA

LOAN SOURCE Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item		Election: 2024
GROSS, KEITH, , ,		<input checked="" type="checkbox"/> Primary
Mailing Address 4408 DELWOOD LANE STE 14		<input type="checkbox"/> General
City PANAMA CITY BEACH		<input type="checkbox"/> Other (specify) ▼
State FL	ZIP Code 32408	<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 100000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 100000.00
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TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M M / D D / Y Y Y Y 05 / 01 / 2023	M M / D D / Y Y Y Y 12/31/2026	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

SUBTOTALS This Period This Page (optional).....▶	100000.00
TOTALS This Period (last page in this line only).....▶	[]

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

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **Transaction ID : C-2554**
KEITH GROSS FOR FLORIDA

LOAN SOURCE Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item		Election: 2025
GROSS, KEITH, , ,		<input type="checkbox"/> Primary
Mailing Address 4408 DELWOOD LANE STE 14		<input type="checkbox"/> General
City	State	<input checked="" type="checkbox"/> Other (specify) ▼ SPECIAL-2025
PANAMA CITY BEACH	FL	<input checked="" type="checkbox"/> Personal Funds of the Candidate
ZIP Code	32408	

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

TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M M / D D / Y Y Y Y 09 / 30 / 2025	M M / D D / Y Y Y Y 12/31/2026	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

SUBTOTALS This Period This Page (optional).....▶	25000.00
TOTALS This Period (last page in this line only).....▶	

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

SCHEDULE C (FEC Form 3) LOANS

NAME OF COMMITTEE (In Full) **Transaction ID : C-2566**
KEITH GROSS FOR FLORIDA

LOAN SOURCE Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item		Election: 2025
GROSS, KEITH, , ,		<input type="checkbox"/> Primary
Mailing Address 4408 DELWOOD LANE STE 14		<input type="checkbox"/> General
City	State	<input checked="" type="checkbox"/> Other (specify) ▼ SPECIAL-2025
PANAMA CITY BEACH	FL	<input checked="" type="checkbox"/> Personal Funds of the Candidate
ZIP Code	32408	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
8194.28	0.00	8194.28

TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M M / D D / Y Y Y Y	M M / D D / Y Y Y Y	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	08 / 28 / 2025	12/31/2026		

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).....▶	8194.28
TOTALS This Period (last page in this line only).....▶	

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

SCHEDULE C (FEC Form 3) LOANS

NAME OF COMMITTEE (In Full) **Transaction ID : C-2581**
KEITH GROSS FOR FLORIDA

LOAN SOURCE Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item		Election: 2026
GROSS, KEITH, , ,		<input checked="" type="checkbox"/> Primary
Mailing Address 4408 DELWOOD LANE STE 14		<input type="checkbox"/> General
City State ZIP Code PANAMA CITY BEACH FL 32408		<input type="checkbox"/> Other (specify) ▼
		<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
20291.97	0.00	20291.97

TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M M / D D / Y Y Y Y 12 / 29 / 2025	M M / D D / Y Y Y Y 12/31/2026	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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).....▶	20291.97
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

NAME OF COMMITTEE (In Full) **Transaction ID : C-2689**
KEITH GROSS FOR FLORIDA

LOAN SOURCE Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item		Election: 2026
GROSS, KEITH, , ,		<input checked="" type="checkbox"/> Primary
Mailing Address 4408 DELWOOD LANE STE 14		<input type="checkbox"/> General
City PANAMA CITY BEACH		<input type="checkbox"/> Other (specify) ▼
State FL	ZIP Code 32408	<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 50000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 50000.00
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TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M M / D D / Y Y Y Y 03 / 20 / 2026	M M / D D / Y Y Y Y 12/31/2026	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

SUBTOTALS This Period This Page (optional).....▶	50000.00
TOTALS This Period (last page in this line only).....▶	

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

SCHEDULE C (FEC Form 3) LOANS

NAME OF COMMITTEE (In Full) **Transaction ID : C-2700**
KEITH GROSS FOR FLORIDA

LOAN SOURCE Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item		Election: 2026
GROSS, KEITH, , ,		<input checked="" type="checkbox"/> Primary
Mailing Address 4408 DELWOOD LANE STE 14		<input type="checkbox"/> General
City PANAMA CITY BEACH		<input type="checkbox"/> Other (specify) ▼
State FL	ZIP Code 32408	<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 480851.27	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 480851.27
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TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M M / D D / Y Y Y Y 03 / 26 / 2026	M M / D D / Y Y Y Y 12/31/2026	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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).....▶	480851.27
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

NAME OF COMMITTEE (In Full) **Transaction ID : C-2873**
KEITH GROSS FOR FLORIDA

LOAN SOURCE Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item		Election: 2026
GROSS, KEITH, , ,		<input checked="" type="checkbox"/> Primary
Mailing Address 4408 DELWOOD LANE STE 14		<input type="checkbox"/> General
City PANAMA CITY BEACH		<input type="checkbox"/> Other (specify) ▼
State FL	ZIP Code 32408	<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 5000000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 5000000.00
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TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M M / D D / Y Y Y Y 03 / 30 / 2026	M M / D D / Y Y Y Y 12/31/2026	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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).....▶	5000000.00
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

NAME OF COMMITTEE (In Full) **Transaction ID : C-2901**
KEITH GROSS FOR FLORIDA

LOAN SOURCE Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item		Election: 2026
GROSS, KEITH, , ,		<input checked="" type="checkbox"/> Primary
Mailing Address 4408 DELWOOD LANE STE 14		<input type="checkbox"/> General
City PANAMA CITY BEACH		<input type="checkbox"/> Other (specify) ▼
State FL	ZIP Code 32408	<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 12433.33	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 12433.33
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TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M M / D D / Y Y Y Y 03 / 31 / 2026	M M / D D / Y Y Y Y 12/31/2026	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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).....▶	12433.33
TOTALS This Period (last page in this line only).....▶	8028146.78

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