

**FEC
FORM 3****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type
over the lines.

12FE4M5

Vote Swaffar

ADDRESS (number and street)

10 Fairway Dr

Check if different
than previously
reported. (ACC)

Deerfield Beach

FL

33441

CITY ▲

STATE ▲

ZIP CODE ▲

2. **FEC IDENTIFICATION NUMBER ▼**

C C00871186

3. IS THIS
REPORTNEW
(N)

OR

AMENDED
(A)

STATE ▼ DISTRICT

FL

23

4. **TYPE OF REPORT** (Choose One)

(a) Quarterly Reports:



April 15 Quarterly Report (Q1)



July 15 Quarterly Report (Q2)



October 15 Quarterly Report (Q3)



January 31 Year-End Report (YE)



Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:

Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M / D D / Y Y Y Y

in the
State of(c) 30-Day **POST**-Election Report for the:

General (30G)



Runoff (30R)



Special (30S)

Election on

M M / D D / Y Y Y Y

in the
State of

5. Covering Period

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

through

M M / D D / Y Y Y Y
03 / 31 / 2025*I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.*

Type or Print Name of Treasurer Kiger, Robert, Scott, ,

Signature of Treasurer

Kiger, Robert, Scott, ,

Date

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

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. §30109.

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

SUMMARY PAGE
of Receipts and Disbursements

FEC Form 3 (Revised 03/2016)

Write or Type Committee Name

Vote Swaffar

Report Covering the Period:

From:

MM / DD / YYYY
01 / 01 / 2025

To:

MM / DD / YYYY
03 / 31 / 2025

	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))	4550.42	4550.42
(b) Total Contribution Refunds (from Line 20(d))	625.00	625.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	3925.42	3925.42
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	3200.35	3210.35
(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))	3200.35	3210.35
8. Cash on Hand at Close of Reporting Period (from Line 27)	907.09	
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)	21025.00	

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

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 05/2016)

Write or Type Committee Name

Vote Swaffar

Report Covering the Period:

From:

MM / DD / YYYY
01 / 01 / 2025

To:

MM / DD / YYYY
03 / 31 / 2025**I. RECEIPTS****COLUMN A**
Total This Period**COLUMN B**
Election Cycle-to-Date

11. CONTRIBUTIONS (other than loans) FROM:

(a) Individuals/Persons Other Than
Political Committees

(i) Itemized (use Schedule A).....

2750.00

2750.00

(ii) Unitemized

1800.42

1800.42

(iii) TOTAL of contributions
from individuals ▶

4550.42

4550.42

(b) Political Party Committees.....

0.00

0.00

(c) Other Political Committees
(such as PACs)

0.00

0.00

(d) The Candidate

0.00

0.00

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

4550.42

4550.42

12. TRANSFERS FROM OTHER
AUTHORIZED COMMITTEES

0.00

0.00

13. LOANS:

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

0.00

167.02

(b) All Other Loans.....

0.00

0.00

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

0.00

167.02

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)..... ▶

4550.42

4717.44

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.....	3200.35	3210.35
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	625.00	625.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	625.00	625.00
21. OTHER DISBURSEMENTS	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	3825.35	3835.35

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	182.02
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	4550.42
25. SUBTOTAL (add Line 23 and Line 24).....	4732.44
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	3825.35
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	907.09

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

PAGE 5 OF 30

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

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

NAME OF COMMITTEE (In Full)

Vote Swaffar

Full Name (Last, First, Middle Initial)

Blemaster, Gary, , ,

Mailing Address 2049 Isla Vista Lane

City

Naples

State

FL

Zip Code

34105

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 ▼

205.00

Date of Receipt

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

Transaction ID : SA11AI.6926

Amount of Each Receipt this Period

45.00

☐ Memo Item
Contribution

Full Name (Last, First, Middle Initial)

Blemaster, Gary, , ,

Mailing Address 2049 Isla Vista Lane

City

Naples

State

FL

Zip Code

34105

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 ▼

255.00

Date of Receipt

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

Transaction ID : SA11AI.6927

Amount of Each Receipt this Period

50.00

☐ Memo Item
Contribution

Full Name (Last, First, Middle Initial)

Blemaster, Gary, , ,

Mailing Address 2049 Isla Vista Lane

City

Naples

State

FL

Zip Code

34105

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 ▼

300.00

Date of Receipt

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

Transaction ID : SA11AI.6940

Amount of Each Receipt this Period

45.00

☐ Memo Item
Contribution**SUBTOTAL** of Receipts This Page (optional)..... ►

140.00

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

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

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NAME OF COMMITTEE (In Full)

Vote Swaffar

Full Name (Last, First, Middle Initial)

Blemaster, Gary, , ,

Mailing Address 2049 Isla Vista Lane

City

Naples

State

FL

Zip Code

34105

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 ▼

345.00

Date of Receipt

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

Transaction ID : SA11AI.6959

Amount of Each Receipt this Period

45.00

☐ Memo Item
Contribution

Full Name (Last, First, Middle Initial)

Cooley, Harold, , ,

Mailing Address 909 TANGLEWOOD DRIVE EAST

City

Irving

State

TX

Zip Code

75061

FEC ID number of contributing
federal political committee.

C

Name of Employer

UPS

Occupation

Driver

Receipt For: 2026



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

300.00

Date of Receipt

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

Transaction ID : SA11AI.6855

Amount of Each Receipt this Period

300.00

☐ Memo Item
Contribution

Full Name (Last, First, Middle Initial)

Coonly, John, , ,

Mailing Address 300 West Avenue

City

Austin

State

TX

Zip Code

78701

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 ▼

300.00

Date of Receipt

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

Transaction ID : SA11AI.6876

Amount of Each Receipt this Period

100.00

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

445.00

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

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
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Detailed Summary PageFOR LINE NUMBER:
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NAME OF COMMITTEE (In Full)

Vote Swaffar

Full Name (Last, First, Middle Initial)

Coonly, John, , ,

Mailing Address 300 West Avenue

City
AustinState
TXZip Code
78701FEC ID number of contributing
federal political committee.

C

Name of Employer
RetiredOccupation
Retired

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

435.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 28 2025

Transaction ID : SA11AI.6836

Amount of Each Receipt this Period

135.00

☐ Memo Item
Contribution

Full Name (Last, First, Middle Initial)

Coonly, John, , ,

Mailing Address 300 West Avenue

City
AustinState
TXZip Code
78701FEC ID number of contributing
federal political committee.

C

Name of Employer
RetiredOccupation
Retired

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

485.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 28 2025

Transaction ID : SA11AI.6881

Amount of Each Receipt this Period

50.00

☐ Memo Item
Contribution

Full Name (Last, First, Middle Initial)

Coonly, John, , ,

Mailing Address 300 West Avenue

City
AustinState
TXZip Code
78701FEC ID number of contributing
federal political committee.

C

Name of Employer
RetiredOccupation
Retired

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

585.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 28 2025

Transaction ID : SA11AI.6882

Amount of Each Receipt this Period

100.00

☐ Memo Item
Contribution

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

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

285.00

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
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☒ 11a	☐ 11b	☐ 11c	☐ 11d	☐ 15
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NAME OF COMMITTEE (In Full)

Vote Swaffar

Full Name (Last, First, Middle Initial)

Coonly, John, , ,

Mailing Address 300 West Avenue

City
AustinState
TXZip Code
78701FEC ID number of contributing
federal political committee.

C

Name of Employer
RetiredOccupation
Retired

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

660.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 29 2025

Transaction ID : SA11AI.6884

Amount of Each Receipt this Period

75.00

☐ Memo Item
Contribution

Full Name (Last, First, Middle Initial)

Coonly, John, , ,

Mailing Address 300 West Avenue

City
AustinState
TXZip Code
78701FEC ID number of contributing
federal political committee.

C

Name of Employer
RetiredOccupation
Retired

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

710.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 29 2025

Transaction ID : SA11AI.6885

Amount of Each Receipt this Period

50.00

☐ Memo Item
Contribution

Full Name (Last, First, Middle Initial)

Coonly, John, , ,

Mailing Address 300 West Avenue

City
AustinState
TXZip Code
78701FEC ID number of contributing
federal political committee.

C

Name of Employer
RetiredOccupation
Retired

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

785.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 29 2025

Transaction ID : SA11AI.6886

Amount of Each Receipt this Period

75.00

☐ Memo Item
Contribution

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

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

200.00

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
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Detailed Summary PageFOR LINE NUMBER:
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☒ 11a	☐ 11b	☐ 11c	☐ 11d	☐ 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Vote Swaffar

Full Name (Last, First, Middle Initial)

Coonly, John, , ,

Mailing Address 300 West Avenue

City
AustinState
TXZip Code
78701FEC ID number of contributing
federal political committee.

C

Name of Employer
RetiredOccupation
Retired

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

910.00

Date of Receipt

M M / D D / Y Y Y Y Y
01 29 2025

Transaction ID : SA11AI.6887

Amount of Each Receipt this Period

125.00

☐ Memo Item
Contribution

Full Name (Last, First, Middle Initial)

Coonly, John, , ,

Mailing Address 300 West Avenue

City
AustinState
TXZip Code
78701FEC ID number of contributing
federal political committee.

C

Name of Employer
RetiredOccupation
Retired

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

960.00

Date of Receipt

M M / D D / Y Y Y Y Y
01 29 2025

Transaction ID : SA11AI.6888

Amount of Each Receipt this Period

50.00

☐ Memo Item
Contribution

Full Name (Last, First, Middle Initial)

Coonly, John, , ,

Mailing Address 300 West Avenue

City
AustinState
TXZip Code
78701FEC ID number of contributing
federal political committee.

C

Name of Employer
RetiredOccupation
Retired

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1060.00

Date of Receipt

M M / D D / Y Y Y Y Y
01 29 2025

Transaction ID : SA11AI.6889

Amount of Each Receipt this Period

100.00

☐ Memo Item
Contribution

275.00

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

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

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

Vote Swaffar

Full Name (Last, First, Middle Initial)

Coonly, John, , ,

Mailing Address 300 West Avenue

City
AustinState
TXZip Code
78701FEC ID number of contributing
federal political committee.

C

Name of Employer
RetiredOccupation
Retired

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1110.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 01 2025

Transaction ID : SA11AI.6916

Amount of Each Receipt this Period

50.00

☐ Memo Item
Contribution

Full Name (Last, First, Middle Initial)

Coonly, John, , ,

Mailing Address 300 West Avenue

City
AustinState
TXZip Code
78701FEC ID number of contributing
federal political committee.

C

Name of Employer
RetiredOccupation
Retired

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1210.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 01 2025

Transaction ID : SA11AI.6917

Amount of Each Receipt this Period

100.00

☐ Memo Item
Contribution

Full Name (Last, First, Middle Initial)

Coonly, John, , ,

Mailing Address 300 West Avenue

City
AustinState
TXZip Code
78701FEC ID number of contributing
federal political committee.

C

Name of Employer
RetiredOccupation
Retired

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1285.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 03 2025

Transaction ID : SA11AI.6912

Amount of Each Receipt this Period

75.00

☐ Memo Item
Contribution

225.00

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

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

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
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Detailed Summary PageFOR LINE NUMBER:
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☒ 11a	☐ 11b	☐ 11c	☐ 11d	☐ 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Vote Swaffar

Full Name (Last, First, Middle Initial)

Coonly, John, , ,

Mailing Address 300 West Avenue

City
AustinState
TXZip Code
78701FEC ID number of contributing
federal political committee.

C

Name of Employer
RetiredOccupation
Retired

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1360.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 03 2025

Transaction ID : SA11AI.6913

Amount of Each Receipt this Period

75.00

☐ Memo Item
Contribution

Full Name (Last, First, Middle Initial)

Coonly, John, , ,

Mailing Address 300 West Avenue

City
AustinState
TXZip Code
78701FEC ID number of contributing
federal political committee.

C

Name of Employer
RetiredOccupation
Retired

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1410.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 03 2025

Transaction ID : SA11AI.6914

Amount of Each Receipt this Period

50.00

☐ Memo Item
Contribution

Full Name (Last, First, Middle Initial)

Coonly, John, , ,

Mailing Address 300 West Avenue

City
AustinState
TXZip Code
78701FEC ID number of contributing
federal political committee.

C

Name of Employer
RetiredOccupation
Retired

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1485.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 03 2025

Transaction ID : SA11AI.6915

Amount of Each Receipt this Period

75.00

☐ Memo Item
Contribution

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

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

200.00

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

PAGE 12 OF 30

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

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NAME OF COMMITTEE (In Full)

Vote Swaffar

Full Name (Last, First, Middle Initial)

Coonly, John, , ,

Mailing Address 300 West Avenue

City
AustinState
TXZip Code
78701FEC ID number of contributing
federal political committee.

C

Name of Employer
RetiredOccupation
Retired

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1510.00

Date of Receipt

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

Transaction ID : SA11AI.6921

Amount of Each Receipt this Period

25.00

☐ Memo Item
Contribution

Full Name (Last, First, Middle Initial)

Coonly, John, , ,

Mailing Address 300 West Avenue

City
AustinState
TXZip Code
78701FEC ID number of contributing
federal political committee.

C

Name of Employer
RetiredOccupation
Retired

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1560.00

Date of Receipt

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

Transaction ID : SA11AI.6922

Amount of Each Receipt this Period

50.00

☐ Memo Item
Contribution

Full Name (Last, First, Middle Initial)

Coonly, John, , ,

Mailing Address 300 West Avenue

City
AustinState
TXZip Code
78701FEC ID number of contributing
federal political committee.

C

Name of Employer
RetiredOccupation
Retired

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1610.00

Date of Receipt

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

Transaction ID : SA11AI.6923

Amount of Each Receipt this Period

50.00

☐ Memo Item
Contribution**SUBTOTAL** of Receipts This Page (optional)..... ►

125.00

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

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

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NAME OF COMMITTEE (In Full)

Vote Swaffar

Full Name (Last, First, Middle Initial)

Coonly, John, , ,

Mailing Address 300 West Avenue

City
AustinState
TXZip Code
78701FEC ID number of contributing
federal political committee.

C

Name of Employer
RetiredOccupation
Retired

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1860.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 07 2025

Transaction ID : SA11AI.6932

Amount of Each Receipt this Period

250.00

☐ Memo Item
Contribution

Full Name (Last, First, Middle Initial)

Decanter, Steve, , ,

Mailing Address 4782 Abrigador Trail NE

City
AllentownState
PAZip Code
18104FEC ID number of contributing
federal political committee.

C

Name of Employer
RetiredOccupation
Retired

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

205.00

Date of Receipt

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

Transaction ID : SA11AI.6920

Amount of Each Receipt this Period

45.00

☐ Memo Item
Contribution

Full Name (Last, First, Middle Initial)

Decanter, Steve, , ,

Mailing Address 4782 Abrigador Trail NE

City
AllentownState
PAZip Code
18104FEC ID number of contributing
federal political committee.

C

Name of Employer
RetiredOccupation
Retired

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
02 07 2025

Transaction ID : SA11AI.6935

Amount of Each Receipt this Period

45.00

☐ Memo Item
Contribution

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

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

340.00

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

Vote Swaffar

Full Name (Last, First, Middle Initial)

Decanter, Steve, , ,

Mailing Address 4782 Abrigador Trail NE

City

Allentown

State

PA

Zip Code

18104

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 ▼

300.00

Date of Receipt

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

Transaction ID : SA11AI.6955

Amount of Each Receipt this Period

50.00

☐ Memo Item
Contribution

Full Name (Last, First, Middle Initial)

Greenberg, Donald, , ,

Mailing Address 616 North 22nd Street

City

Allentown

State

PA

Zip Code

18104

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 ▼

225.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	9		2	0	2	5

Transaction ID : SA11AI.6896

Amount of Each Receipt this Period

25.00

☐ Memo Item
Contribution

Full Name (Last, First, Middle Initial)

Hanifil, Darren, , ,

Mailing Address 4691 Baycliff Rd

City

Excelsior

State

MN

Zip Code

55331

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 ▼

240.00

Date of Receipt

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

Transaction ID : SA11AI.6908

Amount of Each Receipt this Period

45.00

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

120.00

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

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

Vote Swaffar

Full Name (Last, First, Middle Initial)

Hanifil, Darren, , ,

Mailing Address 4691 Baycliff Rd

City
ExcelsiorState
MNZip Code
55331FEC ID number of contributing
federal political committee.

C

Name of Employer
RetiredOccupation
Retired

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

275.00

Date of Receipt

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

Transaction ID : SA11AI.6929

Amount of Each Receipt this Period

35.00

☐ Memo Item
Contribution

Full Name (Last, First, Middle Initial)

Hanifil, Darren, , ,

Mailing Address 4691 Baycliff Rd

City
ExcelsiorState
MNZip Code
55331FEC ID number of contributing
federal political committee.

C

Name of Employer
RetiredOccupation
Retired

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 11 2025

Transaction ID : SA11AI.6954

Amount of Each Receipt this Period

25.00

☐ Memo Item
Contribution

Full Name (Last, First, Middle Initial)

housand, Helen, , ,

Mailing Address 392 Hollingsworth Lane

City
LexingtonState
SCZip Code
92072FEC ID number of contributing
federal political committee.

C

Name of Employer
RetiredOccupation
Retired

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

215.00

Date of Receipt

M M / D D / Y Y Y Y Y
01 27 2025

Transaction ID : SA11AI.6872

Amount of Each Receipt this Period

25.00

☐ Memo Item
Contribution

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

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

85.00

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

Vote Swaffar

Full Name (Last, First, Middle Initial)
housand, Helen, , ,

Mailing Address 392 Hollingsworth Lane

City
LexingtonState
SCZip Code
92072FEC ID number of contributing
federal political committee.

C

Name of Employer
RetiredOccupation
Retired

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y
01 28 2025

Transaction ID : SA11AI.6880

Amount of Each Receipt this Period

25.00

☐ Memo Item
ContributionFull Name (Last, First, Middle Initial)
housand, Helen, , ,

Mailing Address 392 Hollingsworth Lane

City
LexingtonState
SCZip Code
92072FEC ID number of contributing
federal political committee.

C

Name of Employer
RetiredOccupation
Retired

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

265.00

Date of Receipt

M M / D D / Y Y Y Y Y
01 29 2025

Transaction ID : SA11AI.6898

Amount of Each Receipt this Period

25.00

☐ Memo Item
ContributionFull Name (Last, First, Middle Initial)
housand, Helen, , ,

Mailing Address 392 Hollingsworth Lane

City
LexingtonState
SCZip Code
92072FEC ID number of contributing
federal political committee.

C

Name of Employer
RetiredOccupation
Retired

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 03 2025

Transaction ID : SA11AI.6910

Amount of Each Receipt this Period

35.00

☐ Memo Item
Contribution

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

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

85.00

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
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☒ 11a	☐ 11b	☐ 11c	☐ 11d	☐ 15
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NAME OF COMMITTEE (In Full)

Vote Swaffar

Full Name (Last, First, Middle Initial)
housand, Helen, , ,

Mailing Address 392 Hollingsworth Lane

City
LexingtonState
SCZip Code
92072FEC ID number of contributing
federal political committee.

C

Name of Employer
RetiredOccupation
Retired

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

345.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 03 2025

Transaction ID : SA11AI.6911

Amount of Each Receipt this Period

45.00

☐ Memo Item
ContributionFull Name (Last, First, Middle Initial)
housand, Helen, , ,

Mailing Address 392 Hollingsworth Lane

City
LexingtonState
SCZip Code
92072FEC ID number of contributing
federal political committee.

C

Name of Employer
RetiredOccupation
Retired

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

385.00

Date of Receipt

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

Transaction ID : SA11AI.6930

Amount of Each Receipt this Period

40.00

☐ Memo Item
ContributionFull Name (Last, First, Middle Initial)
housand, Helen, , ,

Mailing Address 392 Hollingsworth Lane

City
LexingtonState
SCZip Code
92072FEC ID number of contributing
federal political committee.

C

Name of Employer
RetiredOccupation
Retired

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

420.00

Date of Receipt

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

Transaction ID : SA11AI.6946

Amount of Each Receipt this Period

35.00

☐ Memo Item
Contribution

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

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

120.00

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

Vote Swaffar

Full Name (Last, First, Middle Initial)
housand, Helen, , ,

Mailing Address 392 Hollingsworth Lane

City
LexingtonState
SCZip Code
92072FEC ID number of contributing
federal political committee.

C

Name of Employer
RetiredOccupation
Retired

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

455.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
02		07		2025

Transaction ID : SA11AI.6934

Amount of Each Receipt this Period

35.00

☐ Memo Item
ContributionFull Name (Last, First, Middle Initial)
housand, Helen, , ,

Mailing Address 392 Hollingsworth Lane

City
LexingtonState
SCZip Code
92072FEC ID number of contributing
federal political committee.

C

Name of Employer
RetiredOccupation
Retired

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

480.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
02		10		2025

Transaction ID : SA11AI.6957

Amount of Each Receipt this Period

25.00

☐ Memo Item
ContributionFull Name (Last, First, Middle Initial)
housand, Helen, , ,

Mailing Address 392 Hollingsworth Lane

City
LexingtonState
SCZip Code
92072FEC ID number of contributing
federal political committee.

C

Name of Employer
RetiredOccupation
Retired

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

525.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
02		10		2025

Transaction ID : SA11AI.6958

Amount of Each Receipt this Period

45.00

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

105.00

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

2750.00

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
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NAME OF COMMITTEE (In Full)

Vote Swaffar

Full Name (Last, First, Middle Initial)

A. Britton, Nicholas, J, ,

Mailing Address 6333 NW 42nd Terr

Date of Disbursement

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

City
Coconut CreekState
FLZip Code
33073

FEC Identification Number

C C00871186Purpose of Disbursement
Fundraising Commission

003

Amount of Each Disbursement this Period

1092.37

Transaction ID : SB17.6951

☐ Memo ItemCandidate Name
Vote SwaffarCategory/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

State: FL District: 23

Full Name (Last, First, Middle Initial)

B. FEC Infusion LLC

Mailing Address PO Box 3495

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	9		2	0	2	5

City
Palm BeachState
FLZip Code
33480

FEC Identification Number

C H0FL22100Purpose of Disbursement
Accounting Consulting

001

Amount of Each Disbursement this Period

526.30

Transaction ID : SB17.6901

☐ Memo ItemCandidate Name
SWAFFAR, Darlene, Cerezo, ,Category/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

State: FL District: 23

Full Name (Last, First, Middle Initial)

C. WinRed

Mailing Address PO BOX 9891

Date of Disbursement

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

City
ArlingtonState
VAZip Code
22219

FEC Identification Number

C C00871186Purpose of Disbursement
Processing Fees

003

Amount of Each Disbursement this Period

1424.92

Transaction ID : SB17.6863

☐ Memo ItemCandidate Name
Vote SwaffarCategory/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

State: FL District: 23

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

3043.59

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

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

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NAME OF COMMITTEE (In Full)

Vote Swaffar

Full Name (Last, First, Middle Initial)

A. WinRed

Mailing Address PO BOX 9891

Date of Disbursement

M M	/	D D	/	Y Y Y Y
01		28		2025

City
ArlingtonState
VAZip Code
22219

FEC Identification Number

C	C00871186
---	-----------

Purpose of Disbursement
Processing Fees

003

Amount of Each Disbursement this Period

7.30

Candidate Name
Vote SwaffarCategory/
Type

Office Sought:

☒	House
☐	Senate
☐	President

Disbursement For: 2026

☒	Primary	☐	General
☐	Other (specify) ▼		

Transaction ID : SB17.6883

☐ Memo Item

State: FL

District: 23

Full Name (Last, First, Middle Initial)

B. WinRed

Mailing Address PO BOX 9891

Date of Disbursement

M M	/	D D	/	Y Y Y Y
01		29		2025

City
ArlingtonState
VAZip Code
22219

FEC Identification Number

C	C00871186
---	-----------

Purpose of Disbursement
Processing Fees

003

Amount of Each Disbursement this Period

28.02

Candidate Name
Vote SwaffarCategory/
Type

Office Sought:

☒	House
☐	Senate
☐	President

Disbursement For: 2026

☒	Primary	☐	General
☐	Other (specify) ▼		

Transaction ID : SB17.6890

☐ Memo Item

State: FL

District: 23

Full Name (Last, First, Middle Initial)

C. WinRed

Mailing Address PO BOX 9891

Date of Disbursement

M M	/	D D	/	Y Y Y Y
01		30		2025

City
ArlingtonState
VAZip Code
22219

FEC Identification Number

C	C00871186
---	-----------

Purpose of Disbursement
Processing Fees

003

Amount of Each Disbursement this Period

0.79

Candidate Name
Vote SwaffarCategory/
Type

Office Sought:

☒	House
☐	Senate
☐	President

Disbursement For: 2026

☒	Primary	☐	General
☐	Other (specify) ▼		

Transaction ID : SB17.6905

☐ Memo Item

State: FL

District: 23

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

36.11

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

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

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NAME OF COMMITTEE (In Full)

Vote Swaffar

Full Name (Last, First, Middle Initial)

A. WinRed

Mailing Address PO BOX 9891

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		03		2025

City
ArlingtonState
VAZip Code
22219

FEC Identification Number

C	C00871186
---	-----------

Purpose of Disbursement
Processing Fees

003

Amount of Each Disbursement this Period

26.80

Candidate Name
Vote SwaffarCategory/
Type

Office Sought:

☒	House
☐	Senate
☐	President

Disbursement For: 2026

☒	Primary	☐	General
☐	Other (specify) ▼		

Transaction ID : SB17.6919

☐ Memo Item

State: FL

District: 23

Full Name (Last, First, Middle Initial)

B. WinRed

Mailing Address PO BOX 9891

Date of Disbursement

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

City
ArlingtonState
VAZip Code
22219

FEC Identification Number

C	C00871186
---	-----------

Purpose of Disbursement
Processing Fees

003

Amount of Each Disbursement this Period

11.82

Candidate Name
Vote SwaffarCategory/
Type

Office Sought:

☒	House
☐	Senate
☐	President

Disbursement For: 2026

☒	Primary	☐	General
☐	Other (specify) ▼		

Transaction ID : SB17.6943

☐ Memo Item

State: FL

District: 23

Full Name (Last, First, Middle Initial)

C. WinRed

Mailing Address PO BOX 9891

Date of Disbursement

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

City
ArlingtonState
VAZip Code
22219

FEC Identification Number

C	C00871186
---	-----------

Purpose of Disbursement
Processing Fees

003

Amount of Each Disbursement this Period

1.38

Candidate Name
Vote SwaffarCategory/
Type

Office Sought:

☒	House
☐	Senate
☐	President

Disbursement For: 2026

☒	Primary	☐	General
☐	Other (specify) ▼		

Transaction ID : SB17.6942

☐ Memo Item

State: FL

District: 23

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

40.00

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

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SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
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Detailed Summary PageFOR LINE NUMBER:
(check only one)

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☐ 20a	☐ 20b	☐ 20c	☐ 21

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NAME OF COMMITTEE (In Full)

Vote Swaffar

Full Name (Last, First, Middle Initial)

A. WinRed

Mailing Address PO BOX 9891

Date of Disbursement

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

City
ArlingtonState
VAZip Code
22219

FEC Identification Number

C	C00871186
---	-----------

Purpose of Disbursement
Processing Fees

003

Amount of Each Disbursement this Period

2.96

Transaction ID : SB17.6944

☐ Memo ItemCandidate Name
Vote SwaffarCategory/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

State: FL District: 23

Full Name (Last, First, Middle Initial)

B. WinRed

Mailing Address PO BOX 9891

Date of Disbursement

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

City
ArlingtonState
VAZip Code
22219

FEC Identification Number

C	C00871186
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Purpose of Disbursement
Processing Fees

003

Amount of Each Disbursement this Period

20.51

Transaction ID : SB17.6941

☐ Memo ItemCandidate Name
Vote SwaffarCategory/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

State: FL District: 23

Full Name (Last, First, Middle Initial)

C. WinRed

Mailing Address PO BOX 9891

Date of Disbursement

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

City
ArlingtonState
VAZip Code
22219

FEC Identification Number

C	C00871186
---	-----------

Purpose of Disbursement
Processing Fees

003

Amount of Each Disbursement this Period

7.49

Transaction ID : SB17.6960

☐ Memo ItemCandidate Name
Vote SwaffarCategory/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

State: FL District: 23

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

30.96

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

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

PAGE 23 OF 30

☒ 17	☐ 18	☐ 19a	☐ 19b
20a	20b	20c	21

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NAME OF COMMITTEE (In Full)

Vote Swaffar

Full Name (Last, First, Middle Initial)

A. WinRed

Mailing Address PO BOX 9891

Date of Disbursement

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

City
ArlingtonState
VAZip Code
22219

FEC Identification Number

C C00871186

Purpose of Disbursement
Processing Fees

003

Amount of Each Disbursement this Period

1.29

Candidate Name
Vote SwaffarCategory/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Transaction ID : SB17.6965

☐ Memo Item

State: FL District: 23

Full Name (Last, First, Middle Initial)

B.

Mailing Address

Date of Disbursement

M M	/	D D	/	Y Y Y Y

City

State

Zip Code

FEC Identification Number

C

Purpose of Disbursement

Category/
Type

Amount of Each Disbursement this Period

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼☐ Memo Item

State:

District:

Full Name (Last, First, Middle Initial)

C.

Mailing Address

Date of Disbursement

M M	/	D D	/	Y Y Y Y

City

State

Zip Code

FEC Identification Number

C

Purpose of Disbursement

Category/
Type

Amount of Each Disbursement this Period

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼☐ Memo Item

State:

District:

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

1.29

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

3151.95

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

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

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NAME OF COMMITTEE (In Full)

Vote Swaffar

Full Name (Last, First, Middle Initial)

A. housand, Helen, , ,

Mailing Address 392 Hollingsworth Lane

City
LexingtonState
SCZip Code
92072Purpose of Disbursement
Refund of Contributions

010

Candidate Name
Vote SwaffarCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2026
☒ Primary ☐ General
☐ Other (specify) ▼

State: FL District: 23

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02	/	17	/	2025

FEC Identification Number

C C00871186

Amount of Each Disbursement this Period

560.00

Transaction ID : SB20A.6952

☐ Memo Item

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

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

560.00

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

560.00

SCHEDULE C (FEC Form 3)
LOANSUse separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 25 OF 30

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

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.6821

Vote Swaffar

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

Election: 2026

☒ Primary☐ General☐ Other (specify) ▼

Kiger, Robert, Scott, ,

Mailing Address

PO Box 3475

City

Palm Beach

State

FL

ZIP Code

33480

☒ Personal Funds of the Candidate

Original Amount of Loan

25.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

25.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
10 / 25 / 2024M M / D D / Y Y Y Y
NoneM M / D D / Y Y Y Y
NoneY Y Y Y
None

0.00 % (apr)

☐ Yes ☒ No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

25.00

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

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

SCHEDULE C (FEC Form 3)
LOANSUse separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 26 OF 30

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

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.5413

Vote Swaffar

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

Election: 2024

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

10 FAIRWAY DRIVE
SUITE 118

City

DEERFIELD BEACH

State

FL

ZIP Code

33441

☒ Personal Funds of the Candidate

Original Amount of Loan

1000.00

Cumulative Payment To Date

167.02

Balance Outstanding at Close of This Period

832.98

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
02 26 / 2024

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

None

0.00 % (apr)

☐ Yes ☒ No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

832.98

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

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

SCHEDULE C (FEC Form 3)
LOANSUse separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 27 OF 30

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

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.6214

Vote Swaffar

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

Election: 2024

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

10 FAIRWAY DRIVE
SUITE 118

City

DEERFIELD BEACH

State

FL

ZIP Code

33441

☒ Personal Funds of the Candidate

Original Amount of Loan

5000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

5000.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
06 / 24 / 2024

M M / D D / Y Y Y Y

D D / Y Y Y Y

None

0.00 % (apr)

☐ Yes ☒ No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

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

PAGE 28 OF 30

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

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.6669

Vote Swaffar

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

Election: 2024

☒ Primary☐ General☐ Other (specify) ▼

SWAFFAR, Darlene, Cerezo, ,

Mailing Address

10 FAIRWAY DRIVE
SUITE 118

City

DEERFIELD BEACH

State

FL

ZIP Code

33441

☒ Personal Funds of the Candidate

Original Amount of Loan

5000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

5000.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
07 22 / 2024

M M / D D / Y Y Y Y

None

0.00 % (apr)

☐ Yes ☒ No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

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

PAGE 29 OF 30

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

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.6752

Vote Swaffar

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

Election: 2024

☒ Primary☐ General☐ Other (specify) ▼

SWAFFAR, Darlene, Cerezo, ,

Mailing Address

10 FAIRWAY DRIVE
SUITE 118

City

DEERFIELD BEACH

State

FL

ZIP Code

33441

☒ Personal Funds of the Candidate

Original Amount of Loan

10000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

10000.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
08 09 / 2024

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

None

0.00 % (apr)

☐ Yes ☒ No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

10000.00

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

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

SCHEDULE C (FEC Form 3)
LOANSUse separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 30 OF 30

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

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.6829

Vote Swaffar

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

Election: 2024

☐ Primary☒ General☐ Other (specify) ▼

Mailing Address

10 FAIRWAY DRIVE
SUITE 118

City

DEERFIELD BEACH

State

FL

ZIP Code

33441

☐ Personal Funds of the Candidate

Original Amount of Loan

167.02

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

167.02

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
12 03 / 2024

M M / D D / Y Y Y Y

None

0.00 % (apr)

☐ Yes ☒ No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

167.02

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

21025.00

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