

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.   
**Rick Scott Victory Fund**

ADDRESS (number and street)   
 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲  
 3. IS THIS REPORT  NEW (N) OR  AMENDED (A)

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)  
 July 31 Mid-Year Report (Non-election Year Only) (MY)  
 Termination Report (TER)  
(b) Monthly Report Due On:  
 Feb 20 (M2)  May 20 (M5)  Aug 20 (M8)  Nov 20 (M11) (Non-Election Year Only)  
 Mar 20 (M3)  Jun 20 (M6)  Sep 20 (M9)  Dec 20 (M12) (Non-Election Year Only)  
 Apr 20 (M4)  Jul 20 (M7)  Oct 20 (M10)  Jan 31 (YE)  
(c) 12-Day PRE-Election Report for the:  
 Primary (12P)  General (12G)  Runoff (12R)  
 Convention (12C)  Special (12S)  
Election on  /  /  in the State of   
(d) 30-Day POST-Election Report for the:  
 General (30G)  Runoff (30R)  Special (30S)  
Election on  /  /  in the State of

5. Covering Period  /  /  through  /  /

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.  
Purpura, Salvatore, , ,  
Type or Print Name of Treasurer

Signature of Treasurer Purpura, Salvatore, , , [Electronically Filed] Date  /  /

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

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

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Page 2

Write or Type Committee Name

**Rick Scott Victory Fund**

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2021"/>		17904.02
(b) Cash on Hand at Beginning of Reporting Period.....	17904.02	
(c) Total Receipts (from Line 19) .....	856412.65	856412.65
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	874316.67	874316.67
7. Total Disbursements (from Line 31).....	776491.98	776491.98
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	97824.69	97824.69
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

## DETAILED SUMMARY PAGE of Receipts

Write or Type Committee Name  
**Rick Scott Victory Fund**

Report Covering the Period: From: M M / D D / Y Y Y Y Y 01 / 01 / 2021 To: M M / D D / Y Y Y Y Y 03 / 31 / 2021

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	856412.64	856412.64
(ii) Unitemized .....	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	856412.64	856412.64
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	856412.64	856412.64
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.01	0.01
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	856412.65	856412.65
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	856412.65	856412.65

**DETAILED SUMMARY PAGE**

of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	83829.26	83829.26
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	83829.26	83829.26
22. Transfers to Affiliated/Other Party Committees.....	692662.72	692662.72
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements (Including Non-Federal Donations).....	0.00	0.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) .....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	776491.98	776491.98
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	776491.98	776491.98

**DETAILED SUMMARY PAGE**  
of Disbursements

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Page 5

<b>III. Net Contributions/ Operating Expenditures</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	856412.64	856412.64
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	856412.64	856412.64
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	83829.26	83829.26
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.01	0.01
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	83829.25	83829.25

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 6 OF 44
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)  
**Rick Scott Victory Fund**

**A. AGATSTON, ARTHUR, S., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7765 FISHER ISLAND DRIVE  
 City MIAMI BEACH State FL Zip Code 33109-0952  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SELF-EMPLOYED Occupation (for Individual) DOCTOR /CARDIOLOGIST  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2800.00

Date of Receipt 01 / 27 / 2021  
**Transaction ID : SA11A.152943**  
 Amount of Each Receipt this Period 2800.00  
 Memo Item  
**CONTRIBUTION**

**B. BISHOP, ROBERT, , MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 201 EL VERADO ROAD  
 City PALM BEACH State FL Zip Code 33480-  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) IMPALA ASSET MANAGEMENT Occupation (for Individual) PRINCIPAL  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1254.47

Date of Receipt 03 / 23 / 2021  
**Transaction ID : SA11A.157619**  
 Amount of Each Receipt this Period 1254.47  
 Memo Item  
**CONTRIBUTION**  
 INKIND FOOD AND BEVERAGE

**C. BRODSKY, DAVID, , MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 259 CLARKE AVE  
 City PALM BEACH State FL Zip Code 33480-6124  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 12500.00

Date of Receipt 03 / 12 / 2021  
**Transaction ID : SA11A.156638**  
 Amount of Each Receipt this Period 12500.00  
 Memo Item  
**CONTRIBUTION**

<b>SUBTOTAL</b> of Receipts This Page (optional).....	16554.47
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 44
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Rick Scott Victory Fund**

**A. CHOATE, ARTHUR, B., MR.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1390 S DIXIE HWY, STE 2221

City CORAL GABLES	State FL	Zip Code 33146-2946
----------------------	-------------	------------------------

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

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
25000.00

Date of Receipt  
MM / DD / YYYY  
02 / 18 / 2021

**Transaction ID : SA11A.155524**

Amount of Each Receipt this Period  
25000.00

Memo Item  
CONTRIBUTION

**B. COLE, RICHARD, P., MR.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 9150 SOUTH DADELAND BLVD  
SUITE 1500

City MIAMI	State FL	Zip Code 33156-7856
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) COLE, SCOTT & KISSANE P.A.	Occupation (for Individual) ATTORNEY
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
100000.00

Date of Receipt  
MM / DD / YYYY  
03 / 12 / 2021

**Transaction ID : SA11A.156632**

Amount of Each Receipt this Period  
100000.00

Memo Item  
CONTRIBUTION

**C. CORR, THOMAS, L., ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3001 OCEAN DRIVE  
STE. 203

City VERO BEACH	State FL	Zip Code 32963-1992
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) GEORGE E. WARREN LLC	Occupation (for Individual) PETROLEUM BLENDING/TRADING
---	---

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
75000.00

Date of Receipt  
MM / DD / YYYY  
03 / 31 / 2021

**Transaction ID : SA11A.158884**

Amount of Each Receipt this Period  
75000.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	200000.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 44
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**Rick Scott Victory Fund**

**A. DAVIS FRUSHONE, ASHLEY, E., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1201 PENNSYLVANIA AVE NW  
 City WASHINGTON State DC Zip Code 20004-2401  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WEST FRONT STRATEGIES LLC Occupation (for Individual) FOUNDER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 6250.00

Date of Receipt **03 / 11 / 2021**  
**Transaction ID : SA11A.156636**  
 Amount of Each Receipt this Period 6250.00  
 Memo Item  
**CONTRIBUTION**

**B. DIENER, ROBERT, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8 INDIAN CREEK ISLAND ROAD  
 City MIAMI BEACH State FL Zip Code 33154-2903  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) HOTELS.COM Occupation (for Individual) EXECUTIVE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 3300.00

Date of Receipt **01 / 26 / 2021**  
**Transaction ID : SA11A.152942**  
 Amount of Each Receipt this Period 3300.00  
 Memo Item  
**CONTRIBUTION**

**C. EGERT, MARY, CHRISTINE, MRS.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 12467 N BAYSHORE DR.  
 City NORTH MIAMI State FL Zip Code 33181-2450  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) ACE Occupation (for Individual) OFFICE MANAGER  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 3300.00

Date of Receipt **02 / 03 / 2021**  
**Transaction ID : SA11A.155164**  
 Amount of Each Receipt this Period 3300.00  
 Memo Item  
**CONTRIBUTION**

<b>SUBTOTAL</b> of Receipts This Page (optional).....	12850.00
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 9 OF 44
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Rick Scott Victory Fund**

**A. FLORY, DAVID, , MR.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 50 SOUTH POINTE DRIVE  
UNIT 2008

City MIAMI BEACH	State FL	Zip Code 33139-4787
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
50000.00

Date of Receipt  
MM / DD / YYYY  
02 / 18 / 2021

**Transaction ID : SA11A.155528**

Amount of Each Receipt this Period  
50000.00

Memo Item  
CONTRIBUTION

**B. GOSTFRAND, HOWARD, , MR.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 18326 NORTHWEST 7TH AVENUE

City MIAMI GARDENS	State FL	Zip Code 33169-4438
-----------------------	-------------	------------------------

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

Name of Employer (for Individual) AMERICAN CAPITAL VENTURES, INC.	Occupation (for Individual) CONSULTING
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
02 / 17 / 2021

**Transaction ID : SA11A.155525**

Amount of Each Receipt this Period  
500.00

Memo Item  
CONTRIBUTION

SEE REATTRIBUTION

**C. GOSTFRAND, HOWARD, , MR.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 18326 NORTHWEST 7TH AVENUE

City MIAMI GARDENS	State FL	Zip Code 33169-4438
-----------------------	-------------	------------------------

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

Name of Employer (for Individual) AMERICAN CAPITAL VENTURES, INC.	Occupation (for Individual) CONSULTING
--	---

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
02 / 17 / 2021

**Transaction ID : SA11A.155527**

Amount of Each Receipt this Period  
- 250.00

Memo Item  
CONTRIBUTION

REATTRIBUTION TO SPOUSE

<b>SUBTOTAL</b> of Receipts This Page (optional).....	50500.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 44
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Rick Scott Victory Fund**

**A. GOSTFRAND, STELLA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 18326 NORTHWEST 7TH AVENUE  
 City MIAMI GARDENS State FL Zip Code 33169-4438  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) MACKIN REALTY Occupation (for Individual) REAL ESTATE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **02 / 17 / 2021**  
**Transaction ID : SA11A.155526**  
 Amount of Each Receipt this Period 250.00  
 Memo Item CONTRIBUTION  
 REATTRIBUTION FROM SPOUSE

**B. HELFMAN, STEVE, , MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 819 2ND STREET  
 City MIAMI BEACH State FL Zip Code 33139-7192  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WEISS SEROTA HELFMAN COLE & BIERMAN Occupation (for Individual) ATTORNEY  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 3000.00

Date of Receipt **01 / 26 / 2021**  
**Transaction ID : SA11A.152941**  
 Amount of Each Receipt this Period 3000.00  
 Memo Item CONTRIBUTION

**C. HENDERSON, JIMMY, W., MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2441 ALAQUA DRIVE  
 City LONGWOOD State FL Zip Code 32779-3124  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) ASSUREDPARTNERS Occupation (for Individual) EXECUTIVE CHAIRMAN  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 36500.00

Date of Receipt **03 / 11 / 2021**  
**Transaction ID : SA11A.156637**  
 Amount of Each Receipt this Period 36500.00  
 Memo Item CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	39500.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 44
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Rick Scott Victory Fund**

**A. KLEPACH, JULIUS, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 33 INDIAN CREEK ISLAND ROAD  
 City INDIAN CREEK VILLA State FL Zip Code 33154-2901  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) UNIVERSITY OF MIAMI Occupation (for Individual) STUDENT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 3500.00

Date of Receipt **02 / 03 / 2021**  
**Transaction ID : SA11A.155163**  
 Amount of Each Receipt this Period 3500.00  
 Memo Item  
 CONTRIBUTION

**B. MACKECHNIE, IAN, , MR., SR.**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4902 ANDROS DR  
 City TAMPA State FL Zip Code 33629-4802  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) AMSCOT FINANCIAL, INC. Occupation (for Individual) EXECUTIVE VICE CHAIRMAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 50000.00

Date of Receipt **03 / 12 / 2021**  
**Transaction ID : SA11A.156631**  
 Amount of Each Receipt this Period 50000.00  
 Memo Item  
 CONTRIBUTION

**C. MCCAFFERY, MARGARET, , MRS.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 360 POETT ROAD  
 City HILLSBOROUGH State CA Zip Code 94010-6833  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 25000.00

Date of Receipt **02 / 26 / 2021**  
**Transaction ID : SA11A.155694**  
 Amount of Each Receipt this Period 25000.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	78500.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 44
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)  
**Rick Scott Victory Fund**

**A. MCCAFFERY, MICHAEL, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 360 POETT ROAD

City MENLO PARK	State CA	Zip Code 94010-6833
--------------------	-------------	------------------------

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

Name of Employer (for Individual) MAKENA CAPITAL MANAGEMENT	Occupation (for Individual) CHAIRMAN
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
25000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02		26		2021

**Transaction ID : SA11A.155695**

Amount of Each Receipt this Period  
25000.00

Memo Item  
CONTRIBUTION

**B. RABOIS, KEITH, , MR.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1429 NORTH VENETIAN WAY

City MIAMI BEACH	State FL	Zip Code 33139-1141
---------------------	-------------	------------------------

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

Name of Employer (for Individual) FOUNDERS FUND	Occupation (for Individual) PARTNER
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
50000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02		10		2021

**Transaction ID : SA11A.155444**

Amount of Each Receipt this Period  
50000.00

Memo Item  
CONTRIBUTION

**C. SCOTT, RICK, , SEN,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO BOX 76024

City WASHINGTON	State DC	Zip Code 20002
--------------------	-------------	-------------------

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

Name of Employer (for Individual) US SENATE	Occupation (for Individual) US SENATOR
--	---

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
50908.17

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
01		31		2021

**Transaction ID : SA11A.674**

Amount of Each Receipt this Period  
1650.00

Memo Item  
IN-KIND: FACILITY RENTAL 218 MD LLC 340

<b>SUBTOTAL</b> of Receipts This Page (optional).....	76650.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 13 OF 44
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Rick Scott Victory Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**A. SCOTT, RICK, , SEN,**

Mailing Address **PO BOX 76024**

City <b>WASHINGTON</b>	State <b>DC</b>	Zip Code <b>20002</b>
---------------------------	--------------------	--------------------------

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

Name of Employer (for Individual) <b>US SENATE</b>	Occupation (for Individual) <b>US SENATOR</b>
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**50908.17**

Date of Receipt  
**02 / 25 / 2021**

**Transaction ID : SA11A.676**

Amount of Each Receipt this Period  
**1100.00**

Memo Item  
**IN-KIND: FACILITY RENTAL 218 MD LLC 340**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**B. SCOTT, RICK, , SEN,**

Mailing Address **PO BOX 76024**

City <b>WASHINGTON</b>	State <b>DC</b>	Zip Code <b>20002</b>
---------------------------	--------------------	--------------------------

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

Name of Employer (for Individual) <b>US SENATE</b>	Occupation (for Individual) <b>US SENATOR</b>
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**50908.17**

Date of Receipt  
**01 / 07 / 2021**

**Transaction ID : SA11A.678**

Amount of Each Receipt this Period  
**11152.03**

Memo Item  
**IN-KIND: AIR -COLUMBIA COLLIER MGT 340 9**

**AIR CHARTER 1-4-21 AND 1-7-21**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**C. SCOTT, RICK, , SEN,**

Mailing Address **PO BOX 76024**

City <b>WASHINGTON</b>	State <b>DC</b>	Zip Code <b>20002</b>
---------------------------	--------------------	--------------------------

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

Name of Employer (for Individual) <b>US SENATE</b>	Occupation (for Individual) <b>US SENATOR</b>
---	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
**50908.17**

Date of Receipt  
**02 / 26 / 2021**

**Transaction ID : SA11A.682**

Amount of Each Receipt this Period  
**7418.19**

Memo Item  
**IN-KIND: AIR -COLUMBIA COLLIER MGT 340 9**

**AIR CHARTER 2/17, 2/18, 2/19, 2/26/21**

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>19670.22</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 14 OF 44
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Rick Scott Victory Fund**

**A. SCOTT, RICK, , SEN,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO BOX 76024

City WASHINGTON	State DC	Zip Code 20002
--------------------	-------------	-------------------

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

Name of Employer (for Individual) US SENATE	Occupation (for Individual) US SENATOR
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
50908.17

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03		31		2021

**Transaction ID : SA11A.684**

Amount of Each Receipt this Period  
275.00

Memo Item  
IN-KIND: FACILITY RENTAL 218 MD LLC 340

**B. SCOTT, RICK, , SEN,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO BOX 76024

City WASHINGTON	State DC	Zip Code 20002
--------------------	-------------	-------------------

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

Name of Employer (for Individual) US SENATE	Occupation (for Individual) US SENATOR
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
50908.17

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03		31		2021

**Transaction ID : SA11A.686**

Amount of Each Receipt this Period  
29312.95

Memo Item  
IN-KIND: AIR -COLUMBIA COLLIER MGT 340 9  
AIR CHARTER 3/11-3/13, 3/29-3/31

**C. SILVERMAN, JEFFREY, L., ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1445 16TH STREET #1102

City MIAMI BEACH	State FL	Zip Code 33139-2288
---------------------	-------------	------------------------

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

Name of Employer (for Individual) AGMAN PARTNERS	Occupation (for Individual) CO-FOUNDER
---	---

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
35500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
01		26		2021

**Transaction ID : SA11A.152940**

Amount of Each Receipt this Period  
35500.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	65087.95
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 44
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**Rick Scott Victory Fund**

**A. SMITH, DIANE, G., MRS.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2200 BUTTS RD.  
 SUITE 320  
 City BOCA RATON State FL Zip Code 33431-7453  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 100000.00

Date of Receipt 02 / 09 / 2021  
**Transaction ID : SA11A.155442**  
 Amount of Each Receipt this Period 100000.00  
 Memo Item CONTRIBUTION

**B. SMITH, THOMAS, W., MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2200 BUTTS RD.  
 SUITE 320  
 City BOCA RATON State FL Zip Code 33431-7453  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) PRESCOTT INVESTORS, INC. Occupation (for Individual) INVESTOR  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 100000.00

Date of Receipt 02 / 09 / 2021  
**Transaction ID : SA11A.155441**  
 Amount of Each Receipt this Period 100000.00  
 Memo Item CONTRIBUTION

**C. VALANI, RIAZ, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7 CROMWELL PLACE  
 KENSINGTON, LONDON SW7-23JN  
 City LONDON State ZZ Zip Code 99999-  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GLOBAL ASSET CAPITAL Occupation (for Individual) PRINCIPAL  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 9900.00

Date of Receipt 01 / 21 / 2021  
**Transaction ID : SA11A.152577**  
 Amount of Each Receipt this Period 9900.00  
 Memo Item CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	209900.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 44
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Rick Scott Victory Fund**

**A. WASHINGTON GARDENS MB LLC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1228 ALTON ROAD

City MIAMI BEACH	State FL	Zip Code 33139-3810
---------------------	-------------	------------------------

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

Name of Employer (for Individual)	Occupation (for Individual)
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Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
3300.00

Date of Receipt  
MM / DD / YYYY  
02 / 03 / 2021

**Transaction ID : SA11A.155165**

Amount of Each Receipt this Period  
3300.00

Memo Item  
CONTRIBUTION

SEE ATTRIBUTION BELOW

**B. RESNICK, JAMES, , DR., PH.D.**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2700 BAY AVENUE

City MIAMI BEACH	State FL	Zip Code 33140-4227
---------------------	-------------	------------------------

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

Name of Employer (for Individual) WASHINGTON GARDENS MB LLC	Occupation (for Individual) REAL ESTATE DEVELOPER
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
3300.00

Date of Receipt  
MM / DD / YYYY  
02 / 03 / 2021

**Transaction ID : SA11A.155166**

Amount of Each Receipt this Period  
3300.00

Memo Item  
CONTRIBUTION

PARTNERSHIP ATTRIBUTION

**C. WINRED**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO BOX 9891

City ARLINGTON	State VA	Zip Code 22219-1891
-------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00694323

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
80709.40

Date of Receipt  
MM / DD / YYYY  
02 / 05 / 2021

**Transaction ID : SA11C.155696**

Amount of Each Receipt this Period  
2789.50

Memo Item  
CONTRIBUTION

WINRED SEE BELOW FOR DONORS REQUIRING ITEMIZATION; SEE ATTRIBUTION BELOW FOR ALL DONORS ABOVE ITEMIZ

<b>SUBTOTAL</b> of Receipts This Page (optional).....	3300.00
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 44
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Rick Scott Victory Fund**

**A. ZIMMERMAN, SCOTT, , MR.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 125 E WEBSTER AVE

City WINTER PARK	State FL	Zip Code 32789-3224
---------------------	-------------	------------------------

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

Name of Employer (for Individual) SELF-EMPLOYED	Occupation (for Individual) REAL ESTATE
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2900.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02		03		2021

**Transaction ID : SA11A.155697**

Amount of Each Receipt this Period  
2900.00

Memo Item  
CONTRIBUTION

WINRED SEE BELOW FOR DONORS REQUIRING ITEMIZATION

**B. WINRED**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO BOX 9891

City ARLINGTON	State VA	Zip Code 22219-1891
-------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00694323

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
80709.40

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02		24		2021

**Transaction ID : SA11C.155698**

Amount of Each Receipt this Period  
14429.70

Memo Item  
CONTRIBUTION

WINRED SEE BELOW FOR DONORS REQUIRING ITEMIZATION; SEE ATTRIBUTION BELOW FOR ALL DONORS ABOVE ITEMIZ

**C. KIRTLEY, JOHN, , MR.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 511 W. BAY ST.  
SUITE 363

City TAMPA	State FL	Zip Code 33606-2737
---------------	-------------	------------------------

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

Name of Employer (for Individual) JJ INVESTMENT VENTURES	Occupation (for Individual) PRIVATE EQUITY
---	---

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
15000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02		22		2021

**Transaction ID : SA11A.155699**

Amount of Each Receipt this Period  
15000.00

Memo Item  
CONTRIBUTION

WINRED SEE BELOW FOR DONORS REQUIRING ITEMIZATION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	17900.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 44
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Rick Scott Victory Fund**

**A. WINRED**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO BOX 9891

City ARLINGTON	State VA	Zip Code 22219-1891
-------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00694323

Name of Employer (for Individual)	Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
80709.40

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03		10		2021

**Transaction ID : SA11C.156629**

Amount of Each Receipt this Period  
24049.70

Memo Item  
CONTRIBUTION

WINRED SEE BELOW FOR DONORS REQUIRING ITEMIZATION; SEE ATTRIBUTION BELOW FOR ALL DONORS ABOVE ITEMIZ

**B. RUST, ROBERT, W., MR.,**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6670 RIVIERA DR

City CORAL GABLES	State FL	Zip Code 33146-3529
----------------------	-------------	------------------------

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

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
25000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03		10		2021

**Transaction ID : SA11A.156630**

Amount of Each Receipt this Period  
25000.00

Memo Item  
CONTRIBUTION

WINRED SEE BELOW FOR DONORS REQUIRING ITEMIZATION

**C. WINRED**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO BOX 9891

City ARLINGTON	State VA	Zip Code 22219-1891
-------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00694323

Name of Employer (for Individual)	Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
80709.40

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03		16		2021

**Transaction ID : SA11C.156883**

Amount of Each Receipt this Period  
9619.70

Memo Item  
CONTRIBUTION

WINRED SEE BELOW FOR DONORS REQUIRING ITEMIZATION; SEE ATTRIBUTION BELOW FOR ALL DONORS ABOVE ITEMIZ

<b>SUBTOTAL</b> of Receipts This Page (optional).....	25000.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 44
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**Rick Scott Victory Fund**

**A. AGGARWAL, NITIN, , MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4401 SOUTH HOPKINS AVENUE #801  
 City TITUSVILLE State FL Zip Code 32780-6679  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) HOPKINS PHARMACY Occupation (for Individual) OWNER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 16000.00

Date of Receipt 03 / 16 / 2021  
**Transaction ID : SA11A.156884**  
 Amount of Each Receipt this Period 10000.00  
 Memo Item CONTRIBUTION  
 WINRED SEE BELOW FOR DONORS REQUIRING ITEMIZATION

**B. WINRED**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO BOX 9891  
 City ARLINGTON State VA Zip Code 22219-1891  
 FEC ID number of contributing federal political committee. **C** C00694323  
 Name of Employer (for Individual) Occupation (for Individual)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 80709.40

Date of Receipt 03 / 18 / 2021  
**Transaction ID : SA11C.156889**  
 Amount of Each Receipt this Period 1923.70  
 Memo Item CONTRIBUTION  
 WINRED SEE BELOW FOR DONORS REQUIRING ITEMIZATION; SEE ATTRIBUTION BELOW FOR ALL DONORS ABOVE ITEMIZ

**C. AGGARWAL, NITIN, , MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4401 SOUTH HOPKINS AVENUE #801  
 City TITUSVILLE State FL Zip Code 32780-6679  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) HOPKINS PHARMACY Occupation (for Individual) OWNER  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 16000.00

Date of Receipt 03 / 18 / 2021  
**Transaction ID : SA11A.156890**  
 Amount of Each Receipt this Period 2000.00  
 Memo Item CONTRIBUTION  
 WINRED SEE BELOW FOR DONORS REQUIRING ITEMIZATION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	12000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 44
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Rick Scott Victory Fund**

**A. WINRED**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO BOX 9891

City ARLINGTON State VA Zip Code 22219-1891

FEC ID number of contributing federal political committee. **C** C00694323

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 80709.40

Date of Receipt

03 / 24 / 2021

**Transaction ID : SA11C.157620**

Amount of Each Receipt this Period 3847.40

Memo Item CONTRIBUTION

WINRED SEE BELOW FOR DONORS REQUIRING ITEMIZATION; SEE ATTRIBUTION BELOW FOR ALL DONORS ABOVE ITEMIZ

**B. AGGARWAL, NITIN, , MR.,**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4401 SOUTH HOPKINS AVENUE #801

City TITUSVILLE State FL Zip Code 32780-6679

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

Name of Employer (for Individual) Occupation (for Individual)  
HOPKINS PHARMACY OWNER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 16000.00

Date of Receipt

03 / 24 / 2021

**Transaction ID : SA11A.157621**

Amount of Each Receipt this Period 4000.00

Memo Item CONTRIBUTION

WINRED SEE BELOW FOR DONORS REQUIRING ITEMIZATION

**C. WINRED**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO BOX 9891

City ARLINGTON State VA Zip Code 22219-1891

FEC ID number of contributing federal political committee. **C** C00694323

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  Primary  General  Other (specify)

Aggregate Year-to-Date ▼ 80709.40

Date of Receipt

03 / 30 / 2021

**Transaction ID : SA11C.158882**

Amount of Each Receipt this Period 24049.70

Memo Item CONTRIBUTION

WINRED SEE BELOW FOR DONORS REQUIRING ITEMIZATION; SEE ATTRIBUTION BELOW FOR ALL DONORS ABOVE ITEMIZ

<b>SUBTOTAL</b> of Receipts This Page (optional).....	4000.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 21 OF 44  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Rick Scott Victory Fund**

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**KEEN, ALLAN, E., MR.,**

Mailing Address **121 GARFIELD AVE**

City <b>WINTER PARK</b>	State <b>FL</b>	Zip Code <b>32789-3861</b>
----------------------------	--------------------	-------------------------------

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

Name of Employer (for Individual) <b>THE KEEWIN REAL PROPERTY CO</b>	Occupation (for Individual) <b>REAL ESTATE</b>
---	---

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**25000.00**

Date of Receipt  
**03 / 30 / 2021**

**Transaction ID : SA11A.158883**

Amount of Each Receipt this Period  
**25000.00**

Memo Item  
**CONTRIBUTION**

**WINRED SEE BELOW FOR DONORS REQUIRING ITEMIZATION**

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City	State	Zip Code
------	-------	----------

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

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City	State	Zip Code
------	-------	----------

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

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

Receipt For:  
 Primary     General  
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>25000.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	<b>856412.64</b>

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Rick Scott Victory Fund**

**A. ARIAS, JUAN, , ,**

Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 2064

City TALLAHASSEE State FL Zip Code 32316

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 02 / 17 / 2021

FEC Identification Number: C

Transaction ID : SB21B.11

Amount of Each Disbursement this Period: 2075.01

Memo Item

**B. 7 ELEVEN**

Full Name (Last, First, Middle Initial)

Mailing Address 861 7TH AVE N

City NAPLES State FL Zip Code 34102

Purpose of Disbursement FOOD AND BEVERAGE/GAS

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 02 / 17 / 2021

FEC Identification Number: C

Transaction ID : SB21B.118

Amount of Each Disbursement this Period: 18.71

Memo Item

**C. 7 ELEVEN**

Full Name (Last, First, Middle Initial)

Mailing Address 861 7TH AVE N

City NAPLES State FL Zip Code 34102

Purpose of Disbursement FOOD AND BEVERAGE/GAS

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 02 / 17 / 2021

FEC Identification Number: C

Transaction ID : SB21B.119

Amount of Each Disbursement this Period: 17.12

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 2075.01

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

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Rick Scott Victory Fund**

Full Name (Last, First, Middle Initial)

**A. AMERICAN AIRLINES**

Mailing Address PO BOX 619616

City  
DALLAS

State  
TX

Zip Code  
75261

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Category/  
Type

Date of Disbursement

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

FEC Identification Number

C

Transaction ID : SB21B.107

Amount of Each Disbursement this Period

90.70

Memo Item

Full Name (Last, First, Middle Initial)

**B. HERTZ**

Mailing Address PO BOX 26120

City  
OKLAHOMA CITY

State  
OK

Zip Code  
73126

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Category/  
Type

Date of Disbursement

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

FEC Identification Number

C

Transaction ID : SB21B.110

Amount of Each Disbursement this Period

531.35

Memo Item

Full Name (Last, First, Middle Initial)

**C. HILTON MIAMI BEACH**

Mailing Address 6261 COLLINS AVE

City  
MIAMI BEACH

State  
FL

Zip Code  
33140

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Category/  
Type

Date of Disbursement

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

FEC Identification Number

C

Transaction ID : SB21B.108

Amount of Each Disbursement this Period

249.89

Memo Item

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

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

0.00

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Rick Scott Victory Fund**

**A. HILTON MIAMI BEACH**

Full Name (Last, First, Middle Initial)  
Mailing Address 6261 COLLINS AVE

City MIAMI BEACH State FL Zip Code 33140

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 02 / 17 / 2021

FEC Identification Number: C  
Transaction ID : SB21B.109  
Amount of Each Disbursement this Period: 222.53

Memo Item

**B. HILTON NAPLES**

Full Name (Last, First, Middle Initial)  
Mailing Address 5111 TAMIAMI TR N

City NAPLES State FL Zip Code 34103

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 02 / 17 / 2021

FEC Identification Number: C  
Transaction ID : SB21B.112  
Amount of Each Disbursement this Period: 380.90

Memo Item

**C. HILTON WEST PALM BEACH**

Full Name (Last, First, Middle Initial)  
Mailing Address 600 OKEECHOBEE BLVD

City WEST PALM BEACH State FL Zip Code 33401

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 02 / 17 / 2021

FEC Identification Number: C  
Transaction ID : SB21B.111  
Amount of Each Disbursement this Period: 231.43

Memo Item

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

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



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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Rick Scott Victory Fund**

Full Name (Last, First, Middle Initial)

**A. HILTON WEST PALM BEACH**

Mailing Address 600 OKEECHOBEE BLVD

City  
WEST PALM BEACH

State  
FL

Zip Code  
33401

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

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

FEC Identification Number

C [ ]

**Transaction ID : SB21B.113**

Amount of Each Disbursement this Period

[ ] 250.27 [ ]

Memo Item

Full Name (Last, First, Middle Initial)

**B. SHULAS**

Mailing Address 5111 TAMIAMI TR

City  
NAPLES

State  
FL

Zip Code  
34103

Purpose of Disbursement  
FOOD AND BEVERAGE

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

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

FEC Identification Number

C [ ]

**Transaction ID : SB21B.115**

Amount of Each Disbursement this Period

[ ] 11.77 [ ]

Memo Item

Full Name (Last, First, Middle Initial)

**C. STARBUCKS**

Mailing Address 828 OLD TRAIL DR

City  
NAPLES

State  
FL

Zip Code  
34103

Purpose of Disbursement  
FOOD AND BEVERAGE

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

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

FEC Identification Number

C [ ]

**Transaction ID : SB21B.117**

Amount of Each Disbursement this Period

[ ] 10.94 [ ]

Memo Item

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

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

[ ] 0.00 [ ]

[ ] [ ]

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Rick Scott Victory Fund**

Full Name (Last, First, Middle Initial)  
**A. SUNOCO**

Date of Disbursement: MM / DD / YYYY  
02 / 17 / 2021

Mailing Address 340 S CTY RD

City PALM BEACH State FL Zip Code 33480

Purpose of Disbursement TRAVEL

Candidate Name

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

State: District:

FEC Identification Number: C  
**Transaction ID : SB21B.116**  
Amount of Each Disbursement this Period: 39.60

Memo Item

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

Date of Disbursement: MM / DD / YYYY  
02 / 17 / 2021

Mailing Address 1455 MARKET ST

City SAN FRANCISCO State CA Zip Code 94103

Purpose of Disbursement TRAVEL

Candidate Name

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

State: District:

FEC Identification Number: C  
**Transaction ID : SB21B.114**  
Amount of Each Disbursement this Period: 19.80

Memo Item

Full Name (Last, First, Middle Initial)  
**C. BISHOP, ROBERT, , MR.,**

Date of Disbursement: MM / DD / YYYY  
03 / 23 / 2021

Mailing Address 201 EL VERADO ROAD

City PALM BEACH State FL Zip Code 33480-

Purpose of Disbursement IN-KIND CONTRIBUTION

Candidate Name

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

State: District:

FEC Identification Number: C  
**Transaction ID : SB21B.15761**  
Amount of Each Disbursement this Period: 1254.47  
INKIND FOOD AND BEVERAGE

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 1254.47

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

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Rick Scott Victory Fund**

Full Name (Last, First, Middle Initial)  
**A. HEYN, JACOB, , ,**

Date of Disbursement  
MM / DD / YYYY  
03 / 22 / 2021

Mailing Address 1263 1ST ST SE  
APT 914

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement CATERING

Candidate Name

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

State: District:

FEC Identification Number  
**C**

**Transaction ID : SB21B.10**  
Amount of Each Disbursement this Period  
312.80

Memo Item

Full Name (Last, First, Middle Initial)  
**B. HEYN, JACOB, , ,**

Date of Disbursement  
MM / DD / YYYY  
02 / 17 / 2021

Mailing Address 1263 1ST ST SE  
APT 914

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement CATERING

Candidate Name

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

State: District:

FEC Identification Number  
**C**

**Transaction ID : SB21B.9**  
Amount of Each Disbursement this Period  
620.99

Memo Item

Full Name (Last, First, Middle Initial)  
**C. SCOTT, RICK, , SEN,**

Date of Disbursement  
MM / DD / YYYY  
01 / 31 / 2021

Mailing Address PO BOX 76024

City WASHINGTON State DC Zip Code 20002

Purpose of Disbursement IN-KIND: FACILITY RENTAL 218 MD LLC 340 9TH NAPLES FL 34102

Candidate Name

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

State: District:

FEC Identification Number  
**C**

**Transaction ID : SB21.I675**  
Amount of Each Disbursement this Period  
1650.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 2583.79

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

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Rick Scott Victory Fund**

Full Name (Last, First, Middle Initial) <b>A. SCOTT, RICK, , SEN,</b>		Date of Disbursement MM / DD / YYYY 02 / 25 / 2021
Mailing Address PO BOX 76024		FEC Identification Number C <b>Transaction ID : SB21.I677</b> Amount of Each Disbursement this Period 1100.00
City WASHINGTON	State DC	
Zip Code 20002		Memo Item <input type="checkbox"/>
Purpose of Disbursement IN-KIND: FACILITY RENTAL 218 MD LLC 340 9TH NAPLES FL 34102		
Candidate Name		Category/Type
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) <b>B. SCOTT, RICK, , SEN,</b>		Date of Disbursement MM / DD / YYYY 01 / 07 / 2021
Mailing Address PO BOX 76024		FEC Identification Number C <b>Transaction ID : SB21.I679</b> Amount of Each Disbursement this Period 11152.03 AIR CHARTER 1-4-21 AND 1-7-21
City WASHINGTON	State DC	
Zip Code 20002		Memo Item <input type="checkbox"/>
Purpose of Disbursement IN-KIND: AIR -COLUMBIA COLLIER MGT 340 9TH NAPLES FL 34102		
Candidate Name		Category/Type
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) <b>C. SCOTT, RICK, , SEN,</b>		Date of Disbursement MM / DD / YYYY 02 / 26 / 2021
Mailing Address PO BOX 76024		FEC Identification Number C <b>Transaction ID : SB21.I683</b> Amount of Each Disbursement this Period 7418.19 AIR CHARTER 2/17, 2/18, 2/19, 2/26/21
City WASHINGTON	State DC	
Zip Code 20002		Memo Item <input type="checkbox"/>
Purpose of Disbursement IN-KIND: AIR -COLUMBIA COLLIER MGT 340 9TH NAPLES FL 34102		
Candidate Name		Category/Type
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	19670.22
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Rick Scott Victory Fund**

Full Name (Last, First, Middle Initial) <b>A. SCOTT, RICK, , SEN,</b>		Date of Disbursement MM / DD / YYYY 03 / 31 / 2021
Mailing Address PO BOX 76024		FEC Identification Number <b>C</b>
City WASHINGTON	State DC	
Purpose of Disbursement IN-KIND: FACILITY RENTAL 218 MD LLC 340 9TH NAPLES FL 34102		Transaction ID : <b>SB21.i685</b>
Candidate Name		Amount of Each Disbursement this Period 275.00
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:	Category/Type	

Full Name (Last, First, Middle Initial) <b>B. SCOTT, RICK, , SEN,</b>		Date of Disbursement MM / DD / YYYY 03 / 31 / 2021
Mailing Address PO BOX 76024		FEC Identification Number <b>C</b>
City WASHINGTON	State DC	
Purpose of Disbursement IN-KIND: AIR -COLUMBIA COLLIER MGT 340 9TH NAPLES FL 34102		Transaction ID : <b>SB21.i687</b>
Candidate Name		Amount of Each Disbursement this Period 29312.95
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) ▼	AIR CHARTER 3/11-3/13, 3/29-3/31
State: District:	Category/Type	<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) <b>C. ZECKMAN, JACKIE, , ,</b>		Date of Disbursement MM / DD / YYYY 03 / 28 / 2021
Mailing Address PO BOX 76024		FEC Identification Number <b>C</b>
City WASHINGTON	State DC	
Purpose of Disbursement TRAVEL		Transaction ID : <b>SB21B.8</b>
Candidate Name		Amount of Each Disbursement this Period 780.11
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:	Category/Type	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	30368.06
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Rick Scott Victory Fund**

Full Name (Last, First, Middle Initial)

**A. HILTON WEST PALM BEACH**

Mailing Address 600 OKEECHOBEE BLVD

City  
WEST PALM BEACH

State  
FL

Zip Code  
33401

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	8		2	0	2	1

FEC Identification Number

C [ ]

**Transaction ID : SB21B.101**

Amount of Each Disbursement this Period

[ ] 419.71 [ ]

Memo Item

Full Name (Last, First, Middle Initial)

**B. JETBLUE**

Mailing Address 2701 QUEENS PLAZA N

City  
LONG ISLAND CITY

State  
NY

Zip Code  
11101

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	8		2	0	2	1

FEC Identification Number

C [ ]

**Transaction ID : SB21B.102**

Amount of Each Disbursement this Period

[ ] 320.40 [ ]

Memo Item

Full Name (Last, First, Middle Initial)

**C. WASHINGTON DCA**

Mailing Address 2401 SMITH BLVD

City  
ARLINGTON

State  
VA

Zip Code  
22202

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	8		2	0	2	1

FEC Identification Number

C [ ]

**Transaction ID : SB21B.103**

Amount of Each Disbursement this Period

[ ] 40.00 [ ]

Memo Item

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

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

[ ] 0.00 [ ]

[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Rick Scott Victory Fund**

**A. CHAIN BRIDGE BANK**

Full Name (Last, First, Middle Initial)

Mailing Address 1445 LAUGHLIN AVE

City MCLEAN State VA Zip Code 22101

Purpose of Disbursement BANK FEE

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 03 / 15 / 2021

FEC Identification Number: C

Transaction ID : SB21B.1

Amount of Each Disbursement this Period: 17.75

Memo Item

**B. CHEF IVAN SAEZ**

Full Name (Last, First, Middle Initial)

Mailing Address 56 IRON MASTER DRIVE

City STAFFORD State VA Zip Code 22554

Purpose of Disbursement CATERING

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 02 / 26 / 2021

FEC Identification Number: C

Transaction ID : SB21B.2

Amount of Each Disbursement this Period: 1004.76

Memo Item

**C. CMDI**

Full Name (Last, First, Middle Initial)

Mailing Address 1593 SPRING HILL RD SUITE 400

City TYSONS CORNER State VA Zip Code 22182

Purpose of Disbursement DATABASE MANAGEMENT

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 02 / 22 / 2021

FEC Identification Number: C

Transaction ID : SB21B.3

Amount of Each Disbursement this Period: 250.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 1272.51

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

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Rick Scott Victory Fund**

**A. CMDI**

Full Name (Last, First, Middle Initial)  
Mailing Address 1593 SPRING HILL RD  
SUITE 400

City TYSONS CORNER State VA Zip Code 22182

Purpose of Disbursement DATABASE MANAGEMENT

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 03 / 22 / 2021

FEC Identification Number: C

Transaction ID : SB21B.4

Amount of Each Disbursement this Period: 250.00

Memo Item

**B. CROSBY OTTENHOFF GROUP**

Full Name (Last, First, Middle Initial)  
Mailing Address 611 PENNSYLVANIA AVE SE  
#267

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement COMPLIANCE CONSULTING

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 02 / 02 / 2021

FEC Identification Number: C

Transaction ID : SB21B.5

Amount of Each Disbursement this Period: 490.00

Memo Item

**C. CROSBY OTTENHOFF GROUP**

Full Name (Last, First, Middle Initial)  
Mailing Address 611 PENNSYLVANIA AVE SE  
#267

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement COMPLIANCE CONSULTING

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 03 / 02 / 2021

FEC Identification Number: C

Transaction ID : SB21B.6

Amount of Each Disbursement this Period: 1071.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 1811.00

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



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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Rick Scott Victory Fund**

Full Name (Last, First, Middle Initial)

**A. GOODSPEED GROUP LLC**

Mailing Address 1200 S ARLINGTON RIDGE RD  
#701

City ARLINGTON State VA Zip Code 22202

Purpose of Disbursement  
POSTAGE/FOOD AND BEVERAGE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
02 / 26 / 2021

FEC Identification Number

C

Transaction ID : SB21B.7

Amount of Each Disbursement this Period

1282.63

Memo Item

Full Name (Last, First, Middle Initial)

**B. KJY CONSULTING LLC**

Mailing Address 1111 NEW JERSEY AVE  
APT 1124

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement  
TRAVEL/FOOD AND BEVERAGE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
03 / 08 / 2021

FEC Identification Number

C

Transaction ID : SB21B.12

Amount of Each Disbursement this Period

5981.15

Memo Item

Full Name (Last, First, Middle Initial)

**C. KJY CONSULTING LLC**

Mailing Address 1111 NEW JERSEY AVE  
APT 1124

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement  
TRAVEL/PRINTING/FOOD AND BEVERAGE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
02 / 17 / 2021

FEC Identification Number

C

Transaction ID : SB21B.13

Amount of Each Disbursement this Period

4537.39

Memo Item

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

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

11801.17

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Rick Scott Victory Fund**

Full Name (Last, First, Middle Initial) <b>A. NAPLES YACHT CLUB, INC</b>		Date of Disbursement MM / DD / YYYY 03 / 12 / 2021	
Mailing Address ATTN ACCOUNTING 700 14TH AVE S		FEC Identification Number C [ ] <b>Transaction ID : SB21B.14</b> Amount of Each Disbursement this Period [ ] 208.13	
City NAPLES	State FL	Zip Code 34102	Category/ Type [ ]
Purpose of Disbursement FOOD AND BEVERAGE		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) ▼		<input type="checkbox"/> Memo Item
State: District:			

Full Name (Last, First, Middle Initial) <b>B. STRIPE</b>		Date of Disbursement MM / DD / YYYY 01 / 26 / 2021	
Mailing Address 18 BERRY ST		FEC Identification Number C [ ] <b>Transaction ID : SB21B.15</b> Amount of Each Disbursement this Period [ ] 1213.10	
City SAN FRANCISCO	State CA	Zip Code 94107	Category/ Type [ ]
Purpose of Disbursement CREDIT CARD MERCHANT FEE		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) ▼		<input type="checkbox"/> Memo Item
State: District:			

Full Name (Last, First, Middle Initial) <b>C. STRIPE</b>		Date of Disbursement MM / DD / YYYY 01 / 27 / 2021	
Mailing Address 18 BERRY ST		FEC Identification Number C [ ] <b>Transaction ID : SB21B.16</b> Amount of Each Disbursement this Period [ ] 81.50	
City SAN FRANCISCO	State CA	Zip Code 94107	Category/ Type [ ]
Purpose of Disbursement CREDIT CARD MERCHANT FEE		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) ▼		<input type="checkbox"/> Memo Item
State: District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[ ] 1502.73
<b>TOTAL</b> This Period (last page this line number only).....▶	[ ]

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Rick Scott Victory Fund**

Full Name (Last, First, Middle Initial)

**A. STRIPE**

Mailing Address 18 BERRY ST

City SAN FRANCISCO State CA Zip Code 94107

Purpose of Disbursement  
CREDIT CARD MERCHANT FEE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
02 / 10 / 2021

FEC Identification Number

C

Transaction ID : SB21B.17

Amount of Each Disbursement this Period

1450.30

Memo Item

Full Name (Last, First, Middle Initial)

**B. STRIPE**

Mailing Address 18 BERRY ST

City SAN FRANCISCO State CA Zip Code 94107

Purpose of Disbursement  
CREDIT CARD MERCHANT FEE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
03 / 18 / 2021

FEC Identification Number

C

Transaction ID : SB21B.18

Amount of Each Disbursement this Period

1421.60

Memo Item

Full Name (Last, First, Middle Initial)

**C. STRIPE**

Mailing Address 18 BERRY ST

City SAN FRANCISCO State CA Zip Code 94107

Purpose of Disbursement  
CREDIT CARD MERCHANT FEE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
03 / 31 / 2021

FEC Identification Number

C

Transaction ID : SB21B.19

Amount of Each Disbursement this Period

2175.30

Memo Item

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

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

5047.20

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Rick Scott Victory Fund**

**A. THREE ARBOR INSURANCE INC**

Full Name (Last, First, Middle Initial)

Mailing Address 421 OFFICE PARK DR

City BIRMINGHAM State AL Zip Code 35223

Purpose of Disbursement INSURANCE

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 03 / 01 / 2021

FEC Identification Number: C

Transaction ID : SB21B.20

Amount of Each Disbursement this Period: 3040.00

Memo Item

**B. WINRED**

Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 9891

City ARLINGTON State VA Zip Code 22219

Purpose of Disbursement CREDIT CARD MERCHANT FEE

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 02 / 05 / 2021

FEC Identification Number: C

Transaction ID : SB21B.21

Amount of Each Disbursement this Period: 110.50

Memo Item

**C. WINRED**

Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 9891

City ARLINGTON State VA Zip Code 22219

Purpose of Disbursement CREDIT CARD MERCHANT FEE

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 02 / 24 / 2021

FEC Identification Number: C

Transaction ID : SB21B.22

Amount of Each Disbursement this Period: 570.30

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 3720.80

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

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Rick Scott Victory Fund**

**A. WINRED**

Full Name (Last, First, Middle Initial)  
Mailing Address PO BOX 9891

City ARLINGTON State VA Zip Code 22219

Purpose of Disbursement CREDIT CARD MERCHANT FEE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 03 / 10 / 2021

FEC Identification Number: C

Transaction ID : SB21B.23

Amount of Each Disbursement this Period: 950.30

Memo Item

**B. WINRED**

Full Name (Last, First, Middle Initial)  
Mailing Address PO BOX 9891

City ARLINGTON State VA Zip Code 22219

Purpose of Disbursement CREDIT CARD MERCHANT FEE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 03 / 11 / 2021

FEC Identification Number: C

Transaction ID : SB21B.24

Amount of Each Disbursement this Period: 212.50

Memo Item

**C. WINRED**

Full Name (Last, First, Middle Initial)  
Mailing Address PO BOX 9891

City ARLINGTON State VA Zip Code 22219

Purpose of Disbursement CREDIT CARD MERCHANT FEE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 03 / 16 / 2021

FEC Identification Number: C

Transaction ID : SB21B.25

Amount of Each Disbursement this Period: 380.30

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 1543.10

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

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Rick Scott Victory Fund**

Full Name (Last, First, Middle Initial) <b>A. WINRED</b>		Date of Disbursement MM / DD / YYYY 03 / 18 / 2021
Mailing Address PO BOX 9891		FEC Identification Number C [ ] <b>Transaction ID : SB21B.26</b> Amount of Each Disbursement this Period [ ] 76.30 <input type="checkbox"/> Memo Item
City ARLINGTON	State VA	
Zip Code 22219	Purpose of Disbursement CREDIT CARD MERCHANT FEE	Category/ Type [ ]
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. WINRED</b>		Date of Disbursement MM / DD / YYYY 03 / 24 / 2021
Mailing Address PO BOX 9891		FEC Identification Number C [ ] <b>Transaction ID : SB21B.27</b> Amount of Each Disbursement this Period [ ] 152.60 <input type="checkbox"/> Memo Item
City ARLINGTON	State VA	
Zip Code 22219	Purpose of Disbursement CREDIT CARD MERCHANT FEE	Category/ Type [ ]
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. WINRED</b>		Date of Disbursement MM / DD / YYYY 03 / 30 / 2021
Mailing Address PO BOX 9891		FEC Identification Number C [ ] <b>Transaction ID : SB21B.28</b> Amount of Each Disbursement this Period [ ] 950.30 <input type="checkbox"/> Memo Item
City ARLINGTON	State VA	
Zip Code 22219	Purpose of Disbursement CREDIT CARD MERCHANT FEE	Category/ Type [ ]
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[ ] 1179.20
<b>TOTAL</b> This Period (last page this line number only).....▶	[ ] 83829.26

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

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input checked="" type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Rick Scott Victory Fund**

Full Name (Last, First, Middle Initial) <b>A. RICK SCOTT FOR FL</b>		Date of Disbursement MM / DD / YYYY 03 / 31 / 2021
Mailing Address PO BOX 3791		FEC Identification Number C
City TALLAHASSEE	State FL	Zip Code 32315
Purpose of Disbursement TRANSFER OF NET JOINT FUNDRAISING PROCEEDS		Transaction ID : <b>SB22.10</b>
Candidate Name <b>SCOTT, RICK, , SEN,</b>		Amount of Each Disbursement this Period 5905.61
Office Sought: <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	GENERAL CYCLE
State: FL District:		<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) <b>B. RICK SCOTT FOR FL</b>		Date of Disbursement MM / DD / YYYY 02 / 28 / 2021
Mailing Address PO BOX 3791		FEC Identification Number C
City TALLAHASSEE	State FL	Zip Code 32315
Purpose of Disbursement TRANSFER OF NET JOINT FUNDRAISING PROCEEDS		Transaction ID : <b>SB22.6</b>
Candidate Name <b>SCOTT, RICK, , SEN,</b>		Amount of Each Disbursement this Period 40928.90
Office Sought: <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	PRIMARY CYCLE
State: FL District:		<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) <b>C. RICK SCOTT FOR FL</b>		Date of Disbursement MM / DD / YYYY 03 / 31 / 2021
Mailing Address PO BOX 3791		FEC Identification Number C
City TALLAHASSEE	State FL	Zip Code 32315
Purpose of Disbursement TRANSFER OF NET JOINT FUNDRAISING PROCEEDS		Transaction ID : <b>SB22.6_B</b>
Candidate Name <b>SCOTT, RICK, , SEN,</b>		Amount of Each Disbursement this Period 29312.95
Office Sought: <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	IN-KIND: AIR -COLUMBIA COLLIER MGT 340 9TH NAPLES FL 34102 AIR CHARTER 3/11-
State: FL District:		<input checked="" type="checkbox"/> Memo Item

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	46834.51
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input checked="" type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Rick Scott Victory Fund**

Full Name (Last, First, Middle Initial) <b>A. RICK SCOTT FOR FL</b>		Date of Disbursement MM / DD / YYYY 02 / 26 / 2021
Mailing Address PO BOX 3791		FEC Identification Number C [REDACTED]
City TALLAHASSEE	State FL	Zip Code 32315
Purpose of Disbursement TRANSFER OF NET JOINT FUNDRAISING PROCEEDS		Transaction ID : <b>SB22.6_B_B</b>
Candidate Name <b>SCOTT, RICK, , SEN,</b>		Amount of Each Disbursement this Period 7418.19
Office Sought: <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input checked="" type="checkbox"/> Memo Item IN-KIND: AIR -COLUMBIA COLLIER MGT 340 9TH NAPLES FL 34102 AIR CHARTER 2/17,
State: FL	District:	

Full Name (Last, First, Middle Initial) <b>B. RICK SCOTT FOR FL</b>		Date of Disbursement MM / DD / YYYY 01 / 07 / 2021
Mailing Address PO BOX 3791		FEC Identification Number C [REDACTED]
City TALLAHASSEE	State FL	Zip Code 32315
Purpose of Disbursement TRANSFER OF NET JOINT FUNDRAISING PROCEEDS		Transaction ID : <b>SB22.6_B_B</b>
Candidate Name <b>SCOTT, RICK, , SEN,</b>		Amount of Each Disbursement this Period 11152.03
Office Sought: <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input checked="" type="checkbox"/> Memo Item IN-KIND: AIR -COLUMBIA COLLIER MGT 340 9TH NAPLES FL 34102 AIR CHARTER 1-4-21 AND 1-7-21
State: FL	District:	

Full Name (Last, First, Middle Initial) <b>C. RICK SCOTT FOR FL</b>		Date of Disbursement MM / DD / YYYY 02 / 28 / 2021
Mailing Address PO BOX 3791		FEC Identification Number C [REDACTED]
City TALLAHASSEE	State FL	Zip Code 32315
Purpose of Disbursement TRANSFER OF NET JOINT FUNDRAISING PROCEEDS		Transaction ID : <b>SB22.8</b>
Candidate Name <b>SCOTT, RICK, , SEN,</b>		Amount of Each Disbursement this Period 23351.34
Office Sought: <input checked="" type="checkbox"/> House <input checked="" 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 GENERAL CYCLE
State: FL	District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	23351.34
<b>TOTAL</b> This Period (last page this line number only).....▶	



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

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input checked="" type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Rick Scott Victory Fund**

Full Name (Last, First, Middle Initial) <b>A. RICK SCOTT FOR FL</b>		Date of Disbursement MM / DD / YYYY 03 / 31 / 2021
Mailing Address PO BOX 3791		FEC Identification Number C
City TALLAHASSEE	State FL	Zip Code 32315
Purpose of Disbursement TRANSFER OF NET JOINT FUNDRAISING PROCEEDS		Transaction ID : <b>SB22.9</b>
Candidate Name <b>SCOTT, RICK, , SEN,</b>		Amount of Each Disbursement this Period 5905.61
Office Sought: <input checked="" 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) ▼	PRIMARY CYCLE
State: FL District:		<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) <b>B. LETS GET TO WORK PAC</b>		Date of Disbursement MM / DD / YYYY 03 / 31 / 2021
Mailing Address PO BOX 76024		FEC Identification Number C
City WASHINGTON	State DC	Zip Code 20002
Purpose of Disbursement TRANSFER OF NET JOINT FUNDRAISING PROCEEDS		Transaction ID : <b>SB22.1</b>
Candidate Name		Amount of Each Disbursement this Period 26579.43
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) <b>C. LETS GET TO WORK PAC</b>		Date of Disbursement MM / DD / YYYY 03 / 31 / 2021
Mailing Address PO BOX 76024		FEC Identification Number C
City WASHINGTON	State DC	Zip Code 20002
Purpose of Disbursement TRANSFER OF NET JOINT FUNDRAISING PROCEEDS		Transaction ID : <b>SB22.1_B</b>
Candidate Name		Amount of Each Disbursement this Period 275.00
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 checked="" type="checkbox"/> Memo Item
State: District:		IN-KIND: FACILITY RENTAL 218 MD LLC 340 9TH NAPLES FL 34102

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

32485.04

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

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

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input checked="" type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Rick Scott Victory Fund**

Full Name (Last, First, Middle Initial) <b>A. LETS GET TO WORK PAC</b>		Date of Disbursement MM / DD / YYYY 02 / 25 / 2021
Mailing Address PO BOX 76024		FEC Identification Number C <b>Transaction ID : SB22.1_B_B</b> Amount of Each Disbursement this Period 1100.00
City WASHINGTON	State DC	
Zip Code 20002	Purpose of Disbursement TRANSFER OF NET JOINT FUNDRAISING PROCEEDS	IN-KIND: FACILITY RENTAL 218 MD LLC 340 9TH NAPLES FL 34102
Candidate Name	Category/Type	
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 checked="" type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) <b>B. LETS GET TO WORK PAC</b>		Date of Disbursement MM / DD / YYYY 01 / 31 / 2021
Mailing Address PO BOX 76024		FEC Identification Number C <b>Transaction ID : SB22.1_B_B</b> Amount of Each Disbursement this Period 1650.00
City WASHINGTON	State DC	
Zip Code 20002	Purpose of Disbursement TRANSFER OF NET JOINT FUNDRAISING PROCEEDS	IN-KIND: FACILITY RENTAL 218 MD LLC 340 9TH NAPLES FL 34102
Candidate Name	Category/Type	
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 checked="" type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) <b>C. LETS GET TO WORK PAC</b>		Date of Disbursement MM / DD / YYYY 02 / 28 / 2021
Mailing Address PO BOX 76024		FEC Identification Number C <b>Transaction ID : SB22.4</b> Amount of Each Disbursement this Period 63805.71
City WASHINGTON	State DC	
Zip Code 20002	Purpose of Disbursement TRANSFER OF NET JOINT FUNDRAISING PROCEEDS	Memo Item
Candidate Name	Category/Type	
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	63805.71
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input checked="" type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Rick Scott Victory Fund**

**A. NRSC**

Full Name (Last, First, Middle Initial)

Mailing Address 425 2ND ST NE

City WASHINGTON State DC Zip Code 20002

Purpose of Disbursement  
TRANSFER OF NET JOINT FUNDRAISING PROCEEDS

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 03 / 31 / 2021

FEC Identification Number: C

Transaction ID : SB22.2

Amount of Each Disbursement this Period: 154623.81

Memo Item

**B. NRSC**

Full Name (Last, First, Middle Initial)

Mailing Address 425 2ND ST NE

City WASHINGTON State DC Zip Code 20002

Purpose of Disbursement  
TRANSFER OF NET JOINT FUNDRAISING PROCEEDS

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 03 / 31 / 2021

FEC Identification Number: C

Transaction ID : SB22.3

Amount of Each Disbursement this Period: 62430.71

Memo Item

**C. NRSC**

Full Name (Last, First, Middle Initial)

Mailing Address 425 2ND ST NE

City WASHINGTON State DC Zip Code 20002

Purpose of Disbursement  
TRANSFER OF NET JOINT FUNDRAISING PROCEEDS

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 02 / 28 / 2021

FEC Identification Number: C

Transaction ID : SB22.5

Amount of Each Disbursement this Period: 198395.17

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 415449.69

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

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

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input checked="" type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Rick Scott Victory Fund**

Full Name (Last, First, Middle Initial) <b>A. NRSC</b>		Date of Disbursement MM / DD / YYYY 02 / 28 / 2021	
Mailing Address 425 2ND ST NE		FEC Identification Number C	
City WASHINGTON	State DC	Zip Code 20002	Transaction ID : <b>SB22.7</b>
Purpose of Disbursement TRANSFER OF NET JOINT FUNDRAISING PROCEEDS		Category/Type	Amount of Each Disbursement this Period 110736.43
Candidate Name			<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

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

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	110736.43
<b>TOTAL</b> This Period (last page this line number only).....▶	692662.72