

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. **12FE4M5**
Rick Scott Victory Fund

ADDRESS (number and street) PO Box 9891
Arlington VA 22219
Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲
C C00676957 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 [MM] / [DD] / [YYYY] in the State of []
(d) 30-Day POST-Election Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on [MM] / [DD] / [YYYY] in the State of []

5. Covering Period [04] / [01] / [2018] through [06] / [30] / [2018]

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 [07] / [10] / [2018]

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**

FEC Form 3X (Rev. 05/2016)

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="2018"/>	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="0.00"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="3193149.09"/>	<input type="text" value="3193149.09"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="3193149.09"/>	<input type="text" value="3193149.09"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="3078612.23"/>	<input type="text" value="3078612.23"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="114536.86"/>	<input type="text" value="114536.86"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="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

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

Rick Scott Victory Fund

Report Covering the Period: From: M M / D D / Y Y Y Y 04 / 01 / 2018 To: M M / D D / Y Y Y Y 06 / 30 / 2018

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).....	3182729.09	3182729.09
(ii) Unitemized	420.00	420.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	3183149.09	3183149.09
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	10000.00	10000.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	3193149.09	3193149.09
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).....	0.00	0.00
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)).....▶	3193149.09	3193149.09
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	3193149.09	3193149.09

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

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	43643.14	43643.14
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	43643.14	43643.14
22. Transfers to Affiliated/Other Party Committees.....	3034969.09	3034969.09
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)) ..	3078612.23	3078612.23
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	3078612.23	3078612.23

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	3193149.09	3193149.09
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	3193149.09	3193149.09
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	43643.14	43643.14
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	43643.14	43643.14

**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 6 OF 100
	<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

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. ABDULHUSSEIN, GULAMABBAS, J., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3149 HASSI PT
 City LONGWOOD State FL Zip Code 32779-3125
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) MCO PROPERTIES & INVESTMENTS, LLC Occupation (for Individual) EXECUTIVE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 17200.00

Date of Receipt 06 / 07 / 2018
Transaction ID : SA11A.8875
 Amount of Each Receipt this Period 17200.00
 Memo Item
 CONTRIBUTION

B. ABDULHUSSEIN, MOHAMED, , MR.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1265 UPSALA ROAD SUITE 1157
 City SANFORD State FL Zip Code 32771-5700
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CYBER MARKETING Occupation (for Individual) EXECUTIVE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 17200.00

Date of Receipt 06 / 07 / 2018
Transaction ID : SA11A.8874
 Amount of Each Receipt this Period 17200.00
 Memo Item
 CONTRIBUTION

C. ABDULHUSSEIN, MUSARRAT, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1265 UPSALA ROAD SUITE 1157
 City SANFORD State FL Zip Code 32771-5700
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) MGM PROPERTY MANAGEMENT GROUP Occupation (for Individual) MANAGING MEMBER
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 17200.00

Date of Receipt 06 / 07 / 2018
Transaction ID : SA11A.8876
 Amount of Each Receipt this Period 17200.00
 Memo Item
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	51600.00
TOTAL 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 100
	<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. ALVAREZ, MAXIMO, R., MR., SR.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4834 94TH DORAL PLACE

City MIAMI	State FL	Zip Code 33178-2046
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) SUNSHINE GASOLINE DISTRIBUTORS	Occupation (for Individual) PRESIDENT
---	--

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
05		15		2018

Transaction ID : SA11A.5398

Amount of Each Receipt this Period
25000.00

Memo Item
CONTRIBUTION

B. ARAN, ALBERTO, J., MR.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 570 MARQUESA DRIVE

City CORAL GABLES	State FL	Zip Code 33156-2340
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) ARAN EYE ASSOC.	Occupation (for Individual) DOCTOR
--	---------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		19		2018

Transaction ID : SA11A.2729

Amount of Each Receipt this Period
1000.00

Memo Item
CONTRIBUTION

C. ARNOLD, LEE, E., MR., JR. CCIM,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 311 PARK PLACE BLVD
STE 600

City CLEARWATER	State FL	Zip Code 33759-4925
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) COLLIERS ARNOLD WC	Occupation (for Individual) CHAIRMAN AND CEO
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
5000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2018

Transaction ID : SA11A.16126

Amount of Each Receipt this Period
5000.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	31000.00
TOTAL 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 100
	<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. AZEEZ, MICHAEL, B., MR.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2187 MARSEILLES DR.

City PALM BEACH GARDENS	State FL	Zip Code 33410-1279
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) SELF EMPLOYED	Occupation (for Individual) BUSINESS OWNER
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2018

Transaction ID : SA11A.16148

Amount of Each Receipt this Period
2500.00

Memo Item
CONTRIBUTION

B. BALIUS, EMILIO, H., DR.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 16810 SW 52ND PLACE

City SOUTHWEST RANCHES	State FL	Zip Code 33331-1202
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		19		2018

Transaction ID : SA11A.2730

Amount of Each Receipt this Period
1000.00

Memo Item
CONTRIBUTION

C. BEARD, RICHARD, A., MR., III
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2907 W. BAY TO BAY BLVD

City TAMPA	State FL	Zip Code 33629-8172
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) R.A. BEARD COMPANY	Occupation (for Individual) INVESTOR
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
5400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		22		2018

Transaction ID : SA11A.12063

Amount of Each Receipt this Period
5400.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	8900.00
TOTAL 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 9 OF 100
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
Rick Scott Victory Fund

A. BEASLEY, GEORGE, G., MR.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10 16TH AVE S.
 City NAPLES State FL Zip Code 34102-7442
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) BEASLEY MEDIA GROUP Occupation (for Individual) CHAIRMAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 25000.00

Date of Receipt 06 / 11 / 2018
Transaction ID : SA11A.9498
 Amount of Each Receipt this Period 25000.00
 Memo Item CONTRIBUTION

B. BENTON, DERRYL, , MR.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4525 S. ATLANTIC AVE. UNIT 1706
 City PONCE INLET State FL Zip Code 32127-8008
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) HMS HOST Occupation (for Individual) EVP
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 05 / 22 / 2018
Transaction ID : SA11A.5872
 Amount of Each Receipt this Period 1000.00
 Memo Item CONTRIBUTION

C. BERGMAN, ROBERT, JACOB, MR.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2244 GLENMORE LN
 City SNELLVILLE State GA Zip Code 30078-5650
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS Occupation (for Individual) INFORMATION REQUESTED PER BEST EFFORTS
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 5400.00

Date of Receipt 04 / 19 / 2018
Transaction ID : SA11A.2732
 Amount of Each Receipt this Period 5400.00
 Memo Item CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	31400.00
TOTAL 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 10 OF 100
	(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. BERUFF, CARLOS, M., MR.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1651 WHITFIELD AVENUE
SUITE 200

City SARASOTA State FL Zip Code 34243-3950

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

Name of Employer (for Individual) MEDALLION HOME GULF COAST Occupation (for Individual) DEVELOPER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
39300.00

Date of Receipt
MM / DD / YYYY
04 / 25 / 2018

Transaction ID : SA11A.2971

Amount of Each Receipt this Period
39300.00

Memo Item
CONTRIBUTION

B. BERUFF, CARLOS, M., MR.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1651 WHITFIELD AVENUE
SUITE 200

City SARASOTA State FL Zip Code 34243-3950

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

Name of Employer (for Individual) MEDALLION HOME GULF COAST Occupation (for Individual) DEVELOPER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
39300.00

Date of Receipt
MM / DD / YYYY
04 / 25 / 2018

Transaction ID : SA11A.2975

Amount of Each Receipt this Period
39300.00

Memo Item
CONTRIBUTION

SEE REATTRIBUTION

C. BERUFF, CARLOS, M., MR.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1651 WHITFIELD AVENUE
SUITE 200

City SARASOTA State FL Zip Code 34243-3950

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

Name of Employer (for Individual) MEDALLION HOME GULF COAST Occupation (for Individual) DEVELOPER

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
39300.00

Date of Receipt
MM / DD / YYYY
06 / 04 / 2018

Transaction ID : SA11A.8400B

Amount of Each Receipt this Period
- 39300.00

Memo Item
CONTRIBUTION

REATTRIBUTION TO SPOUSE

SUBTOTAL of Receipts This Page (optional).....	78600.00
TOTAL 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 11 OF 100
	(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. BERUFF, JANELLE, , MRS.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1651 WHITFIELD AVE, SUITE 200

City SARASOTA	State FL	Zip Code 34243-3950
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) CAVOLI ENGINEERING	Occupation (for Individual) ENGINEER
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
39300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
06		04		2018

Transaction ID : SA11A.8400

Amount of Each Receipt this Period
39300.00

Memo Item
CONTRIBUTION

REATTRIBUTION FROM SPOUSE

B. BOMSTEIN, ALAN, CHARLES, MR.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 620 DREW STREET

City CLEARWATER	State FL	Zip Code 33755-4108
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) CREATIVE CONTRACTORS	Occupation (for Individual) CEO
---	------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
06		26		2018

Transaction ID : SA11A.12515

Amount of Each Receipt this Period
5400.00

Memo Item
CONTRIBUTION

C. BOREE, DAVID, D., MR.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1304 MAPLETON RD.

City JACKSONVILLE	State FL	Zip Code 32207-5347
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) W W GAY MECHANICAL	Occupation (for Individual) PRESIDENT
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
5000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
06		07		2018

Transaction ID : SA11A.8877

Amount of Each Receipt this Period
5000.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	10400.00
TOTAL 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 100
<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"/> 17

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NAME OF COMMITTEE (In Full)
Rick Scott Victory Fund

A. BOTIC, KIMBERLY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2200 VENETIAN WAY
 City WINTER PARK State FL Zip Code 32789-1219
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) ASSURED PARTNERS Occupation (for Individual) EXECUTIVE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 10800.00

Date of Receipt **05 / 29 / 2018**
Transaction ID : SA11A.6023
 Amount of Each Receipt this Period 10800.00
 Memo Item
 CONTRIBUTION

B. BOYLE, KENNETH, D., MR.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 688 HAWKSBILL ISLAND DR.
 City SATELLITE BEACH State FL Zip Code 32937-3853
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF EMPLOYED Occupation (for Individual) BUSINESS OWNER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt **04 / 19 / 2018**
Transaction ID : SA11A.2733
 Amount of Each Receipt this Period 1000.00
 Memo Item
 CONTRIBUTION

C. BRINKER, NANCY, G., AMB.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 211 VIA TORTUGA
 City PALM BEACH State FL Zip Code 33480-3638
 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 **04 / 25 / 2018**
Transaction ID : SA11A.2976
 Amount of Each Receipt this Period 12500.00
 Memo Item
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	24300.00
TOTAL 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 100
	(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. BRODSKY, DAVID, , ,
 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 **04 / 25 / 2018**
Transaction ID : SA11A.2972
 Amount of Each Receipt this Period 12500.00
 Memo Item CONTRIBUTION

B. BURNS-LEGROS, DENISE, , DR.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 395 NEWPORT DRIVE
 City INDIALANTIC State FL Zip Code 32903-4031
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) BREVARD VISION CARE Occupation (for Individual) PHYSICIAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt **04 / 19 / 2018**
Transaction ID : SA11A.2734
 Amount of Each Receipt this Period 1000.00
 Memo Item CONTRIBUTION

C. BURR, BILLIE JO, J., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7807 BAYMEADOWS ROAD E SUITE 205
 City JACKSONVILLE State FL Zip Code 32256-9666
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) HOMEMAKER Occupation (for Individual) HOMEMAKER
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 12500.00

Date of Receipt **06 / 30 / 2018**
Transaction ID : SA11A.16157
 Amount of Each Receipt this Period 12500.00
 Memo Item CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶ 26000.00
TOTAL 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 14 OF 100
	<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. BURR, EDWARD, E., MR.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 7807 BAYMEADOWS ROAD E
SUITE 205

City JACKSONVILLE State FL Zip Code 32256-9666

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

Name of Employer (for Individual) GREENPOINTE HOLDINGS Occupation (for Individual) PRESIDENT & CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 12500.00

Date of Receipt 06 / 30 / 2018
Transaction ID : SA11A.16158

Amount of Each Receipt this Period 12500.00

Memo Item CONTRIBUTION

B. CHAIFETZ, DAVID, H., ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 35 WATERGATE DR.
APT. 1405

City SARASOTA State FL Zip Code 34236-3505

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 ▼ 1000.00

Date of Receipt 05 / 12 / 2018
Transaction ID : SA11A.5129

Amount of Each Receipt this Period 1000.00

Memo Item CONTRIBUTION

C. CHARTRAND, GARY, RONALD, MR.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 139 PONTE VEDRA BOULEVARD

City PONTE VEDRA BEACH State FL Zip Code 32082-1313

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

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

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date ▼ 15000.00

Date of Receipt 06 / 20 / 2018
Transaction ID : SA11A.9943

Amount of Each Receipt this Period 15000.00

Memo Item CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 28500.00

TOTAL 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 100
	<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. CLARK, JANE, F., MRS.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address **ONE ROCKEFELLER PLAZA
31ST FLOOR**

City **NEW YORK** State **NY** Zip Code **10020-2011**

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

Name of Employer (for Individual) **SELF-EMPLOYED** Occupation (for Individual) **BUSINESS OWNER**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **25000.00**

Date of Receipt **06 / 26 / 2018**

Transaction ID : SA11A.12506

Amount of Each Receipt this Period **25000.00**

Memo Item
CONTRIBUTION

B. CLAWSON, CURT, , HON.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address **8951 BONITA BEACH ROAD
525-356**

City **BONITA SPRINGS** State **FL** Zip Code **34135-4201**

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

Name of Employer (for Individual) **SELF EMPLOYED** Occupation (for Individual) **INVESTOR**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **5000.00**

Date of Receipt **05 / 22 / 2018**

Transaction ID : SA11A.5742

Amount of Each Receipt this Period **5000.00**

Memo Item
CONTRIBUTION

C. CLOUDEN, PATRICK, J., MR.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address **111 MANATEE RD.**

City **BELLEAIR** State **FL** Zip Code **33756-1415**

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

Name of Employer (for Individual) **CONSUMER ENERGY SOLUTIONS, INC.** Occupation (for Individual) **SALES**

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼ **5400.00**

Date of Receipt **06 / 27 / 2018**

Transaction ID : SA11A.12627

Amount of Each Receipt this Period **5400.00**

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... **35400.00**

TOTAL 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 100
	<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. COHN, DOUG, B., MR.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4616 SAN MIGUEL ST

City TAMPA	State FL	Zip Code 33629-5548
---------------	-------------	------------------------

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

Name of Employer (for Individual) TAMPA BAY TRANE	Occupation (for Individual) CEO
--	------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
4200.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		26		2018

Transaction ID : SA11A.12514

Amount of Each Receipt this Period
4200.00

Memo Item
CONTRIBUTION

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

Mailing Address 309 VIA LINDA

City PALM BEACH	State FL	Zip Code 33480-3407
--------------------	-------------	------------------------

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

Name of Employer (for Individual) PILLSBURY WINTHROP	Occupation (for Individual) LAWYER
---	---------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2700.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2018

Transaction ID : SA11A.15539

Amount of Each Receipt this Period
2700.00

Memo Item
CONTRIBUTION

C. COLLIER, MILES, C., MR.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 9045 STRADA STELL COURT
SUITE 500

City NAPLES	State FL	Zip Code 34109-4438
----------------	-------------	------------------------

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
06		07		2018

Transaction ID : SA11A.8878

Amount of Each Receipt this Period
25000.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	31900.00
TOTAL 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 100
	<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. COLLIER, PARKER, J., MRS.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 9045 STRADA STELL COURT
SUITE 500

City NAPLES State FL Zip Code 34109-4438

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
06 / 07 / 2018
Transaction ID : SA11A.8879

Amount of Each Receipt this Period
25000.00

Memo Item CONTRIBUTION

B. CONNELLY, JOHN, P., MR.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1 HARBORSIDE

City CLEARWATER State FL Zip Code 33756-1665

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

Name of Employer (for Individual) TOWER & STAFFING SOLUTIONS Occupation (for Individual) EXECUTIVE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5400.00

Date of Receipt
06 / 30 / 2018
Transaction ID : SA11A.16146

Amount of Each Receipt this Period
5400.00

Memo Item CONTRIBUTION

C. COPLEY, CHRIS, , MR.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5145 HIGHLANDS BY THE LAKE DR.

City LAKELAND State FL Zip Code 33812-3084

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

Name of Employer (for Individual) SELF EMPLOYED Occupation (for Individual) PHYSICIAN

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
500.00

Date of Receipt
04 / 19 / 2018
Transaction ID : SA11A.2735

Amount of Each Receipt this Period
500.00

Memo Item CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 30900.00

TOTAL 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 100
	<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. COST, TIMOTHY, P., MR.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 365 ROYAL TERN ROAD SOUTH

City PONTE VEDRA BEACH	State FL	Zip Code 32082-6209
---------------------------	-------------	------------------------

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

Name of Employer (for Individual) JACKSONVILLE UNIVERSITY	Occupation (for Individual) ADMINISTRATION
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
25000.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 30 / 2018

Transaction ID : SA11A.16156

Amount of Each Receipt this Period
25000.00

Memo Item
CONTRIBUTION

B. COX, JANE, E., MRS., PHD, ARNP
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 8813 TAMIAMI TRL E

City NAPLES	State FL	Zip Code 34113-3347
----------------	-------------	------------------------

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

Name of Employer (for Individual) NCH HEALTHCARE SYSTEM COMMUNITY HOME C	Occupation (for Individual) EXECUTIVE DIRECTOR
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5400.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 07 / 2018

Transaction ID : SA11A.8880

Amount of Each Receipt this Period
5400.00

Memo Item
CONTRIBUTION

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

Mailing Address 3490 OTIS ROAD

City JACKSONVILLE	State FL	Zip Code 32220-2966
----------------------	-------------	------------------------

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

Name of Employer (for Individual) JB COXWELL	Occupation (for Individual) CEO
---	------------------------------------

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
30000.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 07 / 2018

Transaction ID : SA11A.8881

Amount of Each Receipt this Period
30000.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	60400.00
TOTAL 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 100
	<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. CROTTY, WILLIAM, GARRETT, MR.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5 TOMOKA VIEW DR.
 City ORMOND BEACH State FL Zip Code 32174-3851
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) INTERNATIONAL SPEEDWAY CORP. Occupation (for Individual) EVP
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 06 / 07 / 2018
Transaction ID : SA11A.8882
 Amount of Each Receipt this Period 5000.00
 Memo Item
CONTRIBUTION

B. CROWN, ROBERT, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3333 RUM ROW
 City NAPLES State FL Zip Code 34102-7839
 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 ▼ 37500.00

Date of Receipt 06 / 30 / 2018
Transaction ID : SA11A.16125
 Amount of Each Receipt this Period 25000.00
 Memo Item
CONTRIBUTION

C. CROWN, ROBERT, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3333 RUM ROW
 City NAPLES State FL Zip Code 34102-7839
 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 ▼ 37500.00

Date of Receipt 05 / 29 / 2018
Transaction ID : SA11A.6024
 Amount of Each Receipt this Period 25000.00
 Memo Item
CONTRIBUTION
 SEE REATTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	55000.00
TOTAL 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 100
	<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. CROWN, BARBARA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 207 CHERRY HILL DR.
 City PRESTO State PA Zip Code 15142-1087
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) **HOMEMAKER** Occupation (for Individual) **HOMEMAKER**
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 12500.00

Date of Receipt **06 / 20 / 2018**
Transaction ID : SA11A.9944
 Amount of Each Receipt this Period 12500.00
 Memo Item CONTRIBUTION
 REATTRIBUTION FROM SPOUSE

B. CROWN, ROBERT, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3333 RUM ROW
 City NAPLES State FL Zip Code 34102-7839
 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 ▼ 37500.00

Date of Receipt **06 / 20 / 2018**
Transaction ID : SA11A.9945
 Amount of Each Receipt this Period - 12500.00
 Memo Item CONTRIBUTION
 REATTRIBUTION TO SPOUSE

C. D'ISERNIA, BRIAN, R., MR.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3605 DELWOOD DR.
 City PANAMA CITY BEACH State FL Zip Code 32408-7404
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) **EASTERN SHIPBUILDING** Occupation (for Individual) **PRESIDENT**
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 39300.00

Date of Receipt **05 / 30 / 2018**
Transaction ID : SA11A.6122
 Amount of Each Receipt this Period 39300.00
 Memo Item CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	39300.00
TOTAL 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 21 OF 100
	<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. DEGEORGE, LAWRENCE, F., MR., JR.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 140 INTRACOASTAL POINTE DRIVE

City JUPITER	State FL	Zip Code 33477-5096
-----------------	-------------	------------------------

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

Name of Employer (for Individual) IPL GROUP	Occupation (for Individual) EXECUTIVE
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
39300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		19		2018

Transaction ID : SA11A.2736

Amount of Each Receipt this Period
25000.00

Memo Item
CONTRIBUTION

B. DEGEORGE, LAWRENCE, F., MR., JR.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 140 INTRACOASTAL POINTE DRIVE

City JUPITER	State FL	Zip Code 33477-5096
-----------------	-------------	------------------------

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

Name of Employer (for Individual) IPL GROUP	Occupation (for Individual) EXECUTIVE
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
39300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		11		2018

Transaction ID : SA11A.9494

Amount of Each Receipt this Period
14300.00

Memo Item
CONTRIBUTION

C. DIGASBARRO, ROLAND, , MR.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 28 TAHITI BEACH ISLAND ROAD

City CORAL GABLES	State FL	Zip Code 33143-6540
----------------------	-------------	------------------------

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

Name of Employer (for Individual) WINDSOR INVESTMENTS	Occupation (for Individual) REAL ESTATE
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
5400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		15		2018

Transaction ID : SA11A.5389

Amount of Each Receipt this Period
5400.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	44700.00
TOTAL 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 22 OF 100
	<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. DION, DONALD, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3101 GREEN DOLPHIN LANE

City NAPLES	State FL	Zip Code 34102-7915
----------------	-------------	------------------------

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

Name of Employer (for Individual) DRD INVESTMENTS, LLC	Occupation (for Individual) EXECUTIVE
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		25		2018

Transaction ID : SA11A.6032

Amount of Each Receipt this Period
5400.00

Memo Item
CONTRIBUTION

B. DODSON, THOMAS, , MR.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 75 POINTE VEDRA BLVD

City POINTE VEDRA BEACH	State FL	Zip Code 32082-1311
----------------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
10800.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		27		2018

Transaction ID : SA11A.12725

Amount of Each Receipt this Period
10800.00

Memo Item
CONTRIBUTION

C. DONALDSON, ROBERT, A., MR.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address P.O. BOX 13027

City ST. PETERSBURG	State FL	Zip Code 33733-3027
------------------------	-------------	------------------------

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

Name of Employer (for Individual) SELF EMPLOYED	Occupation (for Individual) BUSINESS OWNER
--	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
5400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		26		2018

Transaction ID : SA11A.12508

Amount of Each Receipt this Period
5400.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	21600.00
TOTAL 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 23 OF 100
	<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. DOYLE, DANIEL, M., MR., III
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3 STONEGATE DR.

City BELLEAIR	State FL	Zip Code 33756-1687
------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
10000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		11		2018

Transaction ID : SA11A.9501

Amount of Each Receipt this Period
10000.00

Memo Item
CONTRIBUTION

B. DOYLE, DANIEL, M., MR., JR.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3 STONEGATE DR.

City BELLEAIR	State FL	Zip Code 33756-1687
------------------	-------------	------------------------

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

Name of Employer (for Individual) DEX IMAGING	Occupation (for Individual) CEO
--	------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
39300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		11		2018

Transaction ID : SA11A.9499

Amount of Each Receipt this Period
39300.00

Memo Item
CONTRIBUTION

C. DOYLE, DAN, M., MR., SR.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 7 STONEGATE DR.

City BELLEAIR	State FL	Zip Code 33756-1687
------------------	-------------	------------------------

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

Name of Employer (for Individual) DEX IMAGING	Occupation (for Individual) CHAIRMAN
--	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
39300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		11		2018

Transaction ID : SA11A.9500

Amount of Each Receipt this Period
39300.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	88600.00
TOTAL 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 24 OF 100
	<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. DOYLE, NICOLE, K., MRS.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3 STONEGATE DRIVE
 City BELLEAIR State FL Zip Code 33756-1687
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF EMPLOYED Occupation (for Individual) HOMEMAKER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 10000.00

Date of Receipt 06 / 26 / 2018
Transaction ID : SA11A.12511
 Amount of Each Receipt this Period 10000.00
 Memo Item CONTRIBUTION

B. DOYLE, ROSALEEN, J., MRS. ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7 STONEGATE DRIVE
 City BELLEAIR State FL Zip Code 33756-1687
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) HOMEMAKER Occupation (for Individual) HOMEMAKER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 10000.00

Date of Receipt 06 / 26 / 2018
Transaction ID : SA11A.12512
 Amount of Each Receipt this Period 10000.00
 Memo Item CONTRIBUTION

C. DURDEN, MICHAEL, E., MR.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2605 THOMAS DRIVE SUITE 150
 City PANAMA CITY BEACH State FL Zip Code 32408-6218
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RAIL MANAGEMENT CORP. Occupation (for Individual) PRESIDENT
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 39300.00

Date of Receipt 06 / 11 / 2018
Transaction ID : SA11A.9496
 Amount of Each Receipt this Period 39300.00
 Memo Item CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	59300.00
TOTAL 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 25 OF 100
	<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. ECCLESTONE, E. , LLWYD, MR., JR.

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

Mailing Address P.O. BOX 3267

City WEST PALM BEACH	State FL	Zip Code 33402-3267
-------------------------	-------------	------------------------

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

Name of Employer (for Individual) GENERAL MANAGEMENT SERVICES, NATIONAL	Occupation (for Individual) CHAIRMAN
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
37500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	21	/	2018

Transaction ID : SA11A.12009

Amount of Each Receipt this Period
25000.00

Memo Item
CONTRIBUTION

B. ECCLESTONE, E. , LLWYD, MR., JR.

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

Mailing Address P.O. BOX 3267

City WEST PALM BEACH	State FL	Zip Code 33402-3267
-------------------------	-------------	------------------------

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

Name of Employer (for Individual) GENERAL MANAGEMENT SERVICES, NATIONAL	Occupation (for Individual) CHAIRMAN
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
37500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	19	/	2018

Transaction ID : SA11A.2737

Amount of Each Receipt this Period
25000.00

Memo Item
CONTRIBUTION

SEE REATTRIBUTION

C. ECCLESTONE, DIANA, , ,

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

Mailing Address P.O. BOX 1926

City WEST PALM BEACH	State FL	Zip Code 33402-1926
-------------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
12500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	11	/	2018

Transaction ID : SA11A.9399

Amount of Each Receipt this Period
12500.00

Memo Item
CONTRIBUTION

REATTRIBUTION FROM SPOUSE

SUBTOTAL of Receipts This Page (optional).....	50000.00
TOTAL 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 26 OF 100
	<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. ECCLESTONE, E. , LLWYD, MR., JR.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address P.O. BOX 3267

City WEST PALM BEACH	State FL	Zip Code 33402-3267
-------------------------	-------------	------------------------

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

Name of Employer (for Individual) GENERAL MANAGEMENT SERVICES, NATIONAL	Occupation (for Individual) CHAIRMAN
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
37500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		11		2018

Transaction ID : SA11A.9400

Amount of Each Receipt this Period

12500.00

Memo Item CONTRIBUTION
 REATTRIBUTION TO SPOUSE

B. EHLERS, HERBERT, , MR.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1272 OSPREY TRAIL

City NAPLES	State FL	Zip Code 34105-2774
----------------	-------------	------------------------

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

M M M	/	D D D	/	Y Y Y Y Y Y
06		06		2018

Transaction ID : SA11A.8435

Amount of Each Receipt this Period

12500.00

Memo Item CONTRIBUTION

C. EHLERS, MARY, , MRS.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1272 OSPREY TRAIL

City NAPLES	State FL	Zip Code 34105-2774
----------------	-------------	------------------------

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

M M M	/	D D D	/	Y Y Y Y Y Y
06		06		2018

Transaction ID : SA11A.8434

Amount of Each Receipt this Period

12500.00

Memo Item CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	25000.00
TOTAL 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 27 OF 100
	<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. EMMERSON, A., A., MR.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address P.O. BOX 496028

City REDDING	State CA	Zip Code 96049-6028
-----------------	-------------	------------------------

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

Name of Employer (for Individual) PACIFIC INDUSTRIES	Occupation (for Individual) OWNER
---	--------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
10800.00

Date of Receipt
MM / DD / YYYY
06 / 21 / 2018

Transaction ID : SA11A.12007

Amount of Each Receipt this Period
10800.00

Memo Item
CONTRIBUTION

B. EZRATTI, ITCHKO, , MR.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 12717 WEST SUNRISE BOULEVARD #415

City SUNRISE	State FL	Zip Code 33323-0902
-----------------	-------------	------------------------

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

Name of Employer (for Individual) GL HOMES OF FLORIDA	Occupation (for Individual) REAL ESTATE
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
25000.00

Date of Receipt
MM / DD / YYYY
04 / 19 / 2018

Transaction ID : SA11A.2738

Amount of Each Receipt this Period
25000.00

Memo Item
CONTRIBUTION

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

Mailing Address 35100 STATE ROAD 64 EAST

City MYAKKA CITY	State FL	Zip Code 34251-9228
---------------------	-------------	------------------------

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

Name of Employer (for Individual) SELF EMPLOYED	Occupation (for Individual) FARMER
--	---------------------------------------

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
25000.00

Date of Receipt
MM / DD / YYYY
05 / 22 / 2018

Transaction ID : SA11A.5873

Amount of Each Receipt this Period
25000.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	60800.00
TOTAL 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 28 OF 100
	<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. FANJUL, JOSE, F., MR., JR.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1 N. CLEMATIS ST.
SUITE 200

City WEST PALM BEACH	State FL	Zip Code 33401-5551
-------------------------	-------------	------------------------

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

Name of Employer (for Individual) FLORIDA CRYSTALS CORPORATION	Occupation (for Individual) EXECUTIVE
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
39300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		12		2018

Transaction ID : SA11A.5136

Amount of Each Receipt this Period
39300.00

Memo Item
CONTRIBUTION

B. FANJUL, JOSE, F., MR., SR.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address ONE NORTH CLEMATIS STREET SUITE 20

City WEST PALM BEACH	State FL	Zip Code 33401-5551
-------------------------	-------------	------------------------

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

Name of Employer (for Individual) FLORIDA CRYSTALS CORPORATION	Occupation (for Individual) EXECUTIVE
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
39300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		12		2018

Transaction ID : SA11A.5137

Amount of Each Receipt this Period
39300.00

Memo Item
CONTRIBUTION

C. FANJUL, TINA, R., MRS.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1161 N. LAKEWAY

City PALM BEACH	State FL	Zip Code 33480-3248
--------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
2500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2018

Transaction ID : SA11A.16140

Amount of Each Receipt this Period
2500.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	81100.00
TOTAL 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 29 OF 100
	<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. FEINGOLD, BARBARA, S., MRS.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 200 WEST CYPRESS CREEK ROAD
SUITE 500

City FORT LAUDERDALE State FL Zip Code 33309-2338

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
25000.00

Date of Receipt
MM / DD / YYYY
05 / 15 / 2018

Transaction ID : SA11A.5391

Amount of Each Receipt this Period
25000.00

Memo Item
CONTRIBUTION

B. FEINGOLD, JEFFERY, P., DR., DDS, MSD
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 200 WEST CYPRESS CREEK ROAD
SUITE 500

City FORT LAUDERDALE State FL Zip Code 33309-2338

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

Name of Employer (for Individual) **MCNA DENTAL PLANS** Occupation (for Individual) **CEO**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
25000.00

Date of Receipt
MM / DD / YYYY
05 / 15 / 2018

Transaction ID : SA11A.5390

Amount of Each Receipt this Period
25000.00

Memo Item
CONTRIBUTION

C. FERRAO, AUBREY, J., MR.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 8156 FIDDLER'S CREEK PARKWAY

City NAPLES State FL Zip Code 34114-9430

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

Name of Employer (for Individual) **GULF BAY MANAGEMENT, INC.** Occupation (for Individual) **EXECUTIVE**

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
12500.00

Date of Receipt
MM / DD / YYYY
06 / 30 / 2018

Transaction ID : SA11A.16162

Amount of Each Receipt this Period
12500.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	62500.00
TOTAL 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 30 OF 100
	<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. FERRAO, TINA, M.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 8156 FIDDLERS CREEK PKWY

City NAPLES	State FL	Zip Code 34114-9430
----------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
12500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2018

Transaction ID : SA11A.16161

Amount of Each Receipt this Period
12500.00

Memo Item
CONTRIBUTION

B. FINNERAN, BILL, B., MR.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5 VIA LOS INCAS

City PALM BEACH	State FL	Zip Code 33480-3629
--------------------	-------------	------------------------

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

Name of Employer (for Individual) SELF EMPLOYED	Occupation (for Individual) INVESTOR
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		19		2018

Transaction ID : SA11A.2739

Amount of Each Receipt this Period
5000.00

Memo Item
CONTRIBUTION

C. FITZGERALD, THOMAS, G., MR.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1629 COLONIAL PARKWAY

City INVERNESS	State IL	Zip Code 60067-4732
-------------------	-------------	------------------------

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

Name of Employer (for Individual) BANKNOTE CAPITAL CORP.	Occupation (for Individual) ATTORNEY
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
12500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		25		2018

Transaction ID : SA11A.6027

Amount of Each Receipt this Period
25000.00

Memo Item
CONTRIBUTION

SEE REATTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	42500.00
TOTAL 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 31 OF 100
	<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. FITZGERALD, JOYCE, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1629 COLONIAL PARKWAY

City INVERNESS	State IL	Zip Code 60067-4732
-------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
12500.00

Date of Receipt
MM / DD / YYYY
06 / 24 / 2018

Transaction ID : SA11A.12354

Amount of Each Receipt this Period
12500.00

Memo Item CONTRIBUTION

REATTRIBUTION FROM SPOUSE

B. FITZGERALD, THOMAS, G., MR.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1629 COLONIAL PARKWAY

City INVERNESS	State IL	Zip Code 60067-4732
-------------------	-------------	------------------------

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

Name of Employer (for Individual) BANKNOTE CAPITAL CORP.	Occupation (for Individual) ATTORNEY
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
12500.00

Date of Receipt
MM / DD / YYYY
06 / 24 / 2018

Transaction ID : SA11A.12355

Amount of Each Receipt this Period
- 12500.00

Memo Item CONTRIBUTION

REATTRIBUTION TO SPOUSE

C. FLYNN, CHRISTINE, R., ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3801 FORT CHARLES DR.

City NAPLES	State FL	Zip Code 34102-7900
----------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
12500.00

Date of Receipt
MM / DD / YYYY
05 / 25 / 2018

Transaction ID : SA11A.6030

Amount of Each Receipt this Period
12500.00

Memo Item CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	12500.00
TOTAL 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 32 OF 100
	<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. FLYNN, TERRY, , MR.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3801 FORT CHARLES DR.

City NAPLES	State FL	Zip Code 34102-7900
----------------	-------------	------------------------

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

M M M	/	D D D	/	Y Y Y Y Y Y
05		25		2018

Transaction ID : SA11A.6029

Amount of Each Receipt this Period
12500.00

Memo Item
CONTRIBUTION

B. FORREST, JAMES, CLIFFORD, MR., III
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3 COLBERT LN.

City PITTSBURGH	State PA	Zip Code 15215-1509
--------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
6000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		21		2018

Transaction ID : SA11A.12006

Amount of Each Receipt this Period
6000.00

Memo Item
CONTRIBUTION

C. FOSTER, RONALD, H., MR., JR.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2900 HARTLEY RD

City JACKSONVILLE	State FL	Zip Code 32257-8221
----------------------	-------------	------------------------

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

Name of Employer (for Individual) STELLAR	Occupation (for Individual) CHAIRMAN AND CEO
--	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
28500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		07		2018

Transaction ID : SA11A.8883

Amount of Each Receipt this Period
28500.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	47000.00
TOTAL 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 33 OF 100
	<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. FRANCE, JAMES, C., MR.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address P.O. BOX 2875

City DAYTONA BEACH	State FL	Zip Code 32120-
FEC ID number of contributing federal political committee. C		
Name of Employer (for Individual) INTERNATIONAL SPEEDWAY CORP.		Occupation (for Individual) MOTORSPORTS
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 7100.00

Date of Receipt
06 / 21 / 2018
Transaction ID : **SA11A.12008**

Amount of Each Receipt this Period
7100.00

Memo Item
CONTRIBUTION

B. FRUMAN, IGOR, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address 83 WOOD LANE

City WOODMERE	State NY	Zip Code 11598-2232
FEC ID number of contributing federal political committee. C		
Name of Employer (for Individual) SELF EMPLOYED		Occupation (for Individual) ENTREPRENEUR
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 15000.00

Date of Receipt
05 / 25 / 2018
Transaction ID : **SA11A.6028**

Amount of Each Receipt this Period
15000.00

Memo Item
CONTRIBUTION
REATTRIBUTION / REDESIGNATION REQUESTED

C. FULLER, ANNE, , MRS.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address 4722 PINNACLE DR.

City BRADENTON	State FL	Zip Code 34208-8497
FEC ID number of contributing federal political committee. C		
Name of Employer (for Individual) SELF EMPLOYED		Occupation (for Individual) BUSINESS OWNER
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Aggregate Year-to-Date ▼ 250.00

Date of Receipt
05 / 22 / 2018
Transaction ID : **SA11A.5874**

Amount of Each Receipt this Period
250.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	22350.00
TOTAL 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 34 OF 100
	<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. GABLE, BLAKE, , MR.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2600 GOLDEN GATE PKWY

City NAPLES	State FL	Zip Code 34105-3227
----------------	-------------	------------------------

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

Name of Employer (for Individual) BARRON COLLIER	Occupation (for Individual) EXECUTIVE
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		25		2018

Transaction ID : SA11A.17631

Amount of Each Receipt this Period
5400.00

Memo Item
CONTRIBUTION

IN KIND: CATERING

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

Mailing Address 2600 GOLDEN GATE PKWY

City NAPLES	State FL	Zip Code 34105-3227
----------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1263.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		25		2018

Transaction ID : SA11A.17632

Amount of Each Receipt this Period
1263.00

Memo Item
CONTRIBUTION

IN KIND: CATERING

C. GAILEY, TRUMAN, E., MR., JR.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 936 JOHN ANDERSON DR.

City ORMOND BEACH	State FL	Zip Code 32176-4119
----------------------	-------------	------------------------

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

Name of Employer (for Individual) LUMINA GROUP, INC.	Occupation (for Individual) EXECUTIVE
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
5400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		07		2018

Transaction ID : SA11A.8884

Amount of Each Receipt this Period
5400.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	12063.00
TOTAL 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 35 OF 100
	<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. GAINES, GAY, HART, MRS.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2 N. BREAKERS ROW #N35
 City PALM BEACH State FL Zip Code 33480-3986
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) GAINES NATIONAL BATTERIES INC. Occupation (for Individual) EXECUTIVE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 15000.00

Date of Receipt 04 / 25 / 2018
Transaction ID : SA11A.2979
 Amount of Each Receipt this Period 15000.00
 Memo Item CONTRIBUTION

B. GAINES, STANLEY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2 N BREAKERS ROAD N35
 City PALM BEACH State FL Zip Code 33480-4040
 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 ▼ 10000.00

Date of Receipt 04 / 25 / 2018
Transaction ID : SA11A.2978
 Amount of Each Receipt this Period 10000.00
 Memo Item CONTRIBUTION

C. GALE, STANLEY, , MR.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 16 LLOYDHAVEN DRIVE
 City HUNTINGTON State NY Zip Code 11743-1044
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) GALE INTERNATIONAL Occupation (for Individual) OWNER
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 06 / 30 / 2018
Transaction ID : SA11A.16139
 Amount of Each Receipt this Period 1000.00
 Memo Item CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	26000.00
TOTAL 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 36 OF 100
	<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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. GAUTA, SUSAN, K., MRS.,

Mailing Address **5822 SPANISH OAKS LANE**

City **NAPLES** State **FL** Zip Code **34119-1154**

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

Name of Employer (for Individual) **SELF EMPLOYED** Occupation (for Individual) **MARKETING**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt **06 / 26 / 2018**

Transaction ID : SA11A.12507

Amount of Each Receipt this Period **250.00**

Memo Item CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. GAY, W., W., MR.,

Mailing Address **524 STOCKTON STREET**

City **JACKSONVILLE** State **FL** Zip Code **32204-2535**

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

Name of Employer (for Individual) **W W GAY MECHANICAL** Occupation (for Individual) **CEO**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **29300.00**

Date of Receipt **05 / 30 / 2018**

Transaction ID : SA11A.6124

Amount of Each Receipt this Period **29300.00**

Memo Item CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. GILES, BRADLEY, , MR.,

Mailing Address **1700 S. SEGRAVE ST.**

City **SOUTH DAYTONA** State **FL** Zip Code **32119-2124**

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

Name of Employer (for Individual) **GILES ELECTRIC COMPANY INC.** Occupation (for Individual) **PRESIDENT**

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼ **5400.00**

Date of Receipt **06 / 07 / 2018**

Transaction ID : SA11A.8885

Amount of Each Receipt this Period **5400.00**

Memo Item CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... **34950.00**

TOTAL 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 37 OF 100
	<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. GLASS, DENNIS, R., MR.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address 1275 GALLEON DR.
City NAPLES State FL Zip Code 34102-7709
FEC ID number of contributing federal political committee. **C**
Name of Employer (for Individual) LINCOLN NATIONAL CORPORATION Occupation (for Individual) CEO
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 5400.00

Date of Receipt 06 / 11 / 2018
Transaction ID : SA11A.9488
Amount of Each Receipt this Period 5400.00
 Memo Item
CONTRIBUTION

B. GRIGGS, STEPHEN, D., MR.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address 8504 KENTUCKY DERBY DR.
City ODESSA State FL Zip Code 33556-2445
FEC ID number of contributing federal political committee. **C**
Name of Employer (for Individual) TAMPA BAY LIGHTNING Occupation (for Individual) COO
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1500.00

Date of Receipt 06 / 30 / 2018
Transaction ID : SA11A.16151
Amount of Each Receipt this Period 1500.00
 Memo Item
CONTRIBUTION

C. HAMMACK, SCOTT, , MR.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address 4788 OAK LEAF DRIVE
City NAPLES State FL Zip Code 34119-8574
FEC ID number of contributing federal political committee. **C**
Name of Employer (for Individual) PROLEXIC Occupation (for Individual) CHIEF EXECUTIVE OFFICER
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date ▼ 15000.00

Date of Receipt 05 / 12 / 2018
Transaction ID : SA11A.5138
Amount of Each Receipt this Period 15000.00
 Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 21900.00
TOTAL 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 38 OF 100
	<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. HANZMAN, REVA, , MRS.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 9050 SCHOOL HOUSE RD.

City CORAL GABLES	State FL	Zip Code 33156-2206
----------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
10000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		07		2018

Transaction ID : SA11A.8886

Amount of Each Receipt this Period
10000.00

Memo Item
CONTRIBUTION

B. HARRELL, STUART, K., MR.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3014 FOREST CLUB DR.

City PLANT CITY	State FL	Zip Code 33566-9508
--------------------	-------------	------------------------

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

Name of Employer (for Individual) SELF EMPLOYED	Occupation (for Individual) PHYSICIAN
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		19		2018

Transaction ID : SA11A.2740

Amount of Each Receipt this Period
500.00

Memo Item
CONTRIBUTION

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

Mailing Address 1167 3RD STREET SOUTH

City NAPLES	State FL	Zip Code 34102-7003
----------------	-------------	------------------------

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

Name of Employer (for Individual) MARISSA COLLECTIONS	Occupation (for Individual) OWNER
--	--------------------------------------

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
5400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		29		2018

Transaction ID : SA11A.6021

Amount of Each Receipt this Period
5400.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	15900.00
TOTAL 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 39 OF 100
	<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. HEAVENER, CHRISTIE, C., MRS.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3300 UNIVERSITY BOULEVARD #218

City WINTER PARK State FL Zip Code 32792-7435

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **33900.00**

Date of Receipt **05 / 04 / 2018**

Transaction ID : SA11A.3180

Amount of Each Receipt this Period **33900.00**

Memo Item CONTRIBUTION

B. HEAVENER, JAMES, W., MR.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3300 UNIVERSITY BLVD #218

City WINTER PARK State FL Zip Code 32792-7435

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

Name of Employer (for Individual) **FULL SAIL UNIVERSITY** Occupation (for Individual) **CEO**

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **33900.00**

Date of Receipt **05 / 04 / 2018**

Transaction ID : SA11A.3179

Amount of Each Receipt this Period **33900.00**

Memo Item CONTRIBUTION

C. HENDERSON, CAROLE, R., MRS.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2441 ALAQUA DR.

City LONGWOOD State FL Zip Code 32779-3124

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

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

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date ▼ **39300.00**

Date of Receipt **06 / 07 / 2018**

Transaction ID : SA11A.8888

Amount of Each Receipt this Period **39300.00**

Memo Item CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	107100.00
TOTAL 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 40 OF 100
	<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. HENDERSON, JIM, W., MR.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2441 ALAQUA DR.
 City LONGWOOD State FL Zip Code 32779-3124
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) ASSUREDPARTNERS INC. Occupation (for Individual) CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 39300.00

Date of Receipt 06 / 07 / 2018
Transaction ID : SA11A.8887
 Amount of Each Receipt this Period 39300.00
 Memo Item
CONTRIBUTION

B. HOFFMAN, DAVID, , MR.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 825 GREENBAY RD #100
 City WILMETTE State IL Zip Code 60091-2500
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) HOFFMANN REAL ESTATE Occupation (for Individual) CHAIRMAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 25000.00

Date of Receipt 06 / 06 / 2018
Transaction ID : SA11A.8436
 Amount of Each Receipt this Period 25000.00
 Memo Item
CONTRIBUTION

C. HOSSEINI, FOROUGH, B., MRS.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1116 OXBRIDGE LN
 City ORMOND BEACH State FL Zip Code 32174-9291
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) HOMEMAKER Occupation (for Individual) HOMEMAKER
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 10800.00

Date of Receipt 05 / 15 / 2018
Transaction ID : SA11A.5392
 Amount of Each Receipt this Period 10800.00
 Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	75100.00
TOTAL 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 41 OF 100
	(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. HOSSEINI, MORI, , MR.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2379 BEVILLE ROAD

City DAYTONA BEACH	State FL	Zip Code 32119-8720
-----------------------	-------------	------------------------

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

Name of Employer (for Individual) ICI HOMES	Occupation (for Individual) CHAIRMAN AND CEO
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
10000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		07		2018

Transaction ID : SA11A.8889

Amount of Each Receipt this Period
10000.00

Memo Item
CONTRIBUTION

B. HOWE, DEBRA, , MRS.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 12173 PLANTATION WAY

City PALM BEACH GARDENS	State FL	Zip Code 33418-1570
----------------------------	-------------	------------------------

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

Name of Employer (for Individual) AIRAMID HEALTH MANAGEMENT	Occupation (for Individual) CEO
--	------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
10000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2018

Transaction ID : SA11A.16150

Amount of Each Receipt this Period
10000.00

Memo Item
CONTRIBUTION

C. HURT, JEFFREY, C., MR.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 250 CAMDEN LANE

City AURORA	State OH	Zip Code 44202-8581
----------------	-------------	------------------------

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

Name of Employer (for Individual) INTERNATIONAL BELT SALES	Occupation (for Individual) PRESIDENT
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
7500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		07		2018

Transaction ID : SA11A.8890

Amount of Each Receipt this Period
7500.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	27500.00
TOTAL 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 42 OF 100
	<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. JACOBS, TERENCE, S., MR.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6247 LOUISE COVE DR.
 City WINDERMERE State FL Zip Code 34786-8947
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) PENNECO Occupation (for Individual) CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5400.00

Date of Receipt 06 / 27 / 2018
Transaction ID : SA11A.12629
 Amount of Each Receipt this Period 5400.00
 Memo Item
CONTRIBUTION

B. JOHNSON, STEVEN, L., MR.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 13877 WALNEY PARK DR.
 City CHANTILLY State VA Zip Code 20151-2321
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) HMSHOST CORPORATION Occupation (for Individual) CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 06 / 27 / 2018
Transaction ID : SA11A.12626
 Amount of Each Receipt this Period 2000.00
 Memo Item
CONTRIBUTION

C. JONES, GARRY, I., MR.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1151 PRESERVE POINT DR.
 City WINTER PARK State FL Zip Code 32789-5932
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) FULL SAIL UNIVERSITY Occupation (for Individual) PRESIDENT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5400.00

Date of Receipt 05 / 04 / 2018
Transaction ID : SA11A.3181
 Amount of Each Receipt this Period 5400.00
 Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	12800.00
TOTAL 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 43 OF 100
<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"/> 17

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NAME OF COMMITTEE (In Full)
Rick Scott Victory Fund

A. JONES, ISIS, , MRS.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1151 PRESERVE POINT DR.

City WINTER PARK	State FL	Zip Code 32789-5932
---------------------	-------------	------------------------

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

Name of Employer (for Individual) FULL SAIL UNIVERSITY	Occupation (for Individual) EXECUTIVE
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		04		2018

Transaction ID : SA11A.3182

Amount of Each Receipt this Period
5400.00

Memo Item
CONTRIBUTION

B. JONES, PAUL, V., MR.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 906 SEVILLE PLACE

City ORLANDO	State FL	Zip Code 32804-7229
-----------------	-------------	------------------------

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

Name of Employer (for Individual) W W GAY MECHANICAL	Occupation (for Individual) EXECUTIVE
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		07		2018

Transaction ID : SA11A.8891

Amount of Each Receipt this Period
5000.00

Memo Item
CONTRIBUTION

C. JORDAN, DARLENE, L., MRS.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 203 SOUTH LAKE TRAIL

City PALM BEACH	State FL	Zip Code 33480-4127
--------------------	-------------	------------------------

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

Name of Employer (for Individual) SELF-EMPLOYED	Occupation (for Individual) ATTORNEY
--	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
33900.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		25		2018

Transaction ID : SA11A.2974

Amount of Each Receipt this Period
33900.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	44300.00
TOTAL 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 44 OF 100
	<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. JORDAN, GERALD, R., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 203 SOUTH LAKE TRAIL
 City PALM BEACH State FL Zip Code 33480-4127
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF EMPLOYED Occupation (for Individual) ATTORNEY
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 33900.00

Date of Receipt 04 / 25 / 2018
Transaction ID : SA11A.2973
 Amount of Each Receipt this Period 33900.00
 Memo Item CONTRIBUTION

B. KEARNEY, RICHARD, , MR.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6949 MCBRIDE POINT
 City TALLAHASSEE State FL Zip Code 32312-9665
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) MAINLINE Occupation (for Individual) SALES
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 4400.00

Date of Receipt 05 / 07 / 2018
Transaction ID : SA11A.4843
 Amount of Each Receipt this Period 4400.00
 Memo Item CONTRIBUTION

C. KEEN, ALLAN, E., MR.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 121 GARFIELD AVENUE
 City WINTER PARK State FL Zip Code 32789-3861
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) KEEWIN INVESTMENTS AND REAL ESTATE Occupation (for Individual) CHAIRMAN
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 25000.00

Date of Receipt 06 / 30 / 2018
Transaction ID : SA11A.16152
 Amount of Each Receipt this Period 25000.00
 Memo Item CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	63300.00
TOTAL 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 45 OF 100
	<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. KENNEDY, LESA, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1 DAYTONA BOULEVARD

City DAYTONA BEACH	State FL	Zip Code 32114-1212
-----------------------	-------------	------------------------

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

Name of Employer (for Individual) ISC/NASCAR	Occupation (for Individual) CEO/VICE CHAIR
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
7100.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	29	/	2018

Transaction ID : SA11A.6020

Amount of Each Receipt this Period
7100.00

Memo Item
CONTRIBUTION

B. KENT, JORIE, BUTLER, MRS.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 349 CHILEAN AVENUE

City PALM BEACH	State FL	Zip Code 33480-4631
--------------------	-------------	------------------------

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 ▼
39300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	22	/	2018

Transaction ID : SA11A.12064

Amount of Each Receipt this Period
21400.00

Memo Item
CONTRIBUTION

C. KENT, JORIE, BUTLER, MRS.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 349 CHILEAN AVENUE

City PALM BEACH	State FL	Zip Code 33480-4631
--------------------	-------------	------------------------

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 ▼
39300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	25	/	2018

Transaction ID : SA11A.2977

Amount of Each Receipt this Period
17900.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	46400.00
TOTAL 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 46 OF 100
	(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. KHOURY, AMIN, J., MR.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1300 CORPORATE CENTER WAY

City WELLINGTON	State FL	Zip Code 33414-8599
--------------------	-------------	------------------------

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

Name of Employer (for Individual) KLX INC.	Occupation (for Individual) CEO
---	------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
22300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		26		2018

Transaction ID : SA11A.12509

Amount of Each Receipt this Period
22300.00

Memo Item
CONTRIBUTION

B. KOCH, BRIDGET, ROONEY, MRS.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 974 SOUTH OCEAN BLVD

City PALM BEACH	State FL	Zip Code 33480-4909
--------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		19		2018

Transaction ID : SA11A.2741

Amount of Each Receipt this Period
5400.00

Memo Item
CONTRIBUTION

C. KOCH, JULIA, F., MRS.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address P.O. BOX 5004

City WICHITA	State KS	Zip Code 67201-5004
-----------------	-------------	------------------------

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

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

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
04		19		2018

Transaction ID : SA11A.2742

Amount of Each Receipt this Period
25000.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	52700.00
TOTAL 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 47 OF 100
	<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. KOSANOVICH, TAD, R., MR.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 322 SUNSET ROAD
 City OSPREY State FL Zip Code 34229-9207
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) PHYSICIAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 04 / 19 / 2018
Transaction ID : SA11A.2743
 Amount of Each Receipt this Period 500.00
 Memo Item
CONTRIBUTION

B. LAMENDOLA, DAMIEN, , MR.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 500 EAGLES LANDING DR.
 City LAKELAND State FL Zip Code 33810-2899
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) WELLDYNE, INC. Occupation (for Individual) CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5400.00

Date of Receipt 05 / 15 / 2018
Transaction ID : SA11A.5393
 Amount of Each Receipt this Period 5400.00
 Memo Item
CONTRIBUTION

C. LAMENDOLA, DEBBI, , MRS.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 500 EAGLES LANDING DR.
 City LAKELAND State FL Zip Code 33810-2899
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) HOMEMAKER Occupation (for Individual) HOMEMAKER
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 5400.00

Date of Receipt 05 / 15 / 2018
Transaction ID : SA11A.5394
 Amount of Each Receipt this Period 5400.00
 Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	11300.00
TOTAL 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 48 OF 100
	<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. LAWSON, KENNETH, , DR.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5302 26TH AVENUE CT. W

City BRADENTON	State FL	Zip Code 34209-5661
-------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		19		2018

Transaction ID : SA11A.2744

Amount of Each Receipt this Period
5000.00

Memo Item
CONTRIBUTION

B. LAWSON-JOHNSON, PETER, O., MR.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 215 CARTER RD

City PRINCETON	State NJ	Zip Code 08540-2104
-------------------	-------------	------------------------

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 ▼
6300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		19		2018

Transaction ID : SA11A.2745

Amount of Each Receipt this Period
6000.00

Memo Item
CONTRIBUTION

C. LAWSON-JOHNSON, PETER, O., MR.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 215 CARTER RD

City PRINCETON	State NJ	Zip Code 08540-2104
-------------------	-------------	------------------------

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 ▼
6300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		07		2018

Transaction ID : SA11A.8892

Amount of Each Receipt this Period
300.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	11300.00
TOTAL 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 49 OF 100
	<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. LEE, CYNTHIA, R., MRS.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 13 SUNRISE CAY DRIVE

City KEY LARGO	State FL	Zip Code 33037-5301
-------------------	-------------	------------------------

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
06		26		2018

Transaction ID : SA11A.12505

Amount of Each Receipt this Period
25000.00

Memo Item CONTRIBUTION

B. LEE, PATRICK, P., MR.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 13 SUNRISE CAY DRIVE

City KEY LARGO	State FL	Zip Code 33037-5301
-------------------	-------------	------------------------

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

Name of Employer (for Individual) PATRICK P. LEE FOUNDATION	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
06		26		2018

Transaction ID : SA11A.12504

Amount of Each Receipt this Period
25000.00

Memo Item CONTRIBUTION

C. LEON, MICHAEL, J., MR.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 475 SAINT GEORGES ST.

City SATELLITE BEACH	State FL	Zip Code 32937-3839
-------------------------	-------------	------------------------

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

Name of Employer (for Individual) BREVARD VISION CARE	Occupation (for Individual) PHYSICIAN
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		19		2018

Transaction ID : SA11A.2746

Amount of Each Receipt this Period
1000.00

Memo Item CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	51000.00
TOTAL 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 50 OF 100
	<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

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. LIEBETREU, MARK, E., MR.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6031 COCOS DRIVE

City FORT MYERS	State FL	Zip Code 33908-4618
--------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		19		2018

Transaction ID : SA11A.2747

Amount of Each Receipt this Period
500.00

Memo Item
CONTRIBUTION

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

Mailing Address 258 WASHINGTON STREET

City MARBLEHEAD	State MA	Zip Code 01945-3331
--------------------	-------------	------------------------

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 ▼
33900.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		12		2018

Transaction ID : SA11A.5133

Amount of Each Receipt this Period
33900.00

Memo Item
CONTRIBUTION

C. LOCKWOOD, STEPHEN, J., ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 258 WASHINGTON STREET

City MARBLEHEAD	State MA	Zip Code 01945-3331
--------------------	-------------	------------------------

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 ▼
33900.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		12		2018

Transaction ID : SA11A.5134

Amount of Each Receipt this Period
33900.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	68300.00
TOTAL 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 51 OF 100
	(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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. LOOS, JOAN, T., MRS.,

Mailing Address 3111 GREEN DOLPHIN LN.

City NAPLES	State FL	Zip Code 34102-7915
----------------	-------------	------------------------

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 ▼
38300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2018

Transaction ID : SA11A.16154

Amount of Each Receipt this Period
25800.00

Memo Item
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. LOOS, JOAN, T., MRS.,

Mailing Address 3111 GREEN DOLPHIN LN.

City NAPLES	State FL	Zip Code 34102-7915
----------------	-------------	------------------------

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 ▼
38300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		30		2018

Transaction ID : SA11A.6126

Amount of Each Receipt this Period
12500.00

Memo Item
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. MACKENZIE, SCOTT, R., MR.,

Mailing Address 4483 GLEN KERNAN PKWY E

City JACKSONVILLE	State FL	Zip Code 32224-5629
----------------------	-------------	------------------------

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

Name of Employer (for Individual) SELF EMPLOYED	Occupation (for Individual) INVESTOR
--	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		29		2018

Transaction ID : SA11A.15533

Amount of Each Receipt this Period
1000.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	39300.00
TOTAL 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 52 OF 100
	<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. MACKIE, MICHAEL, A., MR.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 819 35TH AVENUE DR. W
 City PALMETTO State FL Zip Code 34221-5808
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) PHYSICIAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 04 / 19 / 2018
Transaction ID : SA11A.2748
 Amount of Each Receipt this Period 500.00
 Memo Item
CONTRIBUTION

B. MACKIE, SARAH, S., MRS.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 819 35TH AVENUE DR. W
 City PALMETTO State FL Zip Code 34221-5808
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) PHYSICIAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 04 / 19 / 2018
Transaction ID : SA11A.2749
 Amount of Each Receipt this Period 500.00
 Memo Item
CONTRIBUTION

C. MAGIN, LESLIE, S., MRS.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1801 GULF SHORE BLVD N. #802
 City NAPLES State FL Zip Code 34102-4915
 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 ▼ 5400.00

Date of Receipt 05 / 30 / 2018
Transaction ID : SA11A.6123
 Amount of Each Receipt this Period 5400.00
 Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	6400.00
TOTAL 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 53 OF 100
(check only one)
 11a 11b 11c 12
 13 14 15 16 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. MAGOWAN, PETER, A., MR.,
Mailing Address 2100 WASHINGTON ST
City SAN FRANCISCO State CA Zip Code 94109-2845
FEC ID number of contributing federal political committee. **C**
Name of Employer (for Individual) SF SENTRY Occupation (for Individual) EXECUTIVE
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 5400.00

Date of Receipt **05 / 25 / 2018**
Transaction ID : SA11A.6019
Amount of Each Receipt this Period 10000.00
 Memo Item CONTRIBUTION
SEE REATTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. MAGOWAN, DEBORAH, , MRS.,
Mailing Address 2100 WASHINGTON ST
City SAN FRANCISCO State CA Zip Code 94109-2845
FEC ID number of contributing federal political committee. **C**
Name of Employer (for Individual) HOMEMAKER Occupation (for Individual) HOMEMAKER
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 4600.00

Date of Receipt **06 / 22 / 2018**
Transaction ID : SA11A.12061
Amount of Each Receipt this Period 4600.00
 Memo Item CONTRIBUTION
REATTRIBUTION FROM SPOUSE

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. MAGOWAN, PETER, A., MR.,
Mailing Address 2100 WASHINGTON ST
City SAN FRANCISCO State CA Zip Code 94109-2845
FEC ID number of contributing federal political committee. **C**
Name of Employer (for Individual) SF SENTRY Occupation (for Individual) EXECUTIVE
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 5400.00

Date of Receipt **06 / 22 / 2018**
Transaction ID : SA11A.12062
Amount of Each Receipt this Period - 4600.00
 Memo Item CONTRIBUTION
REATTRIBUTION TO SPOUSE

SUBTOTAL of Receipts This Page (optional).....▶ 10000.00
TOTAL 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 54 OF 100
	(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. MAMALIAN, PAUL, , MR.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 10631 BARN WOOD LANE

City POTOMAC	State MD	Zip Code 20854-1325
-----------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		22		2018

Transaction ID : SA11A.5875

Amount of Each Receipt this Period
300.00

Memo Item
CONTRIBUTION

B. MARCUS, BERNIE, , MR.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1266 WEST PACES FERRY RD
SUITE 615

City ATLANTA	State GA	Zip Code 30327-2306
-----------------	-------------	------------------------

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

Name of Employer (for Individual) THE MARCUS FOUNDATION	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
05		04		2018

Transaction ID : SA11A.3195

Amount of Each Receipt this Period
25000.00

Memo Item
CONTRIBUTION

C. MARRIOTT, J.W., , MR., JR.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 7124 NATELLI WOODS LANE

City BETHESDA	State MD	Zip Code 20817-3927
------------------	-------------	------------------------

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

Name of Employer (for Individual) MARRIOTT INTERNATIONAL	Occupation (for Individual) CHAIRMAN
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
5400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		27		2018

Transaction ID : SA11A.12628

Amount of Each Receipt this Period
5400.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	30700.00
TOTAL 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 55 OF 100
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
Rick Scott Victory Fund

A. MARTIRE, FRANK, R., MR.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 348 PONTE VEDRA BLVD.
 City PONTE VEDRA BEACH State FL Zip Code 32082-1812
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NCR Occupation (for Individual) EXECUTIVE CHAIRMAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 12500.00

Date of Receipt 06 / 30 / 2018
Transaction ID : SA11A.16164
 Amount of Each Receipt this Period 12500.00
 Memo Item CONTRIBUTION

B. MARTIRE, MARISA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 348 PONTE VEDRA BLVD
 City PONTE VEDRA BEACH State FL Zip Code 32082-1812
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) HOMEMAKER Occupation (for Individual) HOMEMAKER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 12500.00

Date of Receipt 06 / 30 / 2018
Transaction ID : SA11A.16163
 Amount of Each Receipt this Period 12500.00
 Memo Item CONTRIBUTION

C. MAYO, PEGGY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 255 KINGS TOWN DR.
 City NAPLES State FL Zip Code 34102-7822
 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 ▼ 5400.00

Date of Receipt 05 / 12 / 2018
Transaction ID : SA11A.5131
 Amount of Each Receipt this Period 5400.00
 Memo Item CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	30400.00
TOTAL 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 56 OF 100
	<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. MAYO, SEAN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 255 KINGS TOWN DR.
 City NAPLES State FL Zip Code 34102-7822
 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 ▼ 5400.00

Date of Receipt **05 / 12 / 2018**
Transaction ID : SA11A.5132
 Amount of Each Receipt this Period 5400.00
 Memo Item CONTRIBUTION

B. MCCALL, WAYNE, , MR.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1107 POPOLEE ROAD
 City JACKSONVILLE State FL Zip Code 32259-3816
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) PERRY-MCCALL CONSTRUCTION INC. Occupation (for Individual) CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 10000.00

Date of Receipt **06 / 07 / 2018**
Transaction ID : SA11A.8893
 Amount of Each Receipt this Period 20000.00
 Memo Item CONTRIBUTION
 SEE REATTRIBUTION

C. MCCALL, COLLEEN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1107 POPOLEE ROAD
 City JACKSONVILLE State FL Zip Code 32259-3816
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) HOMEMAKER Occupation (for Individual) HOMEMAKER
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 10000.00

Date of Receipt **06 / 28 / 2018**
Transaction ID : SA11A.12732
 Amount of Each Receipt this Period 10000.00
 Memo Item CONTRIBUTION
 REATTRIBUTION FROM SPOUSE

SUBTOTAL of Receipts This Page (optional).....▶	25400.00
TOTAL 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 57 OF 100
	<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. MCCALL, WAYNE, , MR.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address 1107 POPOLEE ROAD
City JACKSONVILLE State FL Zip Code 32259-3816
FEC ID number of contributing federal political committee. **C**
Name of Employer (for Individual) PERRY-MCCALL CONSTRUCTION INC. Occupation (for Individual) CEO
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 10000.00

Date of Receipt 06 / 28 / 2018
Transaction ID : SA11A.12733
Amount of Each Receipt this Period - 10000.00
 Memo Item CONTRIBUTION
REATTRIBUTION TO SPOUSE

B. MCMULLAN, PATRICK, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address 607 6TH STREET
City BROOKLYN State NY Zip Code 11215-3701
FEC ID number of contributing federal political committee. **C**
Name of Employer (for Individual) PATRICK MCMULLAN COMPANY Occupation (for Individual) OWNER
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 2700.00

Date of Receipt 06 / 29 / 2018
Transaction ID : SA11A.15534
Amount of Each Receipt this Period 2700.00
 Memo Item CONTRIBUTION

C. MORGAN, LARRY, C., MR.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address 3031 NORTH ROCKY POINT DRIVE WEST
City TAMPA State FL Zip Code 33607-5878
FEC ID number of contributing federal political committee. **C**
Name of Employer (for Individual) MORGAN AUTO GROUP Occupation (for Individual) OWNER
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date ▼ 10800.00

Date of Receipt 05 / 29 / 2018
Transaction ID : SA11A.6022
Amount of Each Receipt this Period 10800.00
 Memo Item CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶ 13500.00
TOTAL 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 58 OF 100
	<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. MORTON, CATHRYN, E., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3101 GREEN DOLPHIN LANE
 City NAPLES State FL Zip Code 34102-7915
 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 ▼ 5400.00

Date of Receipt **05 / 25 / 2018**
Transaction ID : SA11A.6031
 Amount of Each Receipt this Period 5400.00
 Memo Item CONTRIBUTION

B. MUMA, LESLIE, M., MR.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 100 PALMETTO RD.
 City BELLEAIR State FL Zip Code 33756-1428
 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 ▼ 16950.00

Date of Receipt **06 / 26 / 2018**
Transaction ID : SA11A.12513
 Amount of Each Receipt this Period 33900.00
 Memo Item CONTRIBUTION
 SEE REATTRIBUTION

C. MUMA, LESLIE, M., MR.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 100 PALMETTO RD.
 City BELLEAIR State FL Zip Code 33756-1428
 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 ▼ 16950.00

Date of Receipt **06 / 27 / 2018**
Transaction ID : SA11A.12623
 Amount of Each Receipt this Period - 16950.00
 Memo Item CONTRIBUTION
 REATTRIBUTION TO SPOUSE

SUBTOTAL of Receipts This Page (optional).....	39300.00
TOTAL 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 59 OF 100
	<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. MUMA, PAMELA, S., MRS.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 100 PALMETTO RD

City BELLEAIR State FL Zip Code 33756-1428

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 ▼ 19866.09

Date of Receipt 06 / 27 / 2018
Transaction ID : SA11A.12622

Amount of Each Receipt this Period 16950.00

Memo Item CONTRIBUTION

REATTRIBUTION FROM SPOUSE

B. MUMA, PAMELA, S., MRS.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 100 PALMETTO RD

City BELLEAIR State FL Zip Code 33756-1428

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 ▼ 19866.09

Date of Receipt 06 / 30 / 2018
Transaction ID : SA11A.15843

Amount of Each Receipt this Period 2916.09

Memo Item CONTRIBUTION

IN KIND: CATERING

C. NABERHAUS, TERRANCE, W., MR.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 8165 TROPICAL TRAIL

City MERRITT ISLAND State FL Zip Code 32952-6714

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

Name of Employer (for Individual) BREVARD VISION CARE Occupation (for Individual) PHYSICIAN

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 04 / 19 / 2018
Transaction ID : SA11A.2750

Amount of Each Receipt this Period 1000.00

Memo Item CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 3916.09

TOTAL 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 60 OF 100
	(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. NAEGELE, ELLIS, F., , JR.

Mailing Address 5201 EDEN AVE.
SUITE 300

City EDINA State MN Zip Code 55436-2315

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
MM / DD / YYYY
05 / 25 / 2018

Transaction ID : SA11A.6025

Amount of Each Receipt this Period
12500.00

Memo Item CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. NAEGELE, ROBERT, O., , JR.

Mailing Address 5201 EDEN AVE.
SUITE 300

City EDINA State MN Zip Code 55436-2315

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
MM / DD / YYYY
05 / 25 / 2018

Transaction ID : SA11A.6026

Amount of Each Receipt this Period
12500.00

Memo Item CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. NAQVI, SARAH, B., MRS.,

Mailing Address 17510 SIR GALAHAD WAY

City ASHTON State MD Zip Code 20861-9748

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
300.00

Date of Receipt
MM / DD / YYYY
05 / 22 / 2018

Transaction ID : SA11A.5876

Amount of Each Receipt this Period
300.00

Memo Item CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	25300.00
TOTAL 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 61 OF 100
	<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. NASH, THOMAS, C., MR., II
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6 SUNSET BAY DR.

City BELLEAIR	State FL	Zip Code 33756-1644
------------------	-------------	------------------------

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

Name of Employer (for Individual) MACFARLANE, FERGUSON & MCMULLEN	Occupation (for Individual) ATTORNEY
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
10000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		11		2018

Transaction ID : SA11A.9503

Amount of Each Receipt this Period
10000.00

Memo Item CONTRIBUTION

B. NATALE, PAUL, M., MR.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 19820 GULF BLVD.
#301

City INDIAN SHORES	State FL	Zip Code 33785-2378
-----------------------	-------------	------------------------

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 ▼
10000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		11		2018

Transaction ID : SA11A.9502

Amount of Each Receipt this Period
10000.00

Memo Item CONTRIBUTION

C. NEAL, PATRICK, K., MR.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5800 LAKEWOOD RANCH BLVD.

City SARASOTA	State FL	Zip Code 34240-8479
------------------	-------------	------------------------

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

Name of Employer (for Individual) NEAL LAND VENTURES	Occupation (for Individual) OWNER
---	--------------------------------------

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
05		22		2018

Transaction ID : SA11A.5877

Amount of Each Receipt this Period
25000.00

Memo Item CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	45000.00
TOTAL 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 62 OF 100
	<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. NORCROSS, GARY, A., MR.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4548 ORTEGA ISLAND DR. N

City JACKSONVILLE	State FL	Zip Code 32210-7572
----------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
25000.00

Date of Receipt
MM / DD / YYYY
06 / 30 / 2018

Transaction ID : SA11A.16149

Amount of Each Receipt this Period
25000.00

Memo Item
CONTRIBUTION

B. O'MALLEY, MARY, ALICE, MRS.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 222 LAKEVIEW AVENUE
SUITE 1510

City WEST PALM BEACH	State FL	Zip Code 33401-6228
-------------------------	-------------	------------------------

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 ▼
39300.00

Date of Receipt
MM / DD / YYYY
05 / 22 / 2018

Transaction ID : SA11A.5879

Amount of Each Receipt this Period
39300.00

Memo Item
CONTRIBUTION

C. O'MALLEY, THOMAS, D., MR.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 222 LAKEVIEW AVENUE
SUITE 1510

City WEST PALM BEACH	State FL	Zip Code 33401-6228
-------------------------	-------------	------------------------

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 ▼
39300.00

Date of Receipt
MM / DD / YYYY
05 / 22 / 2018

Transaction ID : SA11A.5878

Amount of Each Receipt this Period
39300.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	103600.00
TOTAL 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 63 OF 100
	(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. PARRISH, JORDAN, M., MR.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3555 COUNTY RD. 78

City LABELLE	State FL	Zip Code 33935-6370
-----------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		19		2018

Transaction ID : SA11A.2751

Amount of Each Receipt this Period
250.00

Memo Item
CONTRIBUTION

B. PARRISH, RANDALL, T., DR.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3555 COUNTY RD. 78

City LABELLE	State FL	Zip Code 33935-6370
-----------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		19		2018

Transaction ID : SA11A.2752

Amount of Each Receipt this Period
250.00

Memo Item
CONTRIBUTION

C. PEREIRA, ROBERT, W., MR., III
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 49 N. FEDERAL HWY #391

City POMPANO BEACH	State FL	Zip Code 33062-4304
-----------------------	-------------	------------------------

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

Name of Employer (for Individual) THE MIDDLESEX CORP	Occupation (for Individual) EXECUTIVE
---	--

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
06		30		2018

Transaction ID : SA11A.15538

Amount of Each Receipt this Period
25000.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	25500.00
TOTAL 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 64 OF 100
	<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. PHELPS, ESTHER, M., MRS.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1000 1ST AVE.
UNIT 2400

City SEATTLE State WA Zip Code 98104-0904

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5400.00

Date of Receipt
MM / DD / YYYY
05 / 04 / 2018

Transaction ID : SA11A.3177

Amount of Each Receipt this Period
5400.00

Memo Item
CONTRIBUTION

B. PHELPS, JONATHAN, , MR.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 140 E. MORSE BLVD
UNIT B

City WINTER PARK State FL Zip Code 32789-7414

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 ▼
5400.00

Date of Receipt
MM / DD / YYYY
05 / 04 / 2018

Transaction ID : SA11A.3178

Amount of Each Receipt this Period
5400.00

Memo Item
CONTRIBUTION

C. PHILLIPS, TIM, W., MR.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3701 OLSON DR.

City DAYTONA BEACH State FL Zip Code 32124-2001

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

Name of Employer (for Individual) **P&S PAVING** Occupation (for Individual) **PRESIDENT**

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1700.00

Date of Receipt
MM / DD / YYYY
06 / 07 / 2018

Transaction ID : SA11A.8896

Amount of Each Receipt this Period
1700.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	12500.00
TOTAL 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 65 OF 100
	<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. PHILLIPS, WILLIAM, TODD, MR.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 345 COQUINA AVE

City ORMOND BEACH	State FL	Zip Code 32174-3307
----------------------	-------------	------------------------

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

Name of Employer (for Individual) P&S PAVING INC.	Occupation (for Individual) PAVING CONTRACTOR
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1700.00

Date of Receipt
MM / DD / YYYY
06 / 07 / 2018

Transaction ID : SA11A.8895

Amount of Each Receipt this Period
1700.00

Memo Item
CONTRIBUTION

B. RANGOS, JOHN, G., MR., SR.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 701 OSPREY POINT CIRCLE

City BOCA RATON	State FL	Zip Code 33431-5245
--------------------	-------------	------------------------

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 ▼
33900.00

Date of Receipt
MM / DD / YYYY
05 / 04 / 2018

Transaction ID : SA11A.3184

Amount of Each Receipt this Period
33900.00

Memo Item
CONTRIBUTION

C. RESCHINI, JOSEPH, , MR.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 922 PHILADELPHIA ST.

City INDIANA	State PA	Zip Code 15701-3940
-----------------	-------------	------------------------

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

Name of Employer (for Individual) RESCHINI AGENCY, INC.	Occupation (for Individual) OWNER
--	--------------------------------------

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
22500.00

Date of Receipt
MM / DD / YYYY
06 / 07 / 2018

Transaction ID : SA11A.8897

Amount of Each Receipt this Period
45000.00

Memo Item
CONTRIBUTION

SEE REATTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	80600.00
TOTAL 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 66 OF 100
<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"/> 17

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NAME OF COMMITTEE (In Full)
Rick Scott Victory Fund

A. RESCHINI, ANNA MARIE, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 922 PHILADELPHIA ST.

City INDIANA	State PA	Zip Code 15701-3940
-----------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
22500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	26	/	2018

Transaction ID : SA11A.12359

Amount of Each Receipt this Period
22500.00

Memo Item CONTRIBUTION

REATTRIBUTION FROM SPOUSE

B. RESCHINI, JOSEPH, , MR.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 922 PHILADELPHIA ST.

City INDIANA	State PA	Zip Code 15701-3940
-----------------	-------------	------------------------

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

Name of Employer (for Individual) RESCHINI AGENCY, INC.	Occupation (for Individual) OWNER
--	--------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
22500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	26	/	2018

Transaction ID : SA11A.12360

Amount of Each Receipt this Period
- 22500.00

Memo Item CONTRIBUTION

REATTRIBUTION TO SPOUSE

C. REUS, SANDRA, , MRS.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4834 94TH DORAL PLACE

City MIAMI	State FL	Zip Code 33178-2046
---------------	-------------	------------------------

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

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

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
05	/	15	/	2018

Transaction ID : SA11A.5399

Amount of Each Receipt this Period
25000.00

Memo Item CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	25000.00
TOTAL 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 67 OF 100
	<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. RICE, MATTHEW, , MR.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 7800 HWY 145 SOUTH

City HARRISBURG	State IL	Zip Code 62946-5580
--------------------	-------------	------------------------

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

Name of Employer (for Individual) DATA MINING SERVICES	Occupation (for Individual) OWNER
---	--------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
10000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		21		2018

Transaction ID : SA11A.12005

Amount of Each Receipt this Period
10000.00

Memo Item
CONTRIBUTION

B. RITCHEY, GLENN, S., MR.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1131 N. HALIFAX AVE.

City DAYTONA BEACH	State FL	Zip Code 32118-3654
-----------------------	-------------	------------------------

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

Name of Employer (for Individual) JOHN HALL CHEVROLET	Occupation (for Individual) CEO
--	------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
39200.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		07		2018

Transaction ID : SA11A.8898

Amount of Each Receipt this Period
39200.00

Memo Item
CONTRIBUTION

C. RITTER, MICHAEL, A., MR.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 7704 WHITEBRIDGE GLN

City UNIVERSITY PARK	State FL	Zip Code 34201-2244
-------------------------	-------------	------------------------

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

Name of Employer (for Individual) PERLMAN MUSIC	Occupation (for Individual) CHAIRMAN
--	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		22		2018

Transaction ID : SA11A.5880

Amount of Each Receipt this Period
500.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	49700.00
TOTAL 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 68 OF 100
	<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. ROOD, JOHN, DARRELL, AMB.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3030 HARTLEY RD.
SUITE 310

City JACKSONVILLE State FL Zip Code 32257-8213

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

Name of Employer (for Individual) VESTCOR EQUITIES INC. Occupation (for Individual) EXECUTIVE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 12500.00

Date of Receipt **05 / 12 / 2018**

Transaction ID : SA11A.5130

Amount of Each Receipt this Period 25000.00

Memo Item CONTRIBUTION

SEE REATTRIBUTION

B. ROOD, JOHN, DARRELL, AMB.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3030 HARTLEY RD.
SUITE 310

City JACKSONVILLE State FL Zip Code 32257-8213

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

Name of Employer (for Individual) VESTCOR EQUITIES INC. Occupation (for Individual) EXECUTIVE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 12500.00

Date of Receipt **06 / 15 / 2018**

Transaction ID : SA11A.9647

Amount of Each Receipt this Period - 12500.00

Memo Item CONTRIBUTION

REATTRIBUTION TO SPOUSE

C. ROOD, SONYA, A., ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3030 HARTLEY RD STE 310

City JACKSONVILLE State FL Zip Code 32257-8213

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

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

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date ▼ 12500.00

Date of Receipt **06 / 15 / 2018**

Transaction ID : SA11A.9646

Amount of Each Receipt this Period 12500.00

Memo Item CONTRIBUTION

REATTRIBUTION FROM SPOUSE

SUBTOTAL of Receipts This Page (optional).....	25000.00
TOTAL 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 69 OF 100
	<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. ROONEY, FRANCIS, , AMB.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 800 ADMIRALTY PARADE

City NAPLES	State FL	Zip Code 34102-7875
----------------	-------------	------------------------

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

Name of Employer (for Individual) U.S. CONGRESS	Occupation (for Individual) CONGRESSMAN
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
12500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		11		2018

Transaction ID : SA11A.9490

Amount of Each Receipt this Period
25000.00

Memo Item CONTRIBUTION

SEE REATTRIBUTION

B. ROONEY, FRANCIS, , AMB.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 800 ADMIRALTY PARADE

City NAPLES	State FL	Zip Code 34102-7875
----------------	-------------	------------------------

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

Name of Employer (for Individual) U.S. CONGRESS	Occupation (for Individual) CONGRESSMAN
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
12500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		28		2018

Transaction ID : SA11A.12731

Amount of Each Receipt this Period
- 12500.00

Memo Item CONTRIBUTION

REATTRIBUTION TO SPOUSE

C. ROONEY, KATHLEEN, , MRS.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 800 ADMIRALTY PARADE, EAST

City NAPLES	State FL	Zip Code 34102-7875
----------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
12500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		28		2018

Transaction ID : SA11A.12730

Amount of Each Receipt this Period
12500.00

Memo Item CONTRIBUTION

REATTRIBUTION FROM SPOUSE

SUBTOTAL of Receipts This Page (optional).....▶	25000.00
TOTAL 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 70 OF 100
	(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. ROONEY, TIMOTHY, J., MR., JR.

Mailing Address 160 WELLS ROAD

City PALM BEACH	State FL	Zip Code 33480-3623
--------------------	-------------	------------------------

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

Name of Employer (for Individual) YONKERS RACING CORP.	Occupation (for Individual) PRESIDENT
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
10000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		04		2018

Transaction ID : SA11A.3183

Amount of Each Receipt this Period
10000.00

Memo Item
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. ROSSER, HAROLD, O., MR.,

Mailing Address 1424 NIGHTHAWK POINTE

City NAPLES	State FL	Zip Code 34105-2789
----------------	-------------	------------------------

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

Name of Employer (for Individual) ROSSER CAPITAL PARTNERS	Occupation (for Individual) INVESTOR
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
10800.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		07		2018

Transaction ID : SA11A.8899

Amount of Each Receipt this Period
10800.00

Memo Item
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. ROTHMAN, MARGARET, M., ,

Mailing Address P.O. BOX 173559

City TAMPA	State FL	Zip Code 33672-1559
---------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
16950.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		11		2018

Transaction ID : SA11A.9508

Amount of Each Receipt this Period
16950.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	37750.00
TOTAL 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 71 OF 100
	<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. ROTHMAN, ROBERT, , MR.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address P.O. BOX 173559

City TAMPA	State FL	Zip Code 33672-1559
---------------	-------------	------------------------

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

Name of Employer (for Individual) BLACK DIAMOND CAPITAL	Occupation (for Individual) PRIVATE INVESTOR
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
16950.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		11		2018

Transaction ID : SA11A.9509

Amount of Each Receipt this Period
16950.00

Memo Item
CONTRIBUTION

B. RUFFIN, PHIL, , MR.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address 3300 LAS VEGAS BLVD. S

City LAS VEGAS	State NV	Zip Code 89109-8916
-------------------	-------------	------------------------

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

Name of Employer (for Individual) SELF-EMPLOYED	Occupation (for Individual) OWNER
--	--------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
10800.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		22		2018

Transaction ID : SA11A.5881

Amount of Each Receipt this Period
10800.00

Memo Item
CONTRIBUTION

C. RUSSELL, BYRON, C., MR.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address ONE CHENEY WAY

City RIVIERA BEACH	State FL	Zip Code 33404-7000
-----------------------	-------------	------------------------

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

Name of Employer (for Individual) CHENEY BROTHERS INC.	Occupation (for Individual) CHAIRMAN
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
5400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2018

Transaction ID : SA11A.16141

Amount of Each Receipt this Period
5400.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	33150.00
TOTAL 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 72 OF 100
	<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. SCARPA, JOHN, F., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1676 SOUTH OCEAN BLVD
 City PALM BEACH State FL Zip Code 33480-5117
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) INVESTOR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 10800.00

Date of Receipt 06 / 29 / 2018
Transaction ID : SA11A.15535
 Amount of Each Receipt this Period 10800.00
 Memo Item CONTRIBUTION

B. SCHAR, DWIGHT, C., MR.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 505 S. FLAGLER DRIVE, SUITE 900
 City WEST PALM BEACH State FL Zip Code 33401-5948
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NVR HOMES Occupation (for Individual) HOMEBUILDER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 12500.00

Date of Receipt 04 / 19 / 2018
Transaction ID : SA11A.2753
 Amount of Each Receipt this Period 25000.00
 Memo Item CONTRIBUTION
 SEE REATTRIBUTION

C. SCHAR, DWIGHT, C., MR.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 505 S. FLAGLER DRIVE, SUITE 900
 City WEST PALM BEACH State FL Zip Code 33401-5948
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NVR HOMES Occupation (for Individual) HOMEBUILDER
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 12500.00

Date of Receipt 06 / 06 / 2018
Transaction ID : SA11A.8433
 Amount of Each Receipt this Period - 12500.00
 Memo Item CONTRIBUTION
 REATTRIBUTION TO SPOUSE

SUBTOTAL of Receipts This Page (optional).....	35800.00
TOTAL 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 73 OF 100
	<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. SCHAR, MARTHA, , MRS.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 505 S. FLAGLER DRIVE, SUITE 900

City WEST PALM BEACH	State FL	Zip Code 33401-5948
-------------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
12500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		06		2018

Transaction ID : SA11A.8432

Amount of Each Receipt this Period
12500.00

Memo Item CONTRIBUTION

REATTRIBUTION FROM SPOUSE

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

Mailing Address 12765 W. FOREST HILL BLVD.
SUITE 1307

City WELLINGTON	State FL	Zip Code 33414-4781
--------------------	-------------	------------------------

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

Name of Employer (for Individual) THE BAINBRIDGE COMPANIES	Occupation (for Individual) CHAIRMAN & CEO
---	---

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
06		30		2018

Transaction ID : SA11A.16143

Amount of Each Receipt this Period
25000.00

Memo Item CONTRIBUTION

C. SCHULZE, RICHARD, M., MR.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2658 GORDON DR.

City NAPLES	State FL	Zip Code 34102-7758
----------------	-------------	------------------------

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

Name of Employer (for Individual) BEST BUY CO. INC.	Occupation (for Individual) RETAILER
--	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
10800.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		11		2018

Transaction ID : SA11A.9505

Amount of Each Receipt this Period
10800.00

Memo Item CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	35800.00
TOTAL 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 74 OF 100
	<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. SCHWALBACH, GERALD, A., MR.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 350 HWY 7
SUITE 200

City EXCELSIOR State MN Zip Code 55331-3156

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

Name of Employer (for Individual) SPENSA DEVELOPMENT Occupation (for Individual) OWNER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5400.00

Date of Receipt
MM / DD / YYYY
06 / 26 / 2018

Transaction ID : SA11A.12510

Amount of Each Receipt this Period
5400.00

Memo Item
CONTRIBUTION

B. SELLON, CHARLES, H., MR.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3111 GREEN DOLPHIN LANE

City NAPLES State FL Zip Code 34102-7915

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
MM / DD / YYYY
05 / 30 / 2018

Transaction ID : SA11A.6125

Amount of Each Receipt this Period
12500.00

Memo Item
CONTRIBUTION

C. SHADER, ANDREW, , MR.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1305 AVOCADO ISLE

City FORT LAUDERDALE State FL Zip Code 33315-1343

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

Name of Employer (for Individual) NATIONAL HEALTH SOLUTIONS, INC. Occupation (for Individual) EXECUTIVE

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
10800.00

Date of Receipt
MM / DD / YYYY
04 / 26 / 2018

Transaction ID : SA11A.2862

Amount of Each Receipt this Period
10800.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	28700.00
TOTAL 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 75 OF 100
	<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. SIMSES, ROBERT, G., MR.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 241 W. INDIES DR.

City PALM BEACH	State FL	Zip Code 33480-3408
--------------------	-------------	------------------------

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

Name of Employer (for Individual) SIMSES & ASSOCIATES	Occupation (for Individual) ATTORNEY
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2018

Transaction ID : SA11A.16144

Amount of Each Receipt this Period
5000.00

Memo Item
CONTRIBUTION

B. SMITH, BARBARA, MERAN, MR.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 885 THIRD AVE
19TH FLOOR

City NEW YORK	State NY	Zip Code 10022-4834
------------------	-------------	------------------------

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

Name of Employer (for Individual) SELF EMPLOYED	Occupation (for Individual) BUSINESS OWNER
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2018

Transaction ID : SA11A.16155

Amount of Each Receipt this Period
5000.00

Memo Item
CONTRIBUTION

C. SMITH, HAROLD, B., MR.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 120 VIA DEL LAGO

City PALM BEACH	State FL	Zip Code 33480-4917
--------------------	-------------	------------------------

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
04		19		2018

Transaction ID : SA11A.2754

Amount of Each Receipt this Period
25000.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	35000.00
TOTAL 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 76 OF 100
	<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. SMITHSON, LISA, , MRS.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 330 8TH AVE., N #1

City TIERRA VERDE State FL Zip Code 33715-1865

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

Name of Employer (for Individual) LISA SMITHSON & CO. Occupation (for Individual) FINANCIAL PLANNER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 10000.00

Date of Receipt 06 / 11 / 2018
Transaction ID : SA11A.9504

Amount of Each Receipt this Period 10000.00

Memo Item CONTRIBUTION

B. SPINELLI, WILLIAM, , MR.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2948 BELLFLOWER LANE

City NAPLES State FL Zip Code 34105-3005

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

Name of Employer (for Individual) SELF-EMPLOYED Occupation (for Individual) REALTOR

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 12500.00

Date of Receipt 06 / 07 / 2018
Transaction ID : SA11A.8900

Amount of Each Receipt this Period 25000.00

Memo Item CONTRIBUTION

SEE REATTRIBUTION

C. SPINELLI, JACQUELINE, MONIQUE, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2948 BELLFLOWER LANE

City NAPLES State FL Zip Code 34105-3005

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

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

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date ▼ 12500.00

Date of Receipt 06 / 27 / 2018
Transaction ID : SA11A.12620

Amount of Each Receipt this Period 12500.00

Memo Item CONTRIBUTION

REATTRIBUTION FROM SPOUSE

SUBTOTAL of Receipts This Page (optional)..... ▶ 35000.00

TOTAL 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 77 OF 100
	<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. SPINELLI, WILLIAM, , MR.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2948 BELLFLOWER LANE

City NAPLES	State FL	Zip Code 34105-3005
----------------	-------------	------------------------

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

Name of Employer (for Individual) SELF-EMPLOYED	Occupation (for Individual) REALTOR
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
12500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		27		2018

Transaction ID : SA11A.12621

Amount of Each Receipt this Period

12500.00

Memo Item
CONTRIBUTION

REATTRIBUTION TO SPOUSE

B. STAYER, RALPH, C., MR.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2100 GORDON RD.

City NAPLES	State FL	Zip Code 34102-7624
----------------	-------------	------------------------

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

Name of Employer (for Individual) JOHNSONVILLE SAUSAGE	Occupation (for Individual) CHAIRMAN
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		11		2018

Transaction ID : SA11A.9507

Amount of Each Receipt this Period

5400.00

Memo Item
CONTRIBUTION

C. STAYER, SHELLEY, , MRS.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2100 GORDON DR.

City NAPLES	State FL	Zip Code 34102-7624
----------------	-------------	------------------------

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

Name of Employer (for Individual) JOHNSONVILLE SAUSAGE	Occupation (for Individual) VICE CHAIR
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
5400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		11		2018

Transaction ID : SA11A.9506

Amount of Each Receipt this Period

5400.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	10800.00
TOTAL 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 78 OF 100
	<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. THOMAS, JOHN, C., MR.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 135 WILLADEL DR.

City BELLEAIR	State FL	Zip Code 33756-1941
------------------	-------------	------------------------

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

Name of Employer (for Individual) PINCH-A-PENNY	Occupation (for Individual) PRESIDENT
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
16950.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		11		2018

Transaction ID : SA11A.9493

Amount of Each Receipt this Period
33900.00

Memo Item
CONTRIBUTION

SEE REATTRIBUTION

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

Mailing Address 135 WILLADEL DR.

City BELLEAIR	State FL	Zip Code 33756-1941
------------------	-------------	------------------------

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

Name of Employer (for Individual) PINCH-A-PENNY	Occupation (for Individual) PRESIDENT
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
16950.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2018

Transaction ID : SA11A.15842

Amount of Each Receipt this Period
- 16950.00

Memo Item
CONTRIBUTION

REATTRIBUTION TO SPOUSE

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

Mailing Address 135 WILLADEL DR.

City BELLEAIR	State FL	Zip Code 33756-1941
------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
16950.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2018

Transaction ID : SA11A.15841

Amount of Each Receipt this Period
16950.00

Memo Item
CONTRIBUTION

REATTRIBUTION FROM SPOUSE

SUBTOTAL of Receipts This Page (optional).....	33900.00
TOTAL 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 79 OF 100
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
Rick Scott Victory Fund

A. TOVAR, ROGELIO, , MR.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P.O. BOX 143975
 City CORAL GABLES State FL Zip Code 33114-3975
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RT HOLDINGS, LLC Occupation (for Individual) PRESIDENT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5400.00

Date of Receipt **05 / 15 / 2018**
Transaction ID : SA11A.5395
 Amount of Each Receipt this Period 5400.00
 Memo Item
 CONTRIBUTION

B. TUCKER, TERRY, L., DR.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 88 PINE ISLAND ROAD SUITE 3
 City NORTH FORT MYERS State FL Zip Code 33903-3745
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) TUCKER VISION CENTER Occupation (for Individual) PHYSICIAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **04 / 19 / 2018**
Transaction ID : SA11A.2755
 Amount of Each Receipt this Period 250.00
 Memo Item
 CONTRIBUTION

C. VALDES, DAVID, , MR.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 630 ESCOBAR AVE.
 City CORAL GABLES State FL Zip Code 33134-7012
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) ZIMMERMAN ADVERTISING Occupation (for Individual) COO
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 5400.00

Date of Receipt **05 / 04 / 2018**
Transaction ID : SA11A.3187
 Amount of Each Receipt this Period 5400.00
 Memo Item
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	11050.00
TOTAL 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 80 OF 100
	(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. VALDES, NANCY, , MRS.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 630 ESCOBAR AVE.

City CORAL GABLES	State FL	Zip Code 33134-7012
----------------------	-------------	------------------------

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

Name of Employer (for Individual) MATECUMBE INVESTMENTS	Occupation (for Individual) MANAGER
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		04		2018

Transaction ID : SA11A.3186

Amount of Each Receipt this Period
5400.00

Memo Item
CONTRIBUTION

B. VECELLIO, KATHRYN, C., MRS.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 120 JUNGLE ROAD

City PALM BEACH	State FL	Zip Code 33480-4810
--------------------	-------------	------------------------

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

Name of Employer (for Individual) N/A	Occupation (for Individual) FULL-TIME VOLUNTEER
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
12500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		19		2018

Transaction ID : SA11A.2756

Amount of Each Receipt this Period
12500.00

Memo Item
CONTRIBUTION

C. VECELLIO, LEO, A., MR., JR.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 120 JUNGLE RD.

City PALM BEACH	State FL	Zip Code 33480-4810
--------------------	-------------	------------------------

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

Name of Employer (for Individual) THE VECELLIO GROUP	Occupation (for Individual) CORPORATE EXECUTIVE
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
12500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		19		2018

Transaction ID : SA11A.2757

Amount of Each Receipt this Period
12500.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	30400.00
TOTAL 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 81 OF 100
	(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. VINIK, JEFFREY, , MR.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 914 S. GOLF VIEW STREET

City TAMPA	State FL	Zip Code 33629-5222
---------------	-------------	------------------------

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

Name of Employer (for Individual) TAMPA BAY LIGHTNING	Occupation (for Individual) CHAIRMAN
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
39300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		15		2018

Transaction ID : SA11A.5397

Amount of Each Receipt this Period
39300.00

Memo Item
CONTRIBUTION

B. VINIK, MARY, PENNY, MRS.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 914 S. GOLF VIEW

City TAMPA	State FL	Zip Code 33629-5222
---------------	-------------	------------------------

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 ▼
39300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		15		2018

Transaction ID : SA11A.5396

Amount of Each Receipt this Period
39300.00

Memo Item
CONTRIBUTION

C. WAGNER, PATRICIA, A., ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 7575 PELICAN BAY BLVD
APT 501

City NAPLES	State FL	Zip Code 34108-5534
----------------	-------------	------------------------

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 ▼
5400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		25		2018

Transaction ID : SA11A.6033

Amount of Each Receipt this Period
5400.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	84000.00
TOTAL 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 82 OF 100
	<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. WESLEY, CHARLES, , MR.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3940 GORDON DRIVE

City NAPLES State FL Zip Code 34102-7962

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

Name of Employer (for Individual) ALLIANCE MGP Occupation (for Individual) EXECUTIVE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 10800.00

Date of Receipt 06 / 11 / 2018
Transaction ID : SA11A.9497

Amount of Each Receipt this Period 10800.00

Memo Item CONTRIBUTION

B. WESTFALL, DANIEL, M., MR.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 397 N. LOMBARDY LOOP

City ST. JOHNS State FL Zip Code 32259-5267

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

Name of Employer (for Individual) TRINITY FABRICATORS INC. Occupation (for Individual) SALES/PROJECT MANAGER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 5400.00

Date of Receipt 06 / 07 / 2018
Transaction ID : SA11A.8901

Amount of Each Receipt this Period 5400.00

Memo Item CONTRIBUTION

C. WHIDDON, THOMAS, , MR.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 155 BAYVIEW DR.

City BELLEAIR State FL Zip Code 33756-1403

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 ▼ 2500.00

Date of Receipt 06 / 27 / 2018
Transaction ID : SA11A.12625

Amount of Each Receipt this Period 2500.00

Memo Item CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 18700.00

TOTAL 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 83 OF 100
	<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. WILLIAMS, JOSEPH, M., MR.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1501 EAST 2ND AVENUE

City TAMPA	State FL	Zip Code 33605-5005
---------------	-------------	------------------------

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

Name of Employer (for Individual) KIMMINS CONTRACTING	Occupation (for Individual) PRESIDENT
--	--

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
05		12		2018

Transaction ID : SA11A.5135

Amount of Each Receipt this Period
25000.00

Memo Item
CONTRIBUTION

B. WISTER, DIANA, S., MRS.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 335 EL VEDADO

City PALM BEACH	State FL	Zip Code 33480-4735
--------------------	-------------	------------------------

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 ▼
10800.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		19		2018

Transaction ID : SA11A.2758

Amount of Each Receipt this Period
10800.00

Memo Item
CONTRIBUTION

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

Mailing Address 9800 WALZER CT

City WINDERMERE	State FL	Zip Code 34786-8907
--------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
19650.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2018

Transaction ID : SA11A.17633

Amount of Each Receipt this Period
19650.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	55450.00
TOTAL 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 84 OF 100
	(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. WORKMAN, RICHARD, , MR.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 9800 WALZER COURT

City WINDERMERE	State FL	Zip Code 34786-8907
--------------------	-------------	------------------------

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

Name of Employer (for Individual) HEARTLAND DENTAL	Occupation (for Individual) ENTREPRENEUR
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
19650.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2018

Transaction ID : SA11A.17634

Amount of Each Receipt this Period
19650.00

Memo Item
CONTRIBUTION

B. WRIGHT, TOM, A., MR.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 259 POWERLINE RD.

City NEW SMYRNA BEACH	State FL	Zip Code 32168-8951
--------------------------	-------------	------------------------

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 ▼
19600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		07		2018

Transaction ID : SA11A.8902

Amount of Each Receipt this Period
19600.00

Memo Item
CONTRIBUTION

C. ZARNEGIN, ROBERT, , MR.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 421 NORTH BEVERLY DRIVE
#350

City BEVERLY HILLS	State CA	Zip Code 90210-4640
-----------------------	-------------	------------------------

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

Name of Employer (for Individual) PROBITY INTERNATIONAL CORP	Occupation (for Individual) DEVELOPER
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
10800.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		11		2018

Transaction ID : SA11A.9495

Amount of Each Receipt this Period
10800.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	50050.00
TOTAL 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 85 OF 100
	<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, JORDAN, B., MR.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 720 PELICAN POINT COVE

City BOCA RATON	State FL	Zip Code 33431-5226
--------------------	-------------	------------------------

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

Name of Employer (for Individual) ZIMMERMAN ADVERTISING	Occupation (for Individual) CHAIRMAN
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
39300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		12		2018

Transaction ID : SA11A.5128

Amount of Each Receipt this Period
39300.00

Memo Item
CONTRIBUTION

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

Mailing Address 125 EAST WEBSTER AVENUE

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 ▼
5400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2018

Transaction ID : SA11A.15540

Amount of Each Receipt this Period
5400.00

Memo Item
CONTRIBUTION

C. ZIMMERMAN, TERRY, L., MRS.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 720 PELICAN POINT COVE

City BOCA RATON	State FL	Zip Code 33431-5226
--------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
39300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		12		2018

Transaction ID : SA11A.5127

Amount of Each Receipt this Period
39300.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	84000.00
TOTAL 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 86 OF 100
	<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. ZOLEY, DONNA, P., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1515 FAN PALM RD
 City BOCA RATON State FL Zip Code 33432-7414
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) HOMEMAKER Occupation (for Individual) HOMEMAKER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 39300.00

Date of Receipt 05 / 22 / 2018
Transaction ID : SA11A.5884
 Amount of Each Receipt this Period 39300.00
 Memo Item
CONTRIBUTION

B. ZOLEY, GEORGE, C., DR.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1515 FAN PALM RD.
 City BOCA RATON State FL Zip Code 33432-7414
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) THE GEO GROUP Occupation (for Individual) CHAIRMAN AND CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 39300.00

Date of Receipt 05 / 22 / 2018
Transaction ID : SA11A.5882
 Amount of Each Receipt this Period 39300.00
 Memo Item
CONTRIBUTION

C. THIRD LAKE CAPITAL LLC
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1600 E 8TH AVE, STE A208
 City TAMPA State FL Zip Code 33605-3738
 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 ▼ 25000.00

Date of Receipt 06 / 27 / 2018
Transaction ID : SA11A.12624
 Amount of Each Receipt this Period 25000.00
 Memo Item
CONTRIBUTION
 SEE ATTRIBUTION BELOW

SUBTOTAL of Receipts This Page (optional).....▶	103600.00
TOTAL 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 87 OF 100
<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"/> 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
JONES, KEN, , MR.,

Mailing Address 3011 WEST HAWTHORNE ROAD

City TAMPA	State FL	Zip Code 33611-2831
---------------	-------------	------------------------

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

Name of Employer (for Individual) THRID LAKE CAPITAL	Occupation (for Individual) FOUNDER, PRESIDENT, CEO
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
25000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		29		2018

Transaction ID : SA11A.14974

Amount of Each Receipt this Period
25000.00

Memo Item
CONTRIBUTION

PARTNERSHIP ATTRIBUTION

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

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

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

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

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	3182729.09

**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 88 OF 100
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" 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"/> 17

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NAME OF COMMITTEE (In Full)
Rick Scott Victory Fund

A. MURRAY ENERGY PAC
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 46226 NATIONAL RD.

City ST. CLAIRSVILLE	State OH	Zip Code 43950-8742
-------------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00410985

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
10000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	07	/	2018

Transaction ID : SA11C.8894

Amount of Each Receipt this Period
10000.00

Memo Item
CONTRIBUTION

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

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

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

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

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....	10000.00
TOTAL This Period (last page this line number only).....	10000.00

**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. GABLE, BLAKE, , MR.,		Date of Disbursement MM / DD / YYYY 05 / 25 / 2018	
Mailing Address 2600 GOLDEN GATE PKWY		FEC Identification Number C [REDACTED] Transaction ID : SB21B.17631 Amount of Each Disbursement this Period [REDACTED] 5400.00 IN KIND: CATERING	
City NAPLES	State FL	Zip Code 34105-3227	Category/ Type [REDACTED]
Purpose of Disbursement IN-KIND CONTRIBUTION		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) ▼		Memo Item <input type="checkbox"/>
State: District:			

Full Name (Last, First, Middle Initial) B. GABLE, JANET, , ,		Date of Disbursement MM / DD / YYYY 05 / 25 / 2018	
Mailing Address 2600 GOLDEN GATE PKWY		FEC Identification Number C [REDACTED] Transaction ID : SB21B.17632 Amount of Each Disbursement this Period [REDACTED] 1263.00 IN KIND: CATERING	
City NAPLES	State FL	Zip Code 34105-3227	Category/ Type [REDACTED]
Purpose of Disbursement IN-KIND CONTRIBUTION		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) ▼		Memo Item <input type="checkbox"/>
State: District:			

Full Name (Last, First, Middle Initial) C. MUMA, PAMELA, S., MRS.,		Date of Disbursement MM / DD / YYYY 06 / 30 / 2018	
Mailing Address 100 PALMETTO RD		FEC Identification Number C [REDACTED] Transaction ID : SB21B.15843 Amount of Each Disbursement this Period [REDACTED] 2916.09 IN KIND: CATERING	
City BELLEAIR	State FL	Zip Code 33756-1428	Category/ Type [REDACTED]
Purpose of Disbursement IN-KIND CONTRIBUTION		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) ▼		Memo Item <input type="checkbox"/>
State: District:			

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

[REDACTED] 9579.09

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

[REDACTED]

**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. ANEDOT

Mailing Address PO BOX 84314

City
BATON ROUGE

State
LA

Zip Code
70884

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

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	0		2	0	1	8

FEC Identification Number

C []

Transaction ID : SB21B.10

Amount of Each Disbursement this Period

[] 600.30

Memo Item

Full Name (Last, First, Middle Initial)

B. ANEDOT

Mailing Address PO BOX 84314

City
BATON ROUGE

State
LA

Zip Code
70884

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

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	7		2	0	1	8

FEC Identification Number

C []

Transaction ID : SB21B.12

Amount of Each Disbursement this Period

[] 432.30

Memo Item

Full Name (Last, First, Middle Initial)

C. ANEDOT

Mailing Address PO BOX 84314

City
BATON ROUGE

State
LA

Zip Code
70884

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

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	0		2	0	1	8

FEC Identification Number

C []

Transaction ID : SB21B.14

Amount of Each Disbursement this Period

[] 1324.90

Memo Item

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

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

[] 2357.50

[]

**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. ANEDOT

Mailing Address PO BOX 84314

City
BATON ROUGE

State
LA

Zip Code
70884

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

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	7		2	0	1	8

FEC Identification Number

C []

Transaction ID : SB21B.4

Amount of Each Disbursement this Period

[] 176.30

Memo Item

Full Name (Last, First, Middle Initial)

B. ANEDOT

Mailing Address PO BOX 84314

City
BATON ROUGE

State
LA

Zip Code
70884

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

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

FEC Identification Number

C []

Transaction ID : SB21B.6

Amount of Each Disbursement this Period

[] 200.30

Memo Item

Full Name (Last, First, Middle Initial)

C. ANEDOT

Mailing Address PO BOX 84314

City
BATON ROUGE

State
LA

Zip Code
70884

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

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	9		2	0	1	8

FEC Identification Number

C []

Transaction ID : SB21B.8

Amount of Each Disbursement this Period

[] 2365.50

Memo Item

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

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

[] 2742.10

[]

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. CMDI

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) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
04 / 25 / 2018

FEC Identification Number

C

Transaction ID : SB21B.16

Amount of Each Disbursement this Period

250.00

Memo Item

Full Name (Last, First, Middle Initial)

B. CMDI

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)

Category/
Type

Date of Disbursement

MM / DD / YYYY
05 / 21 / 2018

FEC Identification Number

C

Transaction ID : SB21B.17

Amount of Each Disbursement this Period

250.00

Memo Item

Full Name (Last, First, Middle Initial)

C. CMDI

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) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
06 / 21 / 2018

FEC Identification Number

C

Transaction ID : SB21B.18

Amount of Each Disbursement this Period

250.00

Memo Item

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

750.00

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. CROSBY OTTENHOFF GROUP

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: **05 / 02 / 2018**

FEC Identification Number: **C**

Transaction ID : **SB21B.1**

Amount of Each Disbursement this Period: **1350.00**

Memo Item

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

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: **06 / 07 / 2018**

FEC Identification Number: **C**

Transaction ID : **SB21B.2**

Amount of Each Disbursement this Period: **2212.50**

Memo Item

Full Name (Last, First, Middle Initial)
C. HOLTZMAN VOGEL JOSEFIK

Mailing Address **45 N HILL DR SUITE 100**

City **WARRENTON** State **VA** Zip Code **20186**

Purpose of Disbursement **LEGAL CONSULTING**

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: **05 / 23 / 2018**

FEC Identification Number: **C**

Transaction ID : **SB21B.19**

Amount of Each Disbursement this Period: **2250.00**

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ **5812.50**

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. INTUIT

Mailing Address 2632 MARINE WAY

City MOUNTAIN VIEW State CA Zip Code 94043

Purpose of Disbursement PRINTING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: MM / DD / YYYY
04 / 25 / 2018

FEC Identification Number: C

Transaction ID : SB21B.20

Amount of Each Disbursement this Period: 99.67

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) ▼

Date of Disbursement: MM / DD / YYYY
06 / 22 / 2018

FEC Identification Number: C

Transaction ID : SB21B.11

Amount of Each Disbursement this Period: 777.80

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) ▼

Date of Disbursement: MM / DD / YYYY
06 / 29 / 2018

FEC Identification Number: C

Transaction ID : SB21B.13

Amount of Each Disbursement this Period: 421.40

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 1298.87

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. 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
06 / 30 / 2018

FEC Identification Number

C
Transaction ID : SB21B.15
Amount of Each Disbursement this Period
870.60

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
04 / 25 / 2018

FEC Identification Number

C
Transaction ID : SB21B.3
Amount of Each Disbursement this Period
6218.28

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
05 / 14 / 2018

FEC Identification Number

C
Transaction ID : SB21B.5
Amount of Each Disbursement this Period
9726.50

Memo Item

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

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

16815.38

**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

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

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

FEC Identification Number

C									
---	--	--	--	--	--	--	--	--	--

Transaction ID : SB21B.7

Amount of Each Disbursement this Period

									2836.80

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

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	6		2	0	1	8

FEC Identification Number

C									
---	--	--	--	--	--	--	--	--	--

Transaction ID : SB21B.9

Amount of Each Disbursement this Period

									1450.90

Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

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

FEC Identification Number

C									
---	--	--	--	--	--	--	--	--	--

Amount of Each Disbursement this Period

Memo Item

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

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

									4287.70
--	--	--	--	--	--	--	--	--	---------

									43643.14
--	--	--	--	--	--	--	--	--	----------

**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) A. RICK SCOTT FOR FLORIDA		Date of Disbursement MM / DD / YYYY 06 / 30 / 2018
Mailing Address PO BOX 3791		FEC Identification Number C [] Transaction ID : SB22.13 Amount of Each Disbursement this Period [] 238618.86
City TALLAHASSEE	State FL	Zip Code 32315
Purpose of Disbursement TRANSFER OF NET JOINT FUNDRAISING PROCEEDS		Category/ Type []
Candidate Name SCOTT, RICK, , GOV,		
Office Sought: <input 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) ▼	
State: FL	District:	<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) B. RICK SCOTT FOR FLORIDA		Date of Disbursement MM / DD / YYYY 04 / 30 / 2018
Mailing Address PO BOX 3791		FEC Identification Number C [] Transaction ID : SB22.3 Amount of Each Disbursement this Period [] 89991.98
City TALLAHASSEE	State FL	Zip Code 32315
Purpose of Disbursement TRANSFER OF NET JOINT FUNDRAISING PROCEEDS		Category/ Type []
Candidate Name SCOTT, RICK, , GOV,		
Office Sought: <input 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) ▼	
State: FL	District:	<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) C. RICK SCOTT FOR FLORIDA		Date of Disbursement MM / DD / YYYY 05 / 31 / 2018
Mailing Address PO BOX 3791		FEC Identification Number C [] Transaction ID : SB22.7 Amount of Each Disbursement this Period [] 142277.41
City TALLAHASSEE	State FL	Zip Code 32315
Purpose of Disbursement TRANSFER OF NET JOINT FUNDRAISING PROCEEDS		Category/ Type []
Candidate Name SCOTT, RICK, , GOV,		
Office Sought: <input 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) ▼	
State: FL	District:	<input type="checkbox"/> Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	[] 470888.25
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

A. RICK SCOTT FOR FLORIDA

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address PO BOX 3791

M M M	/	D D D	/	Y Y Y Y Y
06		26		2018

City TALLAHASSEE State FL Zip Code 32315

FEC Identification Number

Purpose of Disbursement
TRANSFER OF NET JOINT FUNDRAISING PROCEEDS

C

Candidate Name
SCOTT, RICK, , GOV,

Transaction ID : **SB22.9**

Amount of Each Disbursement this Period

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

302412.91

Memo Item

B. NRSC

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address 425 2ND ST NE

M M M	/	D D D	/	Y Y Y Y Y
04		30		2018

City WASHINGTON State DC Zip Code 20002

FEC Identification Number

Purpose of Disbursement
TRANSFER OF NET JOINT FUNDRAISING PROCEEDS

C

Candidate Name

Transaction ID : **SB22.1**

Amount of Each Disbursement this Period

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

175953.54

Memo Item

C. NRSC

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address 425 2ND ST NE

M M M	/	D D D	/	Y Y Y Y Y
06		26		2018

City WASHINGTON State DC Zip Code 20002

FEC Identification Number

Purpose of Disbursement
TRANSFER OF NET JOINT FUNDRAISING PROCEEDS

C

Candidate Name

Transaction ID : **SB22.11**

Amount of Each Disbursement this Period

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

825603.22

Memo Item

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

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

1303969.67

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**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) A. NRSC		Date of Disbursement MM / DD / YYYY 06 / 26 / 2018
Mailing Address 425 2ND ST NE		FEC Identification Number C Transaction ID : SB22.12 Amount of Each Disbursement this Period 44410.15
City WASHINGTON	State DC	
Zip Code 20002		Memo Item <input type="checkbox"/>
Purpose of Disbursement TRANSFER OF NET JOINT FUNDRAISING PROCEEDS--BUILDING FUND		
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. NRSC		Date of Disbursement MM / DD / YYYY 06 / 30 / 2018
Mailing Address 425 2ND ST NE		FEC Identification Number C Transaction ID : SB22.15 Amount of Each Disbursement this Period 561482.36
City WASHINGTON	State DC	
Zip Code 20002		Memo Item <input type="checkbox"/>
Purpose of Disbursement TRANSFER OF NET JOINT FUNDRAISING PROCEEDS		
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) C. NRSC		Date of Disbursement MM / DD / YYYY 06 / 30 / 2018
Mailing Address 425 2ND ST NE		FEC Identification Number C Transaction ID : SB22.16 Amount of Each Disbursement this Period 15999.87
City WASHINGTON	State DC	
Zip Code 20002		Memo Item <input type="checkbox"/>
Purpose of Disbursement TRANSFER OF NET JOINT FUNDRAISING PROCEEDS--BUILDING FUND		
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:		

SUBTOTAL of Disbursements This Page (optional).....▶	621892.38
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) A. NRSC		Date of Disbursement MM / DD / YYYY 04 / 30 / 2018
Mailing Address 425 2ND ST NE		FEC Identification Number C [REDACTED] Transaction ID : SB22.2 Amount of Each Disbursement this Period 30006.20
City WASHINGTON	State DC	Zip Code 20002
Purpose of Disbursement TRANSFER OF NET JOINT FUNDRAISING PROCEEDS--LEGAL PROCEEDINGS FUND		Category/ Type [REDACTED]
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:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. NRSC		Date of Disbursement MM / DD / YYYY 05 / 31 / 2018
Mailing Address 425 2ND ST NE		FEC Identification Number C [REDACTED] Transaction ID : SB22.5 Amount of Each Disbursement this Period 598598.48
City WASHINGTON	State DC	Zip Code 20002
Purpose of Disbursement TRANSFER OF NET JOINT FUNDRAISING PROCEEDS		Category/ Type [REDACTED]
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:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. NRSC		Date of Disbursement MM / DD / YYYY 05 / 31 / 2018
Mailing Address 425 2ND ST NE		FEC Identification Number C [REDACTED] Transaction ID : SB22.6 Amount of Each Disbursement this Period 9614.11
City WASHINGTON	State DC	Zip Code 20002
Purpose of Disbursement TRANSFER OF NET JOINT FUNDRAISING PROCEEDS--BUILDING FUND		Category/ Type [REDACTED]
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:	<input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	638218.79
TOTAL This Period (last page this line number only).....▶	3034969.09