

FEC
FORM 3

REPORT OF RECEIPTS
AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type
over the lines.

12FE4M5

Chalifoux for Congress

ADDRESS (number and street)

1254 S John Young Pkwy



Check if different
than previously
reported. (ACC)

Kissimmee

FL

34741-6301

CITY ▲

STATE ▲

ZIP CODE ▲

2. FEC IDENTIFICATION NUMBER ▼

C

C00869727

3. IS THIS
REPORT



NEW
(N)

OR



AMENDED
(A)

STATE ▼ DISTRICT

FL

09

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:



April 15 Quarterly Report (Q1)



July 15 Quarterly Report (Q2)



October 15 Quarterly Report (Q3)



January 31 Year-End Report (YE)



Termination Report (TER)

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



Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M / D D / Y Y Y Y
08 / 20 / 2024

in the
State of

FL

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



General (30G)



Runoff (30R)



Special (30S)

Election on

M M / D D / Y Y Y Y

in the
State of

5. Covering Period

M M / D D / Y Y Y Y
10 / 01 / 2024

through

M M / D D / Y Y Y Y
10 / 16 / 2024

D D / Y Y Y Y
16 / 2024

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Amill, Dagnes, , ,

Signature of Treasurer

Amill, Dagnes, , ,

Date

M M / D D / Y Y Y Y
10 / 24 / 2024

D D / Y Y Y Y
24 / 2024

Y Y Y Y
2024

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

Office
Use
Only

FEC FORM 3
(Revised 05/2016)

SUMMARY PAGE
of Receipts and Disbursements

FEC Form 3 (Revised 03/2016)

Write or Type Committee Name

Chalifoux for Congress

Report Covering the Period: From: 10 / 01 / 2024 To: 10 / 16 / 2024

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))	6925.00	108679.67
(b) Total Contribution Refunds (from Line 20(d))	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	6925.00	108679.67
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	615308.89	1469248.89
(b) Total Offsets to Operating Expenditures (from Line 14)	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))	615308.89	1469248.89
8. Cash on Hand at Close of Reporting Period (from Line 27)	1161658.18	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	25778.49	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	2522002.40	

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

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 05/2016)

Write or Type Committee Name

Chalifoux for Congress

Report Covering the Period: From: 10 / 01 / 2024 To: 10 / 16 / 2024

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	4200.00	94342.98
(ii) Unitemized	225.00	4732.59
(iii) TOTAL of contributions from individuals	4425.00	99075.57
(b) Political Party Committees.....	2500.00	2500.00
(c) Other Political Committees (such as PACs)	0.00	7000.00
(d) The Candidate	0.00	104.10
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	6925.00	108679.67
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	0.00	2522002.40
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	2522002.40
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	0.00	0.00
15. OTHER RECEIPTS (Dividends, Interest, etc.)	0.00	0.00
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4).....	6925.00	2630682.07

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3 (Revised 05/2016)

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	615308.89	1469248.89
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	615308.89	1469248.89

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	1770042.07
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	6925.00
25. SUBTOTAL (add Line 23 and Line 24).....	1776967.07
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	615308.89
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	1161658.18

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 5 OF 17	
	☒ 11a	☐ 11b	☐ 11c	☐ 11d
	☐ 12	☐ 13a	☐ 13b	☐ 14 ☐ 15

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

NAME OF COMMITTEE (In Full)
Chalifoux for Congress

Full Name (Last, First, Middle Initial) Rocker, William, , ,			Date of Receipt M M / D D / Y Y Y Y Y 10 / 01 / 2024	
Mailing Address PO Box 700607			Transaction ID : A07AFA3BC794344D08C0	
City Saint Cloud	State FL	Zip Code 34770-0607	Amount of Each Receipt this Period 3300.00	
FEC ID number of contributing federal political committee. C		Memo Item		
Name of Employer Self employed		Occupation Business Owner		
Receipt For: 2024 ☐ Primary ☒ General ☐ Other (specify) ▼		Election Cycle-to-Date 3300.00		

Full Name (Last, First, Middle Initial) Winters, Catherine, , ,			Date of Receipt M M / D D / Y Y Y Y Y 10 / 07 / 2024	
Mailing Address 4951 Highway 156			Transaction ID : ADCC46C73A2374C7BBF7	
City Pennington	State AL	Zip Code 36916-7010	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		Memo Item		
Name of Employer homemaker		Occupation Homemaker		
Receipt For: 2024 ☐ Primary ☒ General ☐ Other (specify) ▼		Election Cycle-to-Date 500.00		

Full Name (Last, First, Middle Initial) mory, steve, , ,			Date of Receipt M M / D D / Y Y Y Y Y 10 / 08 / 2024	
Mailing Address 2023 Solomon Ave			Transaction ID : A22E872E488D244DA930	
City Muscatine	State IA	Zip Code 52761-9721	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. C		Memo Item		
Name of Employer Retired		Occupation retired		
Receipt For: 2024 ☒ Primary ☐ General ☐ Other (specify) ▼		Election Cycle-to-Date 300.00		

SUBTOTAL of Receipts This Page (optional).....▶	3900.00
TOTAL This Period (last page this line number only).....▶	

X	11a		11b		11c		11d		
	12		13a		13b		14		15

FEC Schedule A (Form 3) (Revised 05/2016)

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

PAGE 7 OF 17

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

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NAME OF COMMITTEE (In Full)

Chalifoux for Congress

Full Name (Last, First, Middle Initial)
E-PAC

A. Mailing Address PO Box 500

City
Glens FallsState
NYZip Code
12801-0500

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			01			2024			

Transaction ID : AAC17D7D9ED32493B8C9

FEC ID number of contributing
federal political committee.

C C00570945

Amount of Each Receipt this Period

2500.00

Name of Employer

Occupation

Receipt For: 2024

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2500.00

☐ Memo Item
Contribution

Full Name (Last, First, Middle Initial)

B. Mailing Address

City

State

Zip Code

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y

FEC ID number of contributing
federal political committee.

C

Amount of Each Receipt this Period

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Mailing Address

City

State

Zip Code

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y

FEC ID number of contributing
federal political committee.

C

Amount of Each Receipt this Period

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

☐ Memo Item

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

2500.00

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

2500.00

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

PAGE 8 OF 17

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

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NAME OF COMMITTEE (In Full)

Chalifoux for Congress

Full Name (Last, First, Middle Initial)

A. Consolidated Global Inc

Mailing Address PO Box 690804

City
OrlandoState
FLZip Code
32869-0804Purpose of Disbursement
Consulting

001

Candidate Name

Category/
Type

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☐	Primary	☒ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

55608.83

Transaction ID : B37A4C871280141F3802

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Talley Management, LLC

Mailing Address PO Box 732

City
AnnandaleState
VAZip Code
22003-0732Purpose of Disbursement
Advertising

004

Candidate Name

Category/
Type

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☐	Primary	☒ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

200000.00

Transaction ID : B958D091AEB08495E8DF

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. The Big Red, LLCMailing Address 53 Calle Palmeras
Ste 601City
San JuanState
PRZip Code
00901-2410Purpose of Disbursement
Ad

004

Candidate Name

Category/
Type

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☐	Primary	☒ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

50000.00

Transaction ID : BFBF4327A367A41658B4

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

305608.83

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

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

PAGE 9 OF 17

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

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NAME OF COMMITTEE (In Full)

Chalifoux for Congress

Full Name (Last, First, Middle Initial)

A. Aristotle International Inc

Mailing Address 205 Pennsylvania Avenue Southeast

Date of Disbursement

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

City
WashingtonState
DCZip Code
20003-1164

FEC Identification Number

C

Purpose of Disbursement
Software

001

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

750.00

Transaction ID : BBBB6DB95A0534AEA991

☐ Memo Item

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2024

☐ Primary	☒ General
☐ Other (specify) ▼	

State:

District:

Full Name (Last, First, Middle Initial)

B. Mobilize The Message

Mailing Address 490 Hanover Port Ln

Date of Disbursement

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

City
Fort Walton BeachState
FLZip Code
32547-5700

FEC Identification Number

C

Purpose of Disbursement
Solicitation

003

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

40000.00

Transaction ID : BDA50EFB6037C4058964

☐ Memo Item

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2024

☐ Primary	☒ General
☐ Other (specify) ▼	

State:

District:

Full Name (Last, First, Middle Initial)

C. Talley Management, LLC

Mailing Address PO Box 732

Date of Disbursement

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

City
AnnandaleState
VAZip Code
22003-0732

FEC Identification Number

C

Purpose of Disbursement
Advertising

001

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

10000.00

Transaction ID : BEEE5C9D2F10B4E31A0F

☐ Memo Item

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2024

☐ Primary	☒ General
☐ Other (specify) ▼	

State:

District:

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

50750.00

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

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

PAGE 10 OF 17

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

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NAME OF COMMITTEE (In Full)

Chalifoux for Congress

Full Name (Last, First, Middle Initial)

A. Jordan, Reginald, , ,

Mailing Address 5471 Vineland Road

City
OrlandoState
FLZip Code
32811-7670Purpose of Disbursement
Consulting

001

Candidate Name

Category/
Type

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☐	Primary	☒ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

500.00

Transaction ID : BF08428EC1E6749A0A6E

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Talley Management, LLC

Mailing Address PO Box 732

City
AnnandaleState
VAZip Code
22003-0732Purpose of Disbursement
Advertising

001

Candidate Name

Category/
Type

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☐	Primary	☒ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

182858.00

Transaction ID : B5691D4781D694204A4A

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Dunn Productions, LLC

Mailing Address 4211 NW 170th St

City
NewberryState
FLZip Code
32669-2128Purpose of Disbursement
Video

004

Candidate Name

Category/
Type

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☐	Primary	☒ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

2500.00

Transaction ID : B0E97A142404640949D0

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

185858.00

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

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

PAGE 11 OF 17

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

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NAME OF COMMITTEE (In Full)

Chalifoux for Congress

Full Name (Last, First, Middle Initial)

A. Consolidated Global Inc

Mailing Address PO Box 690804

City
OrlandoState
FLZip Code
32869-0804Purpose of Disbursement
Advertising

004

Candidate Name

Category/
Type

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☐	Primary	☒ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

30592.06

Transaction ID : B1FB8C2A3E2744A10832

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Knox Strategies International

Mailing Address 5264 Beckman Ter

City

Palm Beach Gardens

State
FLZip Code
33418-6238Purpose of Disbursement
Consulting

001

Candidate Name

Category/
Type

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☐	Primary	☒ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

2500.00

Transaction ID : B379DE9332D8F4C7082D

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Mobilize The Message

Mailing Address 490 Hanover Port Ln

City

Fort Walton Beach

State
FLZip Code
32547-5700Purpose of Disbursement
Solicitation

003

Candidate Name

Category/
Type

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☐	Primary	☒ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

40000.00

Transaction ID : BC1309C30D09B4DDA84D

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

73092.06

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

615308.89

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

PAGE 12 OF 17

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

NAME OF COMMITTEE (In Full)

Transaction ID : C91B3E98C6EBC48CAA1D

Chalifoux for Congress

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

Election: 2024

☒ Primary☐ General☐ Other (specify) ▼

Chalifoux, Thomas, Eugene, Col., Jr.

Mailing Address

14108 Snead Circle

City

Orlando

State

FL

ZIP Code

32837-7031

☒ Personal Funds of the Candidate

Original Amount of Loan

1005000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

1005000.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
03 / 26 / 2024

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

None

0.00 % (apr)

☐ Yes ☒ No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

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

1005000.00

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

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

SCHEDULE C (FEC Form 3)
LOANS

PAGE 13 OF 17

Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : C1B772B2B5C924014BBF

Chalifoux for Congress

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

Election: 2024

Chalifoux, Thomas, Eugene, Col., Jr.

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

14108 Snead Circle

City

Orlando

State

FL

ZIP Code

32837-7031

☒ Personal Funds of the Candidate

Original Amount of Loan

1000000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

1000000.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

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

M M / D D / Y Y Y Y

D D / Y Y Y Y

None

4.24 % (apr)

☐ Yes ☒ No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

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

1000000.00

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

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

SCHEDULE C (FEC Form 3)
LOANS

PAGE 14 OF 17

Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : CFB4635FAEE1F4317BF9

Chalifoux for Congress

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

Election: 2024

☒ Primary☐ General☐ Other (specify) ▼

Chalifoux, Thomas, Eugene, Col., Jr.

Mailing Address

14108 Snead Circle

City

Orlando

State

FL

ZIP Code

32837-7031

☒ Personal Funds of the Candidate

Original Amount of Loan

17002.40

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

17002.40

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
08 12 / 2024

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

None

4.24 % (apr)

☐ Yes ☒ No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

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

17002.40

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

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

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

PAGE 15 OF 17

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

NAME OF COMMITTEE (In Full)

Transaction ID : C350BCE55666A467E94D

Chalifoux for Congress

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

Election: 2024

Chalifoux, Thomas, Eugene, Col., Jr.

☐ Primary☒ General☐ Other (specify) ▼

Mailing Address

14108 Snead Circle

City

Orlando

State

FL

ZIP Code

32837-7031

☒ Personal Funds of the Candidate

Original Amount of Loan

500000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

500000.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
09 19 / 2024

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

None

4.24 % (apr)

☐ Yes ☒ No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

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

500000.00

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

2522002.40

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

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate
schedule(s)
for each
numbered line)

PAGE 16 OF 17

FOR LINE NUMBER:
(check only one)

☒ 9
☐ 10

NAME OF COMMITTEE (In Full)

Chalifoux for Congress

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Chalifoux, Thomas, Eugene, Col., Jr.

Nature of Debt (Purpose):

Interest

Mailing Address 14108 Snead Circle

City
Orlando

State
FL

Zip Code
32837-7031

Outstanding Balance Beginning This Period

2326.64

Transaction ID : DF5E9419161D44B9BB34

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2326.64

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Chalifoux, Thomas, Eugene, Col., Jr.

Nature of Debt (Purpose):

Interest

Mailing Address 14108 Snead Circle

City
Orlando

State
FL

Zip Code
32837-7031

Outstanding Balance Beginning This Period

3349.74

Transaction ID : DF538F1973B764104944

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

3349.74

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Chalifoux, Thomas, Eugene, Col., Jr.

Nature of Debt (Purpose):

Interest

Mailing Address 14108 Snead Circle

City
Orlando

State
FL

Zip Code
32837-7031

Outstanding Balance Beginning This Period

3397.51

Transaction ID : D39618555E19D489B8F7

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

3397.51

1) **SUBTOTALS** This Period This Page (optional)

9073.89

2) **TOTALS** This Period (last page this line number only)

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only)

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

SCHEDULE D (FEC Form 3)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 17 OF 17

FOR LINE NUMBER:
(check only one)☒ 9
☐ 10

NAME OF COMMITTEE (In Full)

Chalifoux for Congress

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Chalifoux, Thomas, Eugene, Col., Jr.

Nature of Debt (Purpose):

Interest

Mailing Address 14108 Snead Circle

City
OrlandoState
FLZip Code
32837-7031

Outstanding Balance Beginning This Period

3896.54

Transaction ID : DCD79BD6F8367442F9C9

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

3896.54

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Chalifoux, Thomas, Eugene, Col., Jr.

Nature of Debt (Purpose):

Interest

Mailing Address 14108 Snead Circle

City
OrlandoState
FLZip Code
32837-7031

Outstanding Balance Beginning This Period

6608.93

Transaction ID : D13C129B74B6B4E73BEC

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

6608.93

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Chalifoux, Thomas, Eugene, Col., Jr.

Nature of Debt (Purpose):

Interest

Mailing Address 14108 Snead Circle

City
OrlandoState
FLZip Code
32837-7031

Outstanding Balance Beginning This Period

6199.13

Transaction ID : DAFB8E990E77742669E6

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

6199.13

1) **SUBTOTALS** This Period This Page (optional)

16704.60

2) **TOTALS** This Period (last page this line number only)

25778.49

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only)

0.00

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

25778.49