

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

in the
State of

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



General (30G)



Runoff (30R)



Special (30S)

Election on

M M /

D D /

Y Y Y Y

in the
State of

FL

5. Covering Period

M M /

D D /

Y Y Y Y

through

M M /

D D /

Y Y Y Y

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

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 / 25 / 2024 To: 11 / 25 / 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))	9530.21	124410.88
(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))	9530.21	124410.88
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	134448.25	2005525.36
(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))	134448.25	2005525.36
8. Cash on Hand at Close of Reporting Period (from Line 27)	1036740.14	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	2556002.45	

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

POST-ELECTION DETAILED SUMMARY PAGE

Report of Receipts and Disbursements

FEC Form 3 (Revised 07/05)

- If the candidate participated in the general election, use this form for the 30-day Post-General report.
- If the candidate did NOT participate in the general election, use this form for the Year-end report covering through December 31 of the election year (due on January 31).

This form is used in lieu of filling out Line Numbers 6 through 7 on Page 2 (Summary Page) and Pages 3 and 4 (the Detailed Summary Page) for the last report filed by a candidate during the current election cycle.

Write or Type Committee Name

Chalifoux for Congress

Report Covering the Period: From: 10 / 25 / 2024 To: 11 / 25 / 2024

I. RECEIPTS

COLUMN A Total this Period	COLUMN B Election Cycle Total as of 11 / 05 / 2024 (date of general election)	COLUMN C Total for 11 / 06 / 2024 (date after general election) through 11 / 25 / 2024 (last day of reporting period)
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other than Political Committees		
(i) Itemized (use Schedule A)		
3250.00	104344.98	0.00
(ii) Unitemized		
280.21	5211.80	0.00
(iii) Total of contributions from individuals		
3530.21	109556.78	0.00
(b) Political Party Committees		
1000.00	2500.00	1000.00
(c) Other Political Committees		
5000.00	12250.00	0.00

POST-ELECTION DETAILED SUMMARY PAGE

Report of Receipts and Disbursements

FEC Form 3 (Revised 1/01)

COLUMN A Total this Period	COLUMN B Election Cycle Total as of * (date of general election) (* See page 5 for date)	COLUMN C Total for * (date after general election) through * (last day of reporting period) (* See page 5 for dates)
(d) The Candidate		
0.00	104.10	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c) and (d))		
9530.21	124410.88	1000.00
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES		
0.00	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate		
0.00	2522002.40	0.00
(b) All Other Loans		
0.00	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b))		
0.00	2522002.40	0.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, rebates, etc.)		
0.00	0.00	0.00
15. OTHER RECEIPTS (Dividends, Interest, etc.)		
0.00	0.00	0.00
16. TOTAL RECEIPTS (add 11(e), 12, 13(c), 14 and 15)		
9530.21	2646413.28	1000.00

POST-ELECTION DETAILED SUMMARY PAGE
Report of Receipts and Disbursements

FEC Form 3 (Revised 1/01)

Write or Type Committee Name

Chalifoux for Congress

Report Covering the Period: From: 10 / 25 / 2024 To: 11 / 25 / 2024

II. DISBURSEMENTS

COLUMN A Total this Period	COLUMN B Election Cycle Total as of * (date of general election) (* See page 5 for date)	COLUMN C Total for * (date after general election) through * (last day of reporting period) (* See page 5 for dates)
17. OPERATING EXPENDITURES		
134448.25	2005525.36	8030.00
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES		
0.00	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate		
0.00	0.00	0.00
(b) Of All Other Loans		
0.00	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and 19(b))		
0.00	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees		
0.00	0.00	0.00
(b) Political Party Committees		
0.00	0.00	0.00

POST-ELECTION DETAILED SUMMARY PAGE

Report of Receipts and Disbursements

FEC Form 3 (Revised 1/01)

COLUMN A Total this Period	COLUMN B Election Cycle Total as of * (date of general election) (* See page 5 for date)	COLUMN C Total for * (date after general election) through * (last day of reporting period) (* See page 5 for dates)
---	---	--

(c) Other Political Committees (such as PACs)

0.00

0.00

0.00

(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b) and (c))

0.00

0.00

0.00

21. OTHER DISBURSEMENTS

0.00

475.00

0.00

22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d) and 21)

134448.25

2006000.36

8030.00

III. NET CONTRIBUTIONS (OTHER THAN LOANS)

(Note: Substitute in lieu of Line #6 of Summary Page for this report only; subtract Line 20(d) from Line 11(e))

9530.21

124410.88

1000.00

IV. NET OPERATING EXPENDITURES

(Note: Substitute in lieu of Line #7 of Summary Page for this report only; subtract Line 14 from Line 17)

134448.25

2005525.36

8030.00

V. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....

24. TOTAL RECIEPTS THIS PERIOD (from Line 16).....

25. SUBTOTAL (add Line 23 and Line 24).....

26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....

27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25)

1161658.18

9530.21

1171188.39

134448.25

1036740.14

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 22

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

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

NAME OF COMMITTEE (In Full)

Chalifoux for Congress

Full Name (Last, First, Middle Initial)

Lucchesi, Gary, J, ,

A.

Mailing Address 3427 Fernwood Dr

City

Kissimmee

State

FL

Zip Code

34741-7609

FEC ID number of contributing
federal political committee.

C

Name of Employer

Retired

Occupation

retired

Receipt For: 2024

☐ Primary
☐ Other (specify) ▼☒ General

Election Cycle-to-Date ▼

500.00

Date of Receipt

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

Transaction ID : AD10FE16B46D8449CBA2

Amount of Each Receipt this Period

500.00

☐ Memo Item
Contribution

Full Name (Last, First, Middle Initial)

Cruz L, Anthony, , ,

B.

Mailing Address 1272 S John Young Pkwy

City

Kissimmee

State

FL

Zip Code

34741-6390

FEC ID number of contributing
federal political committee.

C

Name of Employer

NGEN Services

Occupation

HVAC contractor

Receipt For: 2024

☒ Primary
☐ Other (specify) ▼☐ General

Election Cycle-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		3	1		2	0	2	4

Transaction ID : AF2C5FC874F0D40BEB43

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

Haverly, Victor, , ,

C.

Mailing Address 307 Aliso Street

City

Ventura

State

CA

Zip Code

93001

FEC ID number of contributing
federal political committee.

C

Name of Employer

Haverly Systems Inc

Occupation

President

Receipt For: 2024

☒ Primary
☐ Other (specify) ▼☐ General

Election Cycle-to-Date ▼

1550.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		3	1		2	0	2	4

Transaction ID : A73841DC4418E4DFCA56

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

1250.00

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

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

PAGE 8 OF 22

☒ 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)

NGEN Services

A.

Mailing Address 1270 S John Young Pkwy

City

Kissimmee

State

FL

Zip Code

34741-6390

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2024

☐ Primary☒ General☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		3	1		2	0	2	4

Transaction ID : ACBEA7499A0204C1A9ED

Amount of Each Receipt this Period

500.00

☐ Memo Item
Contribution

Full Name (Last, First, Middle Initial)

SOUSA, CHRIS, , ,

B.

Mailing Address 9624 Bryanston Drive

City

Orlando

State

FL

Zip Code

32827

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

ATLANTIC CIVIL CONSTRUCTORS CORP

owner

Receipt For: 2024

☒ Primary☐ General☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

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

Transaction ID : AA8D4951A274A4053B40

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

Gilani, Al, , ,

C.

Mailing Address 53 Calle Palmeras
Ste 601

City

San Juan

State

PR

Zip Code

00901

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Consulting

Receipt For: 2024

☒ Primary☐ General☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1		0	3		2	0	2	4

Transaction ID : A55A78F1D4B30436091B

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

1500.00

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

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

PAGE 9 OF 22

☒ 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)

Greiss, Justin, , ,

A.

Mailing Address 8708 Turning Leaf

City

Boerne

State

TX

Zip Code

78015

FEC ID number of contributing
federal political committee.

C

Name of Employer

The Constitution

Occupation

Liberty Warrior

Receipt For: 2024

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			03			2024			

Transaction ID : A39BBB995DAD1421C98D

Amount of Each Receipt this Period

500.00

☐ Memo Item

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y

Amount of Each Receipt this Period

☐ Memo Item

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y

Amount of Each Receipt this Period

☐ Memo Item

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

500.00

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

3250.00

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

PAGE 10 OF 22

☐ 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)
Republican Party Of Florida

Mailing Address 420 E Jefferson St

City
TallahasseeState
FLZip Code
32301-1818FEC ID number of contributing
federal political committee.

C C00099259

Name of Employer

Occupation

Receipt For: 2024

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 14 2024

Transaction ID : A6508B971D03A454CA66

Amount of Each Receipt this Period

1000.00

☐ Memo Item
Contribution

Full Name (Last, First, Middle Initial)

B. Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt

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

Amount of Each Receipt this Period

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt

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

Amount of Each Receipt this Period

☐ Memo Item

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

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

1000.00

1000.00

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

PAGE 11 OF 22

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

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NAME OF COMMITTEE (In Full)

Chalifoux for Congress

Full Name (Last, First, Middle Initial)

American Revival PAC

A.

Mailing Address C/o 228 S. Washington St.

Ste. 115

City

Alexandria

State

VA

Zip Code

22314

FEC ID number of contributing
federal political committee.

C C00639229

Name of Employer

Occupation

Receipt For: 2024

☐ Primary
☐ Other (specify) ▼☒ General

Election Cycle-to-Date ▼

5000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		29		2024

Transaction ID : AEB7548839EB04461914

Amount of Each Receipt this Period

5000.00

☐ Memo Item
Contribution

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ Other (specify) ▼☐ General

Election Cycle-to-Date ▼

Date of Receipt

M M	/	D D	/	Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ Other (specify) ▼☐ General

Election Cycle-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)..... ▶

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

5000.00

5000.00

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

PAGE 12 OF 22

☒ 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. Boom Squad, LLC

Mailing Address 1101 W Church St

City
OrlandoState
FLZip Code
32805-2217Purpose 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		2	8		2	0	2	4

FEC Identification Number

C

Amount of Each Disbursement this Period

550.00

Transaction ID : B716FE7A0EB4442F593F

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Mobilize The Message

Mailing Address 490 Hanover Port Ln

City
Fort Walton BeachState
FLZip Code
32547-5700Purpose of Disbursement
Canvassing- Door to door

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		3	0		2	0	2	4

FEC Identification Number

C

Amount of Each Disbursement this Period

45000.00

Transaction ID : B0DC64AE011A740E49E3

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Centennial Bank

Mailing Address 625 N Central Ave

City
KissimmeeState
FLZip Code
34741-5006Purpose of Disbursement
Serice Charge

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		3	1		2	0	2	4

FEC Identification Number

C

Amount of Each Disbursement this Period

10.00

Transaction ID : BCB8AE18167354DE3B7B

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

45560.00

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 13 OF 22

☒ 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. Centennial Bank

Mailing Address 625 N Central Ave

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		31		2024

City
KissimmeeState
FLZip Code
34741-5006

FEC Identification Number

C

Purpose of Disbursement
Analysis fee

001

Amount of Each Disbursement this Period

36.63

Transaction ID : B22BAC80ED60C4BA980B

☐ Memo Item

Candidate Name

Category/
Type

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☐	Primary	☒ General
☐	Other (specify) ▼	

State:

District:

Full Name (Last, First, Middle Initial)

B. Consolidated Global Inc

Mailing Address PO Box 690804

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		01		2024

City
OrlandoState
FLZip Code
32869-0804

FEC Identification Number

C

Purpose of Disbursement
Mailer, texts, Consulting

004

Amount of Each Disbursement this Period

80821.62

Transaction ID : BB5671BAE480D4BF6A85

☐ Memo Item

Candidate Name

Category/
Type

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☐	Primary	☒ General
☐	Other (specify) ▼	

State:

District:

Full Name (Last, First, Middle Initial)

C. Aristotle International Inc

Mailing Address 205 Pennsylvania Avenue Southeast

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		06		2024

City
WashingtonState
DCZip Code
20003-1164

FEC Identification Number

C

Purpose of Disbursement
Software

001

Amount of Each Disbursement this Period

750.00

Transaction ID : BB64B0D6625CD46BD80A

☐ Memo Item

Candidate Name

Category/
Type

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☐	Primary	☒ General
☐	Other (specify) ▼	

State:

District:

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

81608.25

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 14 OF 22

☒ 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. 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	1		1	3		2	0	2	4

FEC Identification Number

C

Amount of Each Disbursement this Period

4980.00

Transaction ID : BFDD5D7DB3EFA41FFBB2

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Osceola Star Newspaper

Mailing Address P O Box 450834

City
KissimmeeState
FLZip Code
34745-0834Purpose of Disbursement
Advertising Print

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	1		1	3		2	0	2	4

FEC Identification Number

C

Amount of Each Disbursement this Period

300.00

Transaction ID : BEF411C2B979F43588CA

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Jordan, Reginald, , ,

Mailing Address 5471 Vineland Road

City
OrlandoState
FLZip Code
32811-7670Purpose of Disbursement
Media Consulting- Website

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	1		1	5		2	0	2	4

FEC Identification Number

C

Amount of Each Disbursement this Period

500.00

Transaction ID : B955E88B5BBBD40ED9C7

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

5780.00

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 15 OF 22

☒ 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. Roberts Public Strategies

Mailing Address 510 Belgrave Park

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		21		2024

City
NashvilleState
TNZip Code
37215-2450

FEC Identification Number

C

Purpose of Disbursement
Fundraising Consulting

001

Amount of Each Disbursement this Period

1500.00

Transaction ID : BED6595E149EA45028CC

Candidate Name

Category/
Type

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☐	Primary	☒	General
☐	Other (specify) ▼		

State:

District:

☐ Memo Item

Full Name (Last, First, Middle Initial)

B.

Mailing Address

Date of Disbursement

M M	/	D D	/	Y Y Y Y

City

State

Zip Code

FEC Identification Number

C

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For:

☐	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

☐ Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

Date of Disbursement

M M	/	D D	/	Y Y Y Y

City

State

Zip Code

FEC Identification Number

C

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For:

☐	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

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

1500.00

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

134448.25

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

PAGE 16 OF 22

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 17 OF 22

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 / 2024M M / D D / Y Y Y Y
NoneM M / D D / Y Y Y Y
NoneY 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 18 OF 22

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

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

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 19 OF 22

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 20 OF 22

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 earned

Mailing Address 14108 Snead Circle

City
OrlandoState
FLZip Code
32837-7031

Outstanding Balance Beginning This Period

2326.64

Transaction ID : D7DEE833167FC4DF396E

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 earned

Mailing Address 14108 Snead Circle

City
OrlandoState
FLZip Code
32837-7031

Outstanding Balance Beginning This Period

3349.74

Transaction ID : D34540FD7889349DCB77

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 earned

Mailing Address 14108 Snead Circle

City
OrlandoState
FLZip Code
32837-7031

Outstanding Balance Beginning This Period

3397.51

Transaction ID : D5A5446EF7CA34B12B4D

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 21 OF 22

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 earned

Mailing Address 14108 Snead Circle

City
OrlandoState
FLZip Code
32837-7031

Outstanding Balance Beginning This Period

3896.54

Transaction ID : D0AD51FBC7160401D8AE

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 earned

Mailing Address 14108 Snead Circle

City
OrlandoState
FLZip Code
32837-7031

Outstanding Balance Beginning This Period

6608.93

Transaction ID : D52987799FC9C4F069DA

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 earned

Mailing Address 14108 Snead Circle

City
OrlandoState
FLZip Code
32837-7031

Outstanding Balance Beginning This Period

6199.13

Transaction ID : D66F1D92FC8AB4923B5D

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) ▶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 22 OF 22

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 earned

Mailing Address 14108 Snead Circle

City

Orlando

State

FL

Zip Code

32837-7031

Outstanding Balance Beginning This Period

0.00

Transaction ID : DBFF8ECF2B36748EFBAD

Amount Incurred This Period

8221.56

Payment This Period

0.00

Outstanding Balance at Close of This Period

8221.56

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

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

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

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

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

8221.56

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

34000.05

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

2522002.40

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

2556002.45