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

FRIENDS OF HOWARD SAPP

ADDRESS (number and street) ▼

11199 SAND PINE CT

☐ Check if different than previously reported. (ACC)

FORT MYERS | FL | 33913 –

CITY ▲ STATE ▲ ZIP CODE ▲

2. **FEC IDENTIFICATION NUMBER ▼**

C C00898411

3. IS THIS REPORT ☒ NEW (N) **OR** ☐ AMENDED (A)

STATE ▼ DISTRICT

FL 19

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 MM 08 / DD 18 / YYYY 2026 in the State of FL

(c) 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 MM 07 / DD 01 / YYYY 2026 through MM 07 / DD 29 / YYYY 2026

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 Sapp, Felicia, , ,

Signature of Treasurer *Sapp, Felicia, , ,* Date MM 08 / DD 07 / YYYY 2026

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 03/2016)

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name

FRIENDS OF HOWARD SAPP

Report Covering the Period: From: 07 / 01 / 2026 To: 07 / 29 / 2026

	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))	1164.00	20971.00
(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))	1164.00	20971.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	1542.08	19451.43
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	151.80
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))	1542.08	19299.63
8. Cash on Hand at Close of Reporting Period (from Line 27).....	– 1710.41	
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)	0.00	

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

DETAILED SUMMARY PAGE
of Receipts

FEC **Form 3** (Revised 05/2016)

Write or Type Committee Name

FRIENDS OF HOWARD SAPP

Report Covering the Period: From: MM 07 / DD 01 / YYYY 2026 To: MM 07 / DD 29 / YYYY 2026

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)	600.00	3250.00
(ii) Unitemized	564.00	2221.00
(iii) TOTAL of contributions from individuals ▶	1164.00	5471.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) The Candidate	0.00	15500.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))	1164.00	20971.00
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
13. LOANS: (a) Made or Guaranteed by the Candidate	0.00	0.00
(b) All Other Loans	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b))	0.00	0.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	0.00	151.80
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) ▶	1164.00	21122.80

FEC **Form 3** (Revised 05/2016)

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES	1542.08	19451.43
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	650.00	650.00
22. **TOTAL DISBURSEMENTS** (add Lines 17, 18, 19(c), 20(d), and 21) ▶	2192.08	20101.43

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD	– 682.33
24 TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3)	1164.00
25. SUBTOTAL (add Line 23 and Line 24)	481.67
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)	2192.08
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25)	– 1710.41

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)
[X] 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)
FRIENDS OF HOWARD SAPP

A.
Full Name (Last, First, Middle Initial): McDaniel, Tara, , ,
Mailing Address: 20070 Doolittle Street
City: Gaithersburg | State: MD | Zip Code: 20886
FEC ID number of contributing federal political committee: C
Name of Employer: Maryland Aviation Administrati
Occupation: Chief of Legislative and External Affa
Receipt For: 2026
[X] Primary [ ] General
[ ] Other (specify)
Election Cycle-to-Date: 500.00
Date of Receipt: 07 / 02 / 2026
Transaction ID : SA11AI.4582
Amount of Each Receipt this Period: 500.00
[ ] Memo Item
chki

B.
Full Name (Last, First, Middle Initial): Sapp, Kevin, , ,
Mailing Address: 3174 WESTOVER DR SE
City: WASHINGTON | State: DC | Zip Code: 20020
FEC ID number of contributing federal political committee: C
Name of Employer: Fairfax County
Occupation: Teacher
Receipt For: 2026
[X] Primary [ ] General
[ ] Other (specify)
Election Cycle-to-Date: 400.00
Date of Receipt: 07 / 07 / 2026
Transaction ID : SA11AI.4586
Amount of Each Receipt this Period: 100.00
[ ] Memo Item
chk

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) ..... ▶ 600.00

TOTAL This Period (last page this line number only) ..... ▶ 600.00

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
[X] 17 [ ] 18 [ ] 19a [ ] 19b
[ ] 20a [ ] 20b [ ] 20c [ ] 21

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NAME OF COMMITTEE (In Full)
FRIENDS OF HOWARD SAPP

A.
Full Name (Last, First, Middle Initial): Southwest Strategies
Mailing Address: 1709 Coronado Rd
City: Fort Myers | State: FL | Zip Code: 33901-6903
Purpose of Disbursement: staff pay
Candidate Name: FRIENDS OF HOWARD SAPP
Category/Type:
Office Sought: [X] House [ ] Senate [ ] President
State: FL District: 19
Disbursement For: 2026 [X] Primary [ ] General [ ] Other (specify)
Date of Disbursement: 07 / 10 / 2026
FEC Identification Number: C C00898411
Amount of Each Disbursement this Period: 1500.00
Transaction ID : SB17.4614
[ ] Memo Item

B.
Full Name (Last, First, Middle Initial):
Mailing Address:
City: | State: | Zip Code:
Purpose of Disbursement:
Candidate Name:
Category/Type:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: [ ] Primary [ ] General [ ] Other (specify)
Date of Disbursement: M M / D D / Y Y Y Y
FEC Identification Number: C
Amount of Each Disbursement this Period:
[ ] Memo Item

C.
Full Name (Last, First, Middle Initial):
Mailing Address:
City: | State: | Zip Code:
Purpose of Disbursement:
Candidate Name:
Category/Type:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: [ ] Primary [ ] General [ ] Other (specify)
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) ▶ 1500.00

TOTAL This Period (last page this line number only) ▶ 1500.00

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
☐ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☒ 21

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NAME OF COMMITTEE (In Full)
FRIENDS OF HOWARD SAPP

A.
Full Name (Last, First, Middle Initial): SAPP, HOWARD, , ,
Mailing Address: 11199 SAND PINE CT
City: FORT MYERS | State: FL | Zip Code: 33913
Purpose of Disbursement: candidate reimbursement
Candidate Name: FRIENDS OF HOWARD SAPP
Category/Type:
Office Sought: ☒ House ☐ Senate ☐ President
State: FL District: 19
Disbursement For: 2026 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 07 / 28 / 2026
FEC Identification Number: C C00898411
Amount of Each Disbursement this Period: 650.00
Transaction ID : SB21.4615
☐ Memo Item

B.
Full Name (Last, First, Middle Initial):
Mailing Address:
City: | State: | Zip Code:
Purpose of Disbursement:
Candidate Name:
Category/Type:
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: ☐ Primary ☐ General ☐ Other (specify)
Date of Disbursement: M M / D D / Y Y Y Y
FEC Identification Number: C
Amount of Each Disbursement this Period:
☐ Memo Item

C.
Full Name (Last, First, Middle Initial):
Mailing Address:
City: | State: | Zip Code:
Purpose of Disbursement:
Candidate Name:
Category/Type:
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: ☐ Primary ☐ General ☐ Other (specify)
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) ▶ 650.00

TOTAL This Period (last page this line number only) ▶ 650.00