

**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

JOHN LICCIONE FOR CONGRESS

ADDRESS (number and street)

6800 GULFPORT BLVD S

STE 201-116



Check if different than previously reported. (ACC)

SOUTH PASADENA

FL

33707

CITY ▲

STATE ▲

ZIP CODE ▲

2. FEC IDENTIFICATION NUMBER ▼

C C00844001

3. IS THIS REPORT



NEW (N)

OR



AMENDED (A)

STATE ▼ DISTRICT

FL

13

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

5. Covering Period

M M / D D / Y Y Y Y

05 / 01 / 2023

through

M M / D D / Y Y Y Y

09 / 30 / 2023

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 LICCIONE, JOHN, , ,

Signature of Treasurer

LICCIONE, JOHN, , ,

Date

M M / D D / Y Y Y Y

10 / 15 / 2023

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

JOHN LICCIONE FOR CONGRESS

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	1		2	0	2	3

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	2	3

	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))	450.00	450.00
(b) Total Contribution Refunds (from Line 20(d))	100.00	100.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	350.00	350.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	9158.22	9158.22
(b) Total Offsets to Operating Expenditures (from Line 14)	539.99	539.99
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))	8618.23	8618.23
8. Cash on Hand at Close of Reporting Period (from Line 27)	41897.51	
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)	50165.45	

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

JOHN LICCIONE FOR CONGRESS

Report Covering the Period:

From:

MM / DD / YYYY
05 / 01 / 2023

To:

MM / DD / YYYY
09 / 30 / 2023**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).....

0.00

0.00

(ii) Unitemized

450.00

450.00

(iii) TOTAL of contributions
from individuals ▶

450.00

450.00

(b) Political Party Committees.....

0.00

0.00

(c) Other Political Committees
(such as PACs)

0.00

0.00

(d) The Candidate

0.00

0.00

(e) TOTAL CONTRIBUTIONS
(other than loans)
(add Lines 11(a)(iii), (b), (c), and (d))..

450.00

450.00

12. TRANSFERS FROM OTHER
AUTHORIZED COMMITTEES

0.00

0.00

13. LOANS:

(a) Made or Guaranteed by the
Candidate.....

50165.45

50165.45

(b) All Other Loans.....

0.00

0.00

(c) TOTAL LOANS
(add Lines 13(a) and (b)).....

50165.45

50165.45

14. OFFSETS TO OPERATING
EXPENDITURES
(Refunds, Rebates, etc.)

539.99

539.99

15. OTHER RECEIPTS
(Dividends, Interest, etc.)

0.29

0.29

16. TOTAL RECEIPTS (add Lines
11(e), 12, 13(c), 14, and 15)
(Carry Total to Line 24, page 4)..... ▶

51155.73

51155.73

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.....	9158.22	9158.22
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	100.00	100.00
(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)).....	100.00	100.00
21. OTHER DISBURSEMENTS	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	9258.22	9258.22

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	0.00
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	51155.73
25. SUBTOTAL (add Line 23 and Line 24).....	51155.73
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	9258.22
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	41897.51

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

PAGE 5 OF 21

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

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NAME OF COMMITTEE (In Full)

JOHN LICCIONE FOR CONGRESS

Full Name (Last, First, Middle Initial)

Bank of America Mastercard

A.

Mailing Address PO Box 660441

City
DallasState
TXZip Code
75266FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2024

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

16322.55

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 04 / 2023

Transaction ID : SA13A.4287

Amount of Each Receipt this Period

16322.55

☐ Memo Item
Personal Credit Card

Full Name (Last, First, Middle Initial)

CapOne Visa

B.

Mailing Address PO Box 60519

City
City of IndustryState
CAZip Code
91716FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2024

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1763.27

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 07 / 2023

Transaction ID : SA13A.4288

Amount of Each Receipt this Period

1763.27

☐ Memo Item
Personal Credit Card

Full Name (Last, First, Middle Initial)

Discovery

C.

Mailing Address 230 Park Avenue S

City
New YorkState
NYZip Code
10003FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2024

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

3374.97

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 10 / 2023

Transaction ID : SA13A.4290

Amount of Each Receipt this Period

3374.97

☐ Memo Item
Personal Credit Card**SUBTOTAL** of Receipts This Page (optional)..... ▶

21460.79

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)

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

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NAME OF COMMITTEE (In Full)

JOHN LICCIONE FOR CONGRESS

Full Name (Last, First, Middle Initial)

LICCIONE, JOHN, , ,

A.Mailing Address 6800 GULFPORT BLVD S
STE 201-116City
SOUTH PASADENAState
FLZip Code
33707FEC ID number of contributing
federal political committee.**C** H4FL13176Name of Employer
Leaks Media, LLCOccupation
Founder

Receipt For: 2024

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

15000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 18 2023

Transaction ID : SA13A.4099

Amount of Each Receipt this Period

15000.00

☐ Memo Item
Personal Loan**B.**

Full Name (Last, First, Middle Initial)

LICCIONE, JOHN, , ,

Mailing Address 6800 GULFPORT BLVD S
STE 201-116City
SOUTH PASADENAState
FLZip Code
33707FEC ID number of contributing
federal political committee.**C** H4FL13176Name of Employer
Leaks Media, LLCOccupation
Founder

Receipt For: 2024

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

16000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 29 2023

Transaction ID : SA13A.4252

Amount of Each Receipt this Period

1000.00

☐ Memo Item
Personal Loan**C.**

Full Name (Last, First, Middle Initial)

LICCIONE, JOHN, , ,

Mailing Address 6800 GULFPORT BLVD S
STE 201-116City
SOUTH PASADENAState
FLZip Code
33707FEC ID number of contributing
federal political committee.**C** H4FL13176Name of Employer
Leaks Media, LLCOccupation
Founder

Receipt For: 2024

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

18257.67

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 06 2023

Transaction ID : SA13A.4248

Amount of Each Receipt this Period

2257.67

☐ Memo Item
Personal Loan**SUBTOTAL** of Receipts This Page (optional)..... ►

18257.67

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)

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

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NAME OF COMMITTEE (In Full)

JOHN LICCIONE FOR CONGRESS

Full Name (Last, First, Middle Initial)

LICCIONE, JOHN, , ,

A.

Mailing Address 6800 GULFPORT BLVD S
STE 201-116City
SOUTH PASADENAState
FLZip Code
33707FEC ID number of contributing
federal political committee.

C H4FL13176

Name of Employer
Leaks Media, LLCOccupation
Founder

Receipt For: 2024

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

28704.66

Date of Receipt

M M / D D / Y Y Y Y Y
09 28 2023

Transaction ID : SA13A.4303

Amount of Each Receipt this Period

10446.99

☐ Memo Item
Personal Loan

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 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 Y

Amount of Each Receipt this Period

☐ Memo Item

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

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

10446.99

50165.45

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

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

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NAME OF COMMITTEE (In Full)

JOHN LICCIONE FOR CONGRESS

Full Name (Last, First, Middle Initial)

City of Gulfport

A.

Mailing Address 5500 Shore Blvd S

City

Gulfport

State

FL

Zip Code

33707

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2024



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 14 2023

Transaction ID : SA14.4194

Amount of Each Receipt this Period

220.00



Memo Item

Site Rental Fee Refund

B.

Full Name (Last, First, Middle Initial)

City of Gulfport

Mailing Address 5500 Shore Blvd S

City

Gulfport

State

FL

Zip Code

33707

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2024



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

421.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 14 2023

Transaction ID : SA14.4195

Amount of Each Receipt this Period

201.00



Memo Item

Site Rental Fee Return

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 Y

Amount of Each Receipt this Period



Memo Item

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

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

421.00

421.00

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

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☒ 17	☐ 18	☐ 19a	☐ 19b
20a	20b	20c	21

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NAME OF COMMITTEE (In Full)

JOHN LICCIONE FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. Alexander, John, , ,

Mailing Address 2406 52nd St S,

City
GulfportState
FLZip Code
33707Purpose of Disbursement
Musician

Candidate Name

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
0	9		0	1		2	0	2	3

FEC Identification Number

C

Amount of Each Disbursement this Period

400.00

Transaction ID : SB17.4173

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Best Buy

Mailing Address 6600 22nd Ave N

City
St PetersburgState
FLZip Code
33710Purpose of Disbursement
Office Supplies

Candidate Name

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
0	9		2	8		2	0	2	3

FEC Identification Number

C

Amount of Each Disbursement this Period

1255.08

Transaction ID : SB17.4185

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. City of Gulfport

Mailing Address 5500 Shore Blvd S

City
GulfportState
FLZip Code
33707Purpose of Disbursement
Site Rental

Candidate Name

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
0	8		0	2		2	0	2	3

FEC Identification Number

C

Amount of Each Disbursement this Period

298.25

Transaction ID : SB17.4167

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

1953.33

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)

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

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NAME OF COMMITTEE (In Full)

JOHN LICCIONE FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. City of Gulfport

Mailing Address 5500 Shore Blvd S

Date of Disbursement

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

City
GulfportState
FLZip Code
33707

FEC Identification Number

C

Purpose of Disbursement
Site Rental

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

698.00

Transaction ID : SB17.4177

☐ Memo Item

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☒	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Full Name (Last, First, Middle Initial)

B. Facebook

Mailing Address 1 Hacker Way

Date of Disbursement

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

City
MenloState
CAZip Code
94025

FEC Identification Number

C

Purpose of Disbursement
Advertisement

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

75.00

Transaction ID : SB17.4152

☐ Memo Item

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☒	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Full Name (Last, First, Middle Initial)

C. Facebook

Mailing Address 1 Hacker Way

Date of Disbursement

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

City
MenloState
CAZip Code
94025

FEC Identification Number

C

Purpose of Disbursement
Advertisement

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

125.00

Transaction ID : SB17.4158

☐ Memo Item

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☒	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

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

898.00

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)

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

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NAME OF COMMITTEE (In Full)

JOHN LICCIONE FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. Facebook

Mailing Address 1 Hacker Way

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	6		2	0	2	3

City
MenloState
CAZip Code
94025

FEC Identification Number

C

Purpose of Disbursement
Advertisement

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

175.00

Transaction ID : SB17.4163

☐ Memo Item

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☒	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Full Name (Last, First, Middle Initial)

B. Facebook

Mailing Address 1 Hacker Way

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	1		2	0	2	3

City
MenloState
CAZip Code
94025

FEC Identification Number

C

Purpose of Disbursement
Advertisement

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

250.00

Transaction ID : SB17.4166

☐ Memo Item

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☒	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Full Name (Last, First, Middle Initial)

C. Facebook

Mailing Address 1 Hacker Way

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	7		2	0	2	3

City
MenloState
CAZip Code
94025

FEC Identification Number

C

Purpose of Disbursement
Advertisement

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

400.00

Transaction ID : SB17.4175

☐ Memo Item

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☒	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

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

825.00

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)

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☒ 17	☐ 18	☐ 19a	☐ 19b
20a	20b	20c	21

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NAME OF COMMITTEE (In Full)

JOHN LICCIONE FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. Fedex

Mailing Address 5701 Gulfport Blvd S

City
GulfportState
FLZip Code
33707Purpose of Disbursement
Shipping Services

Candidate Name

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
0	8		0	2		2	0	2	3

FEC Identification Number

C

Amount of Each Disbursement this Period

115.75

Transaction ID : SB17.4157

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Godaddy

Mailing Address 2155 E Godaddy

City
TempeState
AZZip Code
85284Purpose of Disbursement
Website Services

Candidate Name

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
0	8		1	5		2	0	2	3

FEC Identification Number

C

Amount of Each Disbursement this Period

347.52

Transaction ID : SB17.4172

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Godaddy

Mailing Address 2155 E Godaddy

City
TempeState
AZZip Code
85284Purpose of Disbursement
Website Service

Candidate Name

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
0	8		1	6		2	0	2	3

FEC Identification Number

C

Amount of Each Disbursement this Period

69.99

Transaction ID : SB17.4149

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

533.26

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)

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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)

JOHN LICCIONE FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. Jax In and Out

Mailing Address 4928 Gulfport Blvd S

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		23		2023

City
GulfportState
FLZip Code
33707

FEC Identification Number

C

Purpose of Disbursement
Food and Beverage

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

550.00

Transaction ID : SB17.4178

☐ Memo Item

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☒	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Full Name (Last, First, Middle Initial)

B. Martin, Kim, , ,

Mailing Address 21 Green Oak Drive

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		02		2023

City
SimpsonvilleState
SCZip Code
29680

FEC Identification Number

C

Purpose of Disbursement
Website Designer

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

1000.00

Transaction ID : SB17.4182

☐ Memo Item

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☒	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Full Name (Last, First, Middle Initial)

C. Martin, Kim, , ,

Mailing Address 21 Green Oak Drive

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		07		2023

City
SimpsonvilleState
SCZip Code
29680

FEC Identification Number

C

Purpose of Disbursement
Website Designer

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

1000.00

Transaction ID : SB17.4180

☐ Memo Item

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☒	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

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

2550.00

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
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NAME OF COMMITTEE (In Full)

JOHN LICCIONE FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. Next Door

Mailing Address 420 Taylor Street

City
San FranciscoState
CAZip Code
94102Purpose of Disbursement
Advertisement

Candidate Name

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
0	8		1	6		2	0	2	3

FEC Identification Number

C

Amount of Each Disbursement this Period

310.00

Transaction ID : SB17.4169

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Next Door

Mailing Address 420 Taylor Street

City
San FranciscoState
CAZip Code
94102Purpose of Disbursement
Advertisement

Candidate Name

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
0	9		1	8		2	0	2	3

FEC Identification Number

C

Amount of Each Disbursement this Period

310.00

Transaction ID : SB17.4171

☐ 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).....▶

620.00

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

7379.59

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

PAGE 15 OF 21

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

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4287

JOHN LICCIONE FOR CONGRESS

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

Election: 2024

Bank of America Mastercard

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

PO Box 660441

City

Dallas

State

TX

ZIP Code

75266

☐ Personal Funds of the Candidate

Original Amount of Loan

16322.55

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

16322.55

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
09 04 / 2023

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y
NA

18.49

% (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).....▶

16322.55

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 16 OF 21

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

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4288

JOHN LICCIONE FOR CONGRESS

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

Election: 2024

CapOne Visa

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

PO Box 60519

City

State

ZIP Code

City of Industry

CA

91716

☐ Personal Funds of the Candidate

Original Amount of Loan

1763.27

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

1763.27

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
09 07 2023

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y
NA

28.99 % (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).....▶

1763.27

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 17 OF 21

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

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4290

JOHN LICCIONE FOR CONGRESS

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

Election: 2024

Discovery

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

230 Park Avenue S

City

New York

State

NY

ZIP Code

10003

☐ Personal Funds of the Candidate

Original Amount of Loan

3374.97

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

3374.97

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
07 10 2023

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y
NA

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).....▶

3374.97

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 21

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 : SC/10.4099

JOHN LICCIONE FOR CONGRESS

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

Election: 2024

☒ Primary☐ General☐ Other (specify) ▼

LICCIONE, JOHN, , ,

Mailing Address

6800 GULFPORT BLVD S
STE 201-116

City

SOUTH PASADENA

State

FL

ZIP Code

33707

☒ Personal Funds of the Candidate

Original Amount of Loan

15000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

15000.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
07 18 / 2023

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y
NA

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).....▶

15000.00

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

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

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4252

JOHN LICCIONE FOR CONGRESS

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

Election: 2024

☒ Primary☐ General☐ Other (specify) ▼

LICCIONE, JOHN, , ,

Mailing Address

6800 GULFPORT BLVD S
STE 201-116

City

SOUTH PASADENA

State

FL

ZIP Code

33707

☒ Personal Funds of the Candidate

Original Amount of Loan

1000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

1000.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
08 / 29 / 2023

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y
NA

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).....▶

1000.00

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 20 OF 21

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 : SC/10.4248

JOHN LICCIONE FOR CONGRESS

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

Election: 2024

☒ Primary☐ General☐ Other (specify) ▼

LICCIONE, JOHN, , ,

Mailing Address

6800 GULFPORT BLVD S
STE 201-116

City

SOUTH PASADENA

State

FL

ZIP Code

33707

☒ Personal Funds of the Candidate

Original Amount of Loan

2257.67

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

2257.67

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
09 06 / 2023

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y
NA

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).....▶

2257.67

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 21 OF 21

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

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4303

JOHN LICCIONE FOR CONGRESS

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

Election: 2024

LICCIONE, JOHN, , ,

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

6800 GULFPORT BLVD S
STE 201-116

City

SOUTH PASADENA

State

FL

ZIP Code

33707

☒ Personal Funds of the Candidate

Original Amount of Loan

10446.99

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

10446.99

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
09 / 28 / 2023

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y
NA

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).....▶

10446.99

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

50165.45

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