

**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
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
07 / 01 / 2024

through

M M / D D / Y Y Y Y
07 / 31 / 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 LICCIONE, JOHN, , ,

Signature of Treasurer

LICCIONE, JOHN, , ,

Date

M M / D D / Y Y Y Y
10 / 15 / 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

JOHN LICCIONE FOR CONGRESS

Report Covering the Period: From: 07 / 01 / 2024 To: 07 / 31 / 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))	240.00	1514.17
(b) Total Contribution Refunds (from Line 20(d))	0.00	100.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	240.00	1414.17
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	83511.26	146589.30
(b) Total Offsets to Operating Expenditures (from Line 14)	582.87	6708.58
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))	82928.39	139880.72
8. Cash on Hand at Close of Reporting Period (from Line 27)	133950.62	
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)	316320.85	

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: 07 / 01 / 2024 To: 07 / 31 / 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).....	0.00	0.00
(ii) Unitemized	240.00	1514.17
(iii) TOTAL of contributions from individuals	240.00	1514.17
(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))..	240.00	1514.17
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	0.00	272414.35
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	272414.35
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	582.87	6708.58
15. OTHER RECEIPTS (Dividends, Interest, etc.)	1.42	2.82
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4).....	824.29	280639.92

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.....

83511.26

146589.30

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

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)).....

0.00

100.00

21. OTHER DISBURSEMENTS

0.00

0.00

22. **TOTAL DISBURSEMENTS**

(add Lines 17, 18, 19(c), 20(d), and 21) ►

83511.26

146689.30

III. CASH SUMMARY

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

216637.59

24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....

824.29

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

217461.88

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

83511.26

27. CASH ON HAND AT CLOSE OF REPORTING PERIOD

(subtract Line 26 from Line 25).....

133950.62

FEC MISCELLANEOUS TEXT RELATED TO A REPORT, SCHEDULE OR ITEMIZATION

Form/Schedule: F3A

Transaction ID :

This amendment is in response to rhe RFAI dated 9/10/24. There was some miscommunication among the staff that led to the belief that the Tampa Bay charges were possible fraudulent. upon review it was discovered that the charges were valid. This report reflects that change.

Form/Schedule:

Transaction ID:

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

PAGE 6 OF 45

☐ 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)

JOHN LICCIONE FOR CONGRESS

Full Name (Last, First, Middle Initial)

St Petersburg Marriot

A.

Mailing Address 12600 Roosevelt Blvd N,

City

St Petersburg

State

FL

Zip Code

33716

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2024



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

522.22

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 29 2024

Transaction ID : SA14.4834

Amount of Each Receipt this Period

522.22

☐ Memo Item

Refund of Expenses

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)..... ▶

522.22

522.22

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

PAGE 7 OF 45

☒ 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. 1 Stop Auto

Mailing Address 6763 Gulfport S

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		15		2024

City
South PasadenaState
FLZip Code
33707

FEC Identification Number

C

Purpose of Disbursement
Campaign auto repair

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

1029.53

Transaction ID : SB17.4762

☐ Memo Item

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☒	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Full Name (Last, First, Middle Initial)

B. ABC Legal Services

Mailing Address 1099 Stewart Street

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		05		2024

City
SeattleState
WAZip Code
98101

FEC Identification Number

C

Purpose of Disbursement
Legal Services

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

474.01

Transaction ID : SB17.4749

☐ Memo Item

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☒	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Full Name (Last, First, Middle Initial)

C. ABC Legal Services

Mailing Address 1099 Stewart Street

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		19		2024

City
SeattleState
WAZip Code
98101

FEC Identification Number

C

Purpose of Disbursement
Legal Services

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

300.00

Transaction ID : SB17.4808

☐ Memo Item

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☒	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

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

1803.54

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. Arnold, Fallen, , ,

Mailing Address 2856 54th Avenue S

City
GulfportState
FLZip Code
33707Purpose of Disbursement
Office Rent

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	7		0	3		2	0	2	4

FEC Identification Number

C

Amount of Each Disbursement this Period

200.00

Transaction ID : SB17.4705

☐ 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	7		0	1		2	0	2	4

FEC Identification Number

C

Amount of Each Disbursement this Period

412.17

Transaction ID : SB17.4699

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. 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	7		2	6		2	0	2	4

FEC Identification Number

C

Amount of Each Disbursement this Period

1724.77

Transaction ID : SB17.4822

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

2336.94

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. Bloomfield, Katlyn, , ,

Mailing Address 921 Sheridan Dr

City
KalamazooState
MIZip Code
49001Purpose of Disbursement
Campaign Organizer

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	7		3	0		2	0	2	4

FEC Identification Number

C

Amount of Each Disbursement this Period

600.00

Transaction ID : SB17.4826

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Clemons, Angelic, , ,

Mailing Address 7045 30th Ave

City
St. PetersburgState
FLZip Code
33710Purpose of Disbursement
Campaign Organizer

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	7		1	2		2	0	2	4

FEC Identification Number

C

Amount of Each Disbursement this Period

500.00

Transaction ID : SB17.4758

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Clemons, Angelic, , ,

Mailing Address 7045 30th Ave

City
St. PetersburgState
FLZip Code
33710Purpose of Disbursement
Campaign Organizer

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	7		2	6		2	0	2	4

FEC Identification Number

C

Amount of Each Disbursement this Period

376.00

Transaction ID : SB17.4850

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

1476.00

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. Cloudflare

Mailing Address 405 Comal St

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		22		2024

City
AustinState
TXZip Code
78702

FEC Identification Number

C

Purpose of Disbursement
Website Services

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

3360.00

Transaction ID : SB17.4810

☐ Memo Item

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☒	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Full Name (Last, First, Middle Initial)

B. Duensing, Alex, , ,

Mailing Address 5607 Loveland St

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		11		2024

City
West BloomfieldState
MIZip Code
48322

FEC Identification Number

C

Purpose of Disbursement
Campaign Strategist

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

1000.00

Transaction ID : SB17.4752

☐ Memo Item

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☒	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Full Name (Last, First, Middle Initial)

C. Duensing, Alex, , ,

Mailing Address 5607 Loveland St

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		22		2024

City
West BloomfieldState
MIZip Code
48322

FEC Identification Number

C

Purpose of Disbursement
Campaign Strategist

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

2000.00

Transaction ID : SB17.4817

☐ Memo Item

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☒	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

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

6360.00

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
07		01		2024

City
MenloState
CAZip Code
94025

FEC Identification Number

C

Purpose of Disbursement
Advertisement

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

1000.00

Transaction ID : SB17.4697

☐ 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
07		08		2024

City
MenloState
CAZip Code
94025

FEC Identification Number

C

Purpose of Disbursement
Advertising

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

3.00

Transaction ID : SB17.4719

☐ 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
07		08		2024

City
MenloState
CAZip Code
94025

FEC Identification Number

C

Purpose of Disbursement
Advertising

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

900.00

Transaction ID : SB17.4726

☐ Memo Item

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☒	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

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

1903.00

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	7		0	8		2	0	2	4

City
MenloState
CAZip Code
94025

FEC Identification Number

C

Purpose of Disbursement
Advertisomg

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

328.41

Transaction ID : SB17.4739

☐ 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	7		1	0		2	0	2	4

City
MenloState
CAZip Code
94025

FEC Identification Number

C

Purpose of Disbursement
Advertising

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

68.78

Transaction ID : SB17.4740

☐ 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	7		1	5		2	0	2	4

City
MenloState
CAZip Code
94025

FEC Identification Number

C

Purpose of Disbursement
Advertising

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

900.00

Transaction ID : SB17.4782

☐ Memo Item

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☒	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

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

1297.19

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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☐ 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
07		16		2024

City
MenloState
CAZip Code
94025

FEC Identification Number

C

Purpose of Disbursement
Advertising

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

900.00

Transaction ID : SB17.4771

☐ 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
07		16		2024

City
MenloState
CAZip Code
94025

FEC Identification Number

C

Purpose of Disbursement
Advertising

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

900.00

Transaction ID : SB17.4786

☐ 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
07		17		2024

City
MenloState
CAZip Code
94025

FEC Identification Number

C

Purpose of Disbursement
Advertising

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

900.00

Transaction ID : SB17.4799

☐ Memo Item

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☒	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

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

2700.00

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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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
07		18		2024

City
MenloState
CAZip Code
94025

FEC Identification Number

C

Purpose of Disbursement
Advertising

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

900.00

Transaction ID : SB17.4807

☐ 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
07		19		2024

City
MenloState
CAZip Code
94025

FEC Identification Number

C

Purpose of Disbursement
Advertising

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

900.00

Transaction ID : SB17.4809

☐ 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
07		22		2024

City
MenloState
CAZip Code
94025

FEC Identification Number

C

Purpose of Disbursement
Advertising

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

900.00

Transaction ID : SB17.4814

☐ Memo Item

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☒	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

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

2700.00

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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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
07		22		2024

City
MenloState
CAZip Code
94025

FEC Identification Number

C

Purpose of Disbursement
Advertising

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

900.00

Transaction ID : SB17.4818

☐ 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
07		25		2024

City
MenloState
CAZip Code
94025

FEC Identification Number

C

Purpose of Disbursement
Advertising

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

900.00

Transaction ID : SB17.4821

☐ 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
07		27		2024

City
MenloState
CAZip Code
94025

FEC Identification Number

C

Purpose of Disbursement
Advertising

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

900.00

Transaction ID : SB17.4823

☐ Memo Item

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☒	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

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

2700.00

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

City
MenloState
CAZip Code
94025Purpose of Disbursement
Advertising

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	7		2	8		2	0	2	4

FEC Identification Number

C

Amount of Each Disbursement this Period

900.69

Transaction ID : SB17.4824

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Facebook

Mailing Address 1 Hacker Way

City
MenloState
CAZip Code
94025Purpose of Disbursement
Advertising

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	7		3	1		2	0	2	4

FEC Identification Number

C

Amount of Each Disbursement this Period

1072.37

Transaction ID : SB17.4825

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Greater Tampa Chamber of Commerce

Mailing Address 8301 N Dale Mabry Hwy,

City
TampaState
FLZip Code
33602Purpose of Disbursement
Filing Fee

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	7		2	2		2	0	2	4

FEC Identification Number

C

Amount of Each Disbursement this Period

250.00

Transaction ID : SB17.4812

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

2223.06

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. Jewish Press of Pinellas County

Mailing Address 6416 Central Avenue

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		11		2024

City
St/ PetersburgState
FLZip Code
33707

FEC Identification Number

C

Purpose of Disbursement
Advertising

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

635.00

Transaction ID : SB17.4743

☐ Memo Item

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2024

☒ Primary	☐ General
☐ Other (specify) ▼	

State:

District:

Full Name (Last, First, Middle Initial)

B. Lyft

Mailing Address 185 Berry St.

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		16		2024

City
San FranciscoState
CAZip Code
94107

FEC Identification Number

C

Purpose of Disbursement
Travel Expense

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

82.43

Transaction ID : SB17.4790

☐ Memo Item

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2024

☒ Primary	☐ General
☐ Other (specify) ▼	

State:

District:

Full Name (Last, First, Middle Initial)

C. Patch Media

Mailing Address 134 W 29th Street

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		25		2024

City
New YorkState
NYZip Code
10001

FEC Identification Number

C

Purpose of Disbursement
Media Services

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

2700.00

Transaction ID : SB17.4819

☐ Memo Item

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2024

☒ Primary	☐ General
☐ Other (specify) ▼	

State:

District:

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

3417.43

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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☐ 20a	☐ 20b	☐ 20c	☐ 21

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NAME OF COMMITTEE (In Full)

JOHN LICCIONE FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. Pegram, Rick, , ,

Mailing Address 8501 52 St N

City
Pinellas ParkState
FLZip Code
33781Purpose 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	7		1	5		2	0	2	4

FEC Identification Number

C

Amount of Each Disbursement this Period

600.00

Transaction ID : SB17.4779

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Phillips, Anthony, , ,

Mailing Address 2826 54th Street

City
GulfportState
FLZip Code
33707Purpose of Disbursement
Campaign Security

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	7		1	5		2	0	2	4

FEC Identification Number

C

Amount of Each Disbursement this Period

1000.00

Transaction ID : SB17.4788

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Phillips, Anthony, , ,

Mailing Address 2826 54th Street

City
GulfportState
FLZip Code
33707Purpose of Disbursement
Campaign Security

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	7		1	7		2	0	2	4

FEC Identification Number

C

Amount of Each Disbursement this Period

2000.00

Transaction ID : SB17.4794

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

3600.00

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. Rose, Lisa, , ,

Mailing Address 5607 Loveland St

City
West BloomfieldState
MIZip Code
48322Purpose of Disbursement
Campaign Manager

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	7		2	2		2	0	2	4

FEC Identification Number

C

Amount of Each Disbursement this Period

2000.00

Transaction ID : SB17.4815

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Sofylu Part Expressions LLC

Mailing Address 10101 Geese Trail Cir

City
RuskinState
FLZip Code
33573Purpose of Disbursement
Event Services Staffer

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	7		1	5		2	0	2	4

FEC Identification Number

C

Amount of Each Disbursement this Period

1415.25

Transaction ID : SB17.4773

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Spectrum

Mailing Address 2222 SOuth Blvd

City
CharlotteState
NCZip Code
28203Purpose of Disbursement
Internet amd cellular 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	7		0	8		2	0	2	4

FEC Identification Number

C

Amount of Each Disbursement this Period

227.93

Transaction ID : SB17.4733

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

3643.18

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. Spectrum

Mailing Address 2222 SOuth Blvd

City
CharlotteState
NCZip Code
28203Purpose of Disbursement
Internet and cellular 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
07		12		2024

FEC Identification Number

C

Amount of Each Disbursement this Period

103.04

Transaction ID : SB17.4755

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. St. Petersburg Chamber of Commerce

Mailing Address 100 Second Ave N

City
St. PetersburgState
FLZip Code
33701Purpose of Disbursement
Filing FEe

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
07		18		2024

FEC Identification Number

C

Amount of Each Disbursement this Period

250.00

Transaction ID : SB17.4802

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. St Petersburg Marriot

Mailing Address 12600 Roosevelt Blvd N,

City
St PetersburgState
FLZip Code
33716Purpose of Disbursement
Site Rental Expense

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
07		25		2024

FEC Identification Number

C

Amount of Each Disbursement this Period

27641.81

Transaction ID : SB17.4747

☐ Memo Item

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

27994.85

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 21 OF 45

☒ 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. Synergic Concepts

Mailing Address 1208 N Ward Street

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		10		2024

City
TampaState
FLZip Code
33607

FEC Identification Number

C

Purpose of Disbursement
Printing Services

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

14705.01

Transaction ID : SB17.4745

☐ Memo Item

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☒	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Full Name (Last, First, Middle Initial)

B. Tampa Bay News

Mailing Address 490 First Avenue South

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		15		2024

City
St. PetersburgState
FLZip Code
33701

FEC Identification Number

C

Purpose of Disbursement
Advertisement

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

311.22

Transaction ID : SB17.4767

☐ Memo Item

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☒	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Full Name (Last, First, Middle Initial)

C. Tampa Bay News

Mailing Address 490 First Avenue South

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		18		2024

City
St. PetersburgState
FLZip Code
33701

FEC Identification Number

C

Purpose of Disbursement
Advertisement

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

1244.88

Transaction ID : SB17.4805

☐ Memo Item

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☒	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

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

16261.11

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. Uslinger, Wendy, , ,

Mailing Address

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	6		2	0	2	4

City

State

Zip Code

FEC Identification Number

C

Purpose of Disbursement
Event Staff

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

1000.00

Transaction ID : SB17.4792

☐ Memo Item

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2024

☒ Primary	☐ General
☐ Other (specify) ▼	

State:

District:

Full Name (Last, First, Middle Initial)

B. Wells Fargo

Mailing Address 420 Montgomery Street

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	5		2	0	2	4

City

State

Zip Code

FEC Identification Number

C

Purpose of Disbursement
Bank Fee

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

4.50

Transaction ID : SB17.4780

☐ Memo Item

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2024

☒ Primary	☐ General
☐ Other (specify) ▼	

State:

District:

Full Name (Last, First, Middle Initial)

C. Wix.comMailing Address 500 Terry A Francisco Blvd
6th Floor

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	8		2	0	2	4

City

State

Zip Code

FEC Identification Number

C

Purpose of Disbursement
Website Services

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

59.00

Transaction ID : SB17.4723

☐ Memo Item

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2024

☒ Primary	☐ General
☐ Other (specify) ▼	

State:

District:

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

1063.50

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

81479.80

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

PAGE 23 OF 45

FOR 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

6040.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

6040.00

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).....▶

6040.00

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

PAGE 24 OF 45

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

PAGE 25 OF 45

FOR 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)
LOANS

PAGE 26 OF 45

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/10.4327

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

1075.23

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

1075.23

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
10 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).....▶

1075.23

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 27 OF 45

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/10.4328

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

570.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

570.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
10 11 / 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).....▶

570.00

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

PAGE 28 OF 45

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

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4340

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

95.05

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

95.05

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
10 20 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).....▶

95.05

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 29 OF 45

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

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4343

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

1800.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

1800.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
11 / 01 / 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).....▶

1800.00

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

PAGE 30 OF 45

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

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4344

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

5000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

5000.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
11 14 / 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).....▶

5000.00

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

PAGE 31 OF 45

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

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4392

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

1950.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

1950.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
01 / 22 / 2024

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).....▶

1950.00

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

PAGE 32 OF 45

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

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4481

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

4000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

4000.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
02 06 / 2024

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).....▶

4000.00

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

PAGE 33 OF 45

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

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4480

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

3400.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

3400.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
02 15 / 2024

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).....▶

3400.00

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

PAGE 34 OF 45

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

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4474

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

8000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

8000.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
02 20 2024

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).....▶

8000.00

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

PAGE 35 OF 45

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

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4539

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

4000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

4000.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
03 / 22 / 2024

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).....▶

4000.00

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 36 OF 45

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/10.4647

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

10000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

10000.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
04 05 / 2024

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y
N/A

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).....▶

10000.00

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

PAGE 37 OF 45

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

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4648

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

50.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

50.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
04 11 / 2024

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y
N/A

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).....▶

50.00

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

PAGE 38 OF 45

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

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4649

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

2000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

2000.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
04 / 22 / 2024

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y
N/A

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).....▶

2000.00

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

PAGE 39 OF 45

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

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4650

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
04 / 26 / 2024

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y
N/A

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

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

PAGE 40 OF 45
FOR LINE NUMBER:
(check only one) ☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full) Transaction ID : SC/10.4651
JOHN LICCIONE FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial)			☐ Memo Item	Election: 2024
LICCIONE, JOHN, , ,				☒ Primary
Mailing Address				☐ General
6800 GULFPORT BLVD S				☐ Other (specify) ▼
STE 201-116				
City	State	ZIP Code		
SOUTH PASADENA	FL	33707	☒ Personal Funds of the Candidate	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
4000.00	0.00	4000.00

TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M M / D D / Y Y Y Y	M M / D D / Y Y Y Y		☐ Yes ☒ No
	04 / 29 / 2024	/ / N/A	0.00 % (apr)	

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).....▶	4000.00
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

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

PAGE 41 OF 45
FOR LINE NUMBER:
(check only one) ☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full) Transaction ID : SC/10.4688
JOHN LICCIONE FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial)			☐ Memo Item	Election: 2024
LICCIONE, JOHN, , ,				☒ Primary
Mailing Address				☐ General
6800 GULFPORT BLVD S				☐ Other (specify) ▼
STE 201-116				
City	State	ZIP Code		
SOUTH PASADENA	FL	33707	☒ Personal Funds of the Candidate	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
115000.00	0.00	115000.00

TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M M / D D / Y Y Y Y	M M / D D / Y Y Y Y		
	06 / 28 / 2024	/ / N/A	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).....▶	115000.00
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

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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/10.4689

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

95000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

95000.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
06 / 28 / 2024M M / D D / Y Y Y Y
/ / N?AM M / D D / Y Y Y Y
/ / N?AM M / D D / Y Y Y Y
/ / N?A

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).....▶

95000.00

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

PAGE 43 OF 45

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

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4690

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

6176.40

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

6176.40

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
06 / 28 / 2024

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

N?A

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).....▶

6176.40

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

272414.35

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 44 OF 45

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

NAME OF COMMITTEE (In Full)

JOHN LICCIONE FOR CONGRESS

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

LICCIONE, JOHN, , ,

Nature of Debt (Purpose):

Discovery Credit Card Expenses

Mailing Address 6800 GULFPORT BLVD S
STE 201-116City
SOUTH PASADENAState
FLZip Code
33707

Outstanding Balance Beginning This Period

5874.97

Transaction ID : SD10.4308

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

5874.97

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

LICCIONE, JOHN, , ,

Nature of Debt (Purpose):

Bank of america Credit Card Expenses

Mailing Address 6800 GULFPORT BLVD S
STE 201-116City
SOUTH PASADENAState
FLZip Code
33707

Outstanding Balance Beginning This Period

22322.55

Transaction ID : SD10.4304

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

22322.55

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

LICCIONE, JOHN, , ,

Nature of Debt (Purpose):

CapOne Visa Credit Card Expenses

Mailing Address 6800 GULFPORT BLVD S
STE 201-116City
SOUTH PASADENAState
FLZip Code
33707

Outstanding Balance Beginning This Period

1763.27

Transaction ID : SD10.4307

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1763.27

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

29960.79

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 45 OF 45

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

NAME OF COMMITTEE (In Full)

JOHN LICCIONE FOR CONGRESS

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

LICCIONE, JOHN, , ,

Nature of Debt (Purpose):

Office Rent and expenses paid by candidate

Mailing Address 6800 GULFPORT BLVD S
STE 201-116City
SOUTH PASADENAState
FLZip Code
33707

Outstanding Balance Beginning This Period

10446.99

Transaction ID : SD10.4311

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

10446.99

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

LICCIONE, JOHN, , ,

Nature of Debt (Purpose):

CapOne Credit Card Expense

Mailing Address 6800 GULFPORT BLVD S
STE 201-116City
SOUTH PASADENAState
FLZip Code
33707

Outstanding Balance Beginning This Period

2227.93

Transaction ID : SD10.4695

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2227.93

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

LICCIONE, JOHN, , ,

Nature of Debt (Purpose):

Credit Card Expense

Mailing Address 6800 GULFPORT BLVD S
STE 201-116City
SOUTH PASADENAState
FLZip Code
33707

Outstanding Balance Beginning This Period

0.00

Transaction ID : SD10.4828

Amount Incurred This Period

1270.79

Payment This Period

0.00

Outstanding Balance at Close of This Period

1270.79

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

13945.71

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

43906.50

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

272414.35

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

316320.85