

**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

Committee to Elect Alan Grayson

ADDRESS (number and street)

8419 Oak Park Rd

Check if different  
than previously  
reported. (ACC)

Orlando

FL

32819-3240

CITY ▲

STATE ▲

ZIP CODE ▲

2. FEC IDENTIFICATION NUMBER ▼

C

C00424713

3. IS THIS  
REPORTNEW  
(N)

OR

AMENDED  
(A)

STATE ▼ DISTRICT

FL

07

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 / 18 / 2026in 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 / 2026

through

M M / D D / Y Y Y Y  
07 / 29 / 2026*I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.*

Type or Print Name of Treasurer

Grayson, Star, , ,

Signature of Treasurer

Grayson, Star, , ,

Date

M M / D D / Y Y Y Y  
08 / 06 / 2026

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

Office  
Use  
Only**FEC FORM 3**  
(Revised 05/2016)

# SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 03/2016)

Write or Type Committee Name

Committee to Elect Alan Grayson

Report Covering the Period:

From:

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 7 |   | 0 | 1 |   | 2 | 0 | 2 | 6 |

To:

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 7 |   | 2 | 9 |   | 2 | 0 | 2 | 6 |

|                                                                                                                  | COLUMN A<br>This Period | COLUMN B<br>Election Cycle-to-Date |
|------------------------------------------------------------------------------------------------------------------|-------------------------|------------------------------------|
| 6. Net Contributions (other than loans)                                                                          |                         |                                    |
| (a) Total Contributions<br>(other than loans) (from Line 11(e))....                                              | 31039.55                | 81064.10                           |
| (b) Total Contribution Refunds<br>(from Line 20(d)) .....                                                        | 0.00                    | 68.00                              |
| (c) Net Contributions (other than loans)<br>(subtract Line 6(b) from Line 6(a)) .....                            | 31039.55                | 80996.10                           |
| 7. Net Operating Expenditures                                                                                    |                         |                                    |
| (a) Total Operating Expenditures<br>(from Line 17) .....                                                         | 168262.62               | 391928.18                          |
| (b) Total Offsets to Operating<br>Expenditures (from Line 14).....                                               | 0.00                    | 0.00                               |
| (c) Net Operating Expenditures<br>(subtract Line 7(b) from Line 7(a)) .....                                      | 168262.62               | 391928.18                          |
| 8. Cash on Hand at Close of<br>Reporting Period (from Line 27).....                                              | 128298.88               |                                    |
| 9. Debts and Obligations Owed <b>TO</b><br>the Committee (Itemize all on<br>Schedule C and/or Schedule D) .....  | 0.00                    |                                    |
| 10. Debts and Obligations Owed <b>BY</b><br>the Committee (Itemize all on<br>Schedule C and/or Schedule D) ..... | 4153577.21              |                                    |

For further information, contact the Federal Election Commission at 800-424-9530 or visit [www.fec.gov](http://www.fec.gov).

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3 (Revised 05/2016)

Write or Type Committee Name

Committee to Elect Alan Grayson

Report Covering the Period:

From:

MM / DD / YYYY  
07 / 01 / 2026

To:

MM / DD / YYYY  
07 / 29 / 2026**I. RECEIPTS****COLUMN A**  
Total This Period**COLUMN B**  
Election Cycle-to-Date

## 11. CONTRIBUTIONS (other than loans) FROM:

(a) Individuals/Persons Other Than  
Political Committees

(i) Itemized (use Schedule A).....

25826.93

47645.85

(ii) Unitemized .....

212.62

23418.25

(iii) TOTAL of contributions  
from individuals ▶

26039.55

71064.10

(b) Political Party Committees.....

0.00

0.00

(c) Other Political Committees  
(such as PACs) .....

5000.00

10000.00

(d) The Candidate .....

0.00

0.00

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

31039.55

81064.10

12. TRANSFERS FROM OTHER  
AUTHORIZED COMMITTEES .....

0.00

0.00

## 13. LOANS:

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

144949.47

347551.89

(b) All Other Loans.....

0.00

0.00

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

144949.47

347551.89

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

0.00

0.00

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

0.00

6.20

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

175989.02

428622.19

# **DETAILED SUMMARY PAGE** of Disbursements

FEC Form 3 (Revised 05/2016)

| II. DISBURSEMENTS                                                            | COLUMN A<br>Total This Period | COLUMN B<br>Election Cycle-to-Date |
|------------------------------------------------------------------------------|-------------------------------|------------------------------------|
| 17. OPERATING EXPENDITURES.....                                              | 168262.62                     | 391928.18                          |
| 18. TRANSFERS TO OTHER<br>AUTHORIZED COMMITTEES .....                        | 0.00                          | 0.00                               |
| 19. LOAN REPAYMENTS:                                                         |                               |                                    |
| (a) Of Loans Made or Guaranteed<br>by the Candidate.....                     | 0.00                          | 25942.06                           |
| (b) Of All Other Loans .....                                                 | 0.00                          | 0.00                               |
| (c) TOTAL LOAN REPAYMENTS<br>(add Lines 19(a) and (b)).....                  | 0.00                          | 25942.06                           |
| 20. REFUNDS OF CONTRIBUTIONS TO:                                             |                               |                                    |
| (a) Individuals/Persons Other<br>Than Political Committees .....             | 0.00                          | 68.00                              |
| (b) Political Party Committees.....                                          | 0.00                          | 0.00                               |
| (c) Other Political Committees<br>(such as PACs) .....                       | 0.00                          | 0.00                               |
| (d) TOTAL CONTRIBUTION REFUNDS<br>(add Lines 20(a), (b), and (c)).....       | 0.00                          | 68.00                              |
| 21. OTHER DISBURSEMENTS .....                                                | 0.00                          | 220.37                             |
| 22. <b>TOTAL DISBURSEMENTS</b><br>(add Lines 17, 18, 19(c), 20(d), and 21) ► | 168262.62                     | 418158.61                          |

## **III. CASH SUMMARY**

|                                                                                       |           |
|---------------------------------------------------------------------------------------|-----------|
| 23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....                                | 120572.48 |
| 24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....                            | 175989.02 |
| 25. SUBTOTAL (add Line 23 and Line 24).....                                           | 296561.50 |
| 26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....                               | 168262.62 |
| 27. CASH ON HAND AT CLOSE OF REPORTING PERIOD<br>(subtract Line 26 from Line 25)..... | 128298.88 |

## FEC MISCELLANEOUS TEXT RELATED TO A REPORT, SCHEDULE OR ITEMIZATION

Form/Schedule: F3N

Transaction ID :

Note that individuals with addresses outside the US are eligible to make political donations in federal elections.

Form/Schedule:

Transaction ID:

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

PAGE 6 OF 410

|                                         |                              |                              |                              |                             |
|-----------------------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d | <input type="checkbox"/> 15 |
| 12                                      | 13a                          | 13b                          | 14                           |                             |

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NAME OF COMMITTEE (In Full)

Committee to Elect Alan Grayson

Full Name (Last, First, Middle Initial)

Acord, Kent, , ,

**A.** Mailing Address 200 Texas Country Dr.

City

New Braunfels

State

TX

Zip Code

78132

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Not employed

Occupation

Not employed

Receipt For: 2026

☒

Primary

☐

General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

504.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 7 |   | 2 | 0 |   | 2 | 0 | 2 | 6 |

Transaction ID : A9ED4DCF18C594D8E938

Amount of Each Receipt this Period

24.00

☐ Memo Item

Earmark:ActBlue (non-directed)

**B.** Full Name (Last, First, Middle Initial)

ActBlue

Mailing Address 14 Arrow St  
Ste 11

City

Cambridge

State

MA

Zip Code

02138-5106

FEC ID number of contributing  
federal political committee.

C

C00401224

Name of Employer

Occupation

Receipt For: 2026

☒

Primary

☐

General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

39614.71

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 7 |   | 2 | 0 |   | 2 | 0 | 2 | 6 |

Transaction ID : A0DC7F3972D304210B77

Amount of Each Receipt this Period

24.00

☒ Memo Item

Intermediary

Total Earmarked through conduit. PAC limit not affected.

**C.** Full Name (Last, First, Middle Initial)

Alexander, Marie, , ,

Mailing Address 82 Bay Drive

City

Key West

State

FL

Zip Code

33040

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Not employed

Occupation

Not employed

Receipt For: 2026

☒

Primary

☐

General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

905.04

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 7 |   | 1 | 7 |   | 2 | 0 | 2 | 6 |

Transaction ID : A5A63AC554B9D462AA56

Amount of Each Receipt this Period

20.24

☐ Memo Item

Earmark:ActBlue (non-directed)

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

44.24

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

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

PAGE 7 OF 410

|                                         |                              |                              |                              |                             |
|-----------------------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d | <input type="checkbox"/> 15 |
| 12                                      | 13a                          | 13b                          | 14                           |                             |

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NAME OF COMMITTEE (In Full)

Committee to Elect Alan Grayson

Full Name (Last, First, Middle Initial)

ActBlue

A.

Mailing Address 14 Arrow St

Ste 11

City

Cambridge

State

MA

Zip Code

02138-5106

FEC ID number of contributing  
federal political committee.

C C00401224

Name of Employer

Occupation

Receipt For: 2026



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

39614.71

Date of Receipt

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 07  |   | 17  |   | 2026    |

Transaction ID : ADE555AECDF014B5093B

Amount of Each Receipt this Period

20.24

☒ Memo Item

Intermediary

Total Earmarked through conduit. PAC limit not  
affected.

B.

Full Name (Last, First, Middle Initial)

Alexander, Marie, , ,

Mailing Address 82 Bay Drive

City

Key West

State

FL

Zip Code

33040

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Not employed

Not employed

Receipt For: 2026



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

929.04

Date of Receipt

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 07  |   | 20  |   | 2026    |

Transaction ID : A73B6446158754C9AA58

Amount of Each Receipt this Period

24.00

☐ Memo Item

Earmark:ActBlue (non-directed)

C.

Full Name (Last, First, Middle Initial)

ActBlue

Mailing Address 14 Arrow St

Ste 11

City

Cambridge

State

MA

Zip Code

02138-5106

FEC ID number of contributing  
federal political committee.

C C00401224

Name of Employer

Occupation

Receipt For: 2026



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

39614.71

Date of Receipt

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 07  |   | 20  |   | 2026    |

Transaction ID : A91859882F66E4F7CA62

Amount of Each Receipt this Period

24.00

☒ Memo Item

Intermediary

Total Earmarked through conduit. PAC limit not  
affected.

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

24.00

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

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

PAGE 8 OF 410

|                                         |                              |                              |                              |                             |
|-----------------------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d | <input type="checkbox"/> 15 |
| 12                                      | 13a                          | 13b                          | 14                           |                             |

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NAME OF COMMITTEE (In Full)

Committee to Elect Alan Grayson

Full Name (Last, First, Middle Initial)

Allman, Esther, , ,

A.

Mailing Address 984 N Butternut Cir

City

Frankfort

State

IL

Zip Code

60423-2106

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Not employed

Occupation

Not employed

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

540.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 7 |   | 1 | 1 |   | 2 | 0 | 2 | 6 |

Transaction ID : A57DD1BF6CE454FEA967

Amount of Each Receipt this Period

27.00

☐ Memo Item

Earmark:ActBlue (non-directed)

B.

Full Name (Last, First, Middle Initial)

ActBlue

Mailing Address 14 Arrow St  
Ste 11

City

Cambridge

State

MA

Zip Code

02138-5106

FEC ID number of contributing  
federal political committee.

C C00401224

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

39614.71

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 7 |   | 1 | 1 |   | 2 | 0 | 2 | 6 |

Transaction ID : AC6AC005967D64D47863

Amount of Each Receipt this Period

27.00

☒ Memo Item

Intermediary

Total Earmarked through conduit. PAC limit not affected.

C.

Full Name (Last, First, Middle Initial)

Ardinger, Bruce J, , ,

Mailing Address 6735 Georgia Avenue

City

Bradenton

State

FL

Zip Code

34207

FEC ID number of contributing  
federal political committee.

C

Name of Employer

none

Occupation

Retired

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

425.04

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 7 |   | 1 | 6 |   | 2 | 0 | 2 | 6 |

Transaction ID : AD457604B3B10489B8A4

Amount of Each Receipt this Period

20.24

☐ Memo Item

Earmark:ActBlue (non-directed)

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

47.24

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



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

PAGE 9 OF 410

|                                         |                              |                              |                              |                             |
|-----------------------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d | <input type="checkbox"/> 15 |
| 12                                      | 13a                          | 13b                          | 14                           |                             |

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NAME OF COMMITTEE (In Full)

Committee to Elect Alan Grayson

Full Name (Last, First, Middle Initial)

ActBlue

A.

Mailing Address 14 Arrow St

Ste 11

City

Cambridge

State

MA

Zip Code

02138-5106

FEC ID number of contributing  
federal political committee.

C

C00401224

Name of Employer

Occupation

Receipt For: 2026



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

39614.71

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 7 |   | 1 | 6 |   | 2 | 0 | 2 | 6 |

Transaction ID : A8BCA1218F8B040D98B0

Amount of Each Receipt this Period

20.24

☒ Memo Item

Intermediary

Total Earmarked through conduit. PAC limit not affected.

B.

Full Name (Last, First, Middle Initial)

Burkhouse, Elizabeth, ,

Mailing Address 1354 Flickinger Avenue

City

San Jose

State

CA

Zip Code

95131

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Not employed

Not employed

Receipt For: 2026



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 7 |   | 1 | 1 |   | 2 | 0 | 2 | 6 |

Transaction ID : A714E11E65F70488DBB2

Amount of Each Receipt this Period

25.00

☐ Memo Item

Earmark:ActBlue (non-directed)

C.

Full Name (Last, First, Middle Initial)

ActBlue

Mailing Address 14 Arrow St

Ste 11

City

Cambridge

State

MA

Zip Code

02138-5106

FEC ID number of contributing  
federal political committee.

C

C00401224

Name of Employer

Occupation

Receipt For: 2026



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

39614.71

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 7 |   | 1 | 1 |   | 2 | 0 | 2 | 6 |

Transaction ID : A83AE73460A8648DC936

Amount of Each Receipt this Period

25.00

☒ Memo Item

Intermediary

Total Earmarked through conduit. PAC limit not affected.

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

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

25.00

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

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|                                         |                              |                              |                              |                             |
|-----------------------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d | <input type="checkbox"/> 15 |
| 12                                      | 13a                          | 13b                          | 14                           |                             |

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NAME OF COMMITTEE (In Full)

Committee to Elect Alan Grayson

Full Name (Last, First, Middle Initial)

Champion, Dave, , ,

Mailing Address 5937 37th Ave SW

City  
SeattleState  
WAZip Code  
98126FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Champion & AssociatesOccupation  
Self Employed

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 28 2026

Transaction ID : ACEAD93D05EA548AF861

Amount of Each Receipt this Period

24.00

☐ Memo Item

Earmark:ActBlue (non-directed)

Full Name (Last, First, Middle Initial)

ActBlue

Mailing Address 14 Arrow St  
Ste 11City  
CambridgeState  
MAZip Code  
02138-5106FEC ID number of contributing  
federal political committee.

C C00401224

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

39614.71

Date of Receipt

M M / D D / Y Y Y Y Y  
07 28 2026

Transaction ID : AFDDC502C7DEA4ABC86E

Amount of Each Receipt this Period

24.00

☒ Memo Item

Intermediary

Total Earmarked through conduit. PAC limit not  
affected.

Full Name (Last, First, Middle Initial)

Cudahy, Kathleen, , ,

Mailing Address 3818 Pringle St

City  
San DiegoState  
CAZip Code  
92103FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Not employedOccupation  
Not employed

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

404.80

Date of Receipt

M M / D D / Y Y Y Y Y  
07 14 2026

Transaction ID : A741117CF8921487CA79

Amount of Each Receipt this Period

20.24

☐ Memo Item

Earmark:ActBlue (non-directed)

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

44.24

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

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

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|                                         |                              |                              |                              |                             |
|-----------------------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d | <input type="checkbox"/> 15 |
| 12                                      | 13a                          | 13b                          | 14                           |                             |

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NAME OF COMMITTEE (In Full)

Committee to Elect Alan Grayson

Full Name (Last, First, Middle Initial)

ActBlue

A.

Mailing Address 14 Arrow St  
Ste 11City  
CambridgeState  
MAZip Code  
02138-5106FEC ID number of contributing  
federal political committee.

C C00401224

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

39614.71

Date of Receipt

M M / D D / Y Y Y Y Y  
07 14 2026

Transaction ID : A0C192DBA5A644C7187F

Amount of Each Receipt this Period

20.24

☒ Memo Item

Intermediary

Total Earmarked through conduit. PAC limit not  
affected.

B.

Full Name (Last, First, Middle Initial)

de Laszlo, Alex, , ,

Mailing Address 645 West End Ave apt. 3-F

City  
New YorkState  
NYZip Code  
10025FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Not employed

Not employed

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 13 2026

Transaction ID : AEBCCC9449C4840BEA59

Amount of Each Receipt this Period

15.00

☐ Memo Item

Earmark:ActBlue (non-directed)

C.

Full Name (Last, First, Middle Initial)

ActBlue

Mailing Address 14 Arrow St  
Ste 11City  
CambridgeState  
MAZip Code  
02138-5106FEC ID number of contributing  
federal political committee.

C C00401224

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

39614.71

Date of Receipt

M M / D D / Y Y Y Y Y  
07 13 2026

Transaction ID : A0D97FE5454FA42B8A48

Amount of Each Receipt this Period

15.00

☒ Memo Item

Intermediary

Total Earmarked through conduit. PAC limit not  
affected.

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

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

15.00

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

PAGE 12 OF 410

|                                         |                              |                              |                              |                             |
|-----------------------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d | <input type="checkbox"/> 15 |
| 12                                      | 13a                          | 13b                          | 14                           |                             |

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NAME OF COMMITTEE (In Full)

Committee to Elect Alan Grayson

Full Name (Last, First, Middle Initial)

Degallier, Joh, , ,

A.

Mailing Address 2140 Fern Canyon Rd.

City  
UkiahState  
CAZip Code  
95482FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Ohlome CollegeOccupation  
Instructor

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

300.00

Date of Receipt

|     |   |     |   |             |
|-----|---|-----|---|-------------|
| M M | / | D D | / | Y Y Y Y Y Y |
| 07  |   | 11  |   | 2026        |

Transaction ID : A7348088CD46649C4A28

Amount of Each Receipt this Period

15.00

☐ Memo Item

Earmark:ActBlue (non-directed)

B.

Full Name (Last, First, Middle Initial)  
ActBlueMailing Address 14 Arrow St  
Ste 11City  
CambridgeState  
MAZip Code  
02138-5106FEC ID number of contributing  
federal political committee.

C C00401224

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

39614.71

Date of Receipt

|     |   |     |   |             |
|-----|---|-----|---|-------------|
| M M | / | D D | / | Y Y Y Y Y Y |
| 07  |   | 11  |   | 2026        |

Transaction ID : AE015FEEFB5A1466BB18

Amount of Each Receipt this Period

15.00

☒ Memo Item

Intermediary

Total Earmarked through conduit. PAC limit not  
affected.

C.

Full Name (Last, First, Middle Initial)  
Ferren, Kimberley, , ,

Mailing Address 772 N. Brand Blvd

City  
San FernandoState  
CAZip Code  
91340FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Not employedOccupation  
Not employed

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

404.40

Date of Receipt

|     |   |     |   |             |
|-----|---|-----|---|-------------|
| M M | / | D D | / | Y Y Y Y Y Y |
| 07  |   | 07  |   | 2026        |

Transaction ID : A41C9982ECA9549F1A16

Amount of Each Receipt this Period

20.22

☐ Memo Item

Earmark:ActBlue (non-directed)

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

35.22

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

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

PAGE 13 OF 410

|                                         |                              |                              |                              |                             |
|-----------------------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d | <input type="checkbox"/> 15 |
| 12                                      | 13a                          | 13b                          | 14                           |                             |

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NAME OF COMMITTEE (In Full)

Committee to Elect Alan Grayson

Full Name (Last, First, Middle Initial)

ActBlue

A.

Mailing Address 14 Arrow St

Ste 11

City

Cambridge

State

MA

Zip Code

02138-5106

FEC ID number of contributing  
federal political committee.

C C00401224

Name of Employer

Occupation

Receipt For: 2026



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

39614.71

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 7 |   | 0 | 7 |   | 2 | 0 | 2 | 6 |

Transaction ID : AA1F34547FE5B488AA77

Amount of Each Receipt this Period

20.22

☒ Memo Item

Intermediary

Total Earmarked through conduit. PAC limit not affected.

B.

Full Name (Last, First, Middle Initial)

Giles-Straight, Carol, , ,

Mailing Address 1195 Cimarron Drive

City

Saint Louis

State

MO

Zip Code

63132-2103

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Not employed

Not employed

Receipt For: 2026



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

1715.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 7 |   | 0 | 5 |   | 2 | 0 | 2 | 6 |

Transaction ID : AFB483AE03A214B91996

Amount of Each Receipt this Period

5.00

☐ Memo Item

Earmark:ActBlue (non-directed)

C.

Full Name (Last, First, Middle Initial)

ActBlue

Mailing Address 14 Arrow St

Ste 11

City

Cambridge

State

MA

Zip Code

02138-5106

FEC ID number of contributing  
federal political committee.

C C00401224

Name of Employer

Occupation

Receipt For: 2026



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

39614.71

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 7 |   | 0 | 5 |   | 2 | 0 | 2 | 6 |

Transaction ID : A42161586BCD24F5C8A7

Amount of Each Receipt this Period

5.00

☒ Memo Item

Intermediary

Total Earmarked through conduit. PAC limit not affected.

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

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

5.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:  
(check only one)

PAGE 14 OF 410

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

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NAME OF COMMITTEE (In Full)

**Committee to Elect Alan Grayson**

Full Name (Last, First, Middle Initial)

Giles-Straight, Carol, , ,

**A.**

Mailing Address 1195 Cimarron Drive

City

Saint Louis

State

MO

Zip Code

63132-2103

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Not employed

Occupation

Not employed

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1725.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 08 2026

Transaction ID : A387349EA0B774F4DA70

Amount of Each Receipt this Period

10.00

☐ Memo Item

Earmark:ActBlue (non-directed)

Full Name (Last, First, Middle Initial)

ActBlue

**B.**

Mailing Address 14 Arrow St  
Ste 11

City

Cambridge

State

MA

Zip Code

02138-5106

FEC ID number of contributing  
federal political committee.

C C00401224

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

39614.71

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 08 2026

Transaction ID : A7732C46A39BF467C8B4

Amount of Each Receipt this Period

10.00

☒ Memo Item

Intermediary

Total Earmarked through conduit. PAC limit not affected.

Full Name (Last, First, Middle Initial)

Giles-Straight, Carol, , ,

**C.**

Mailing Address 1195 Cimarron Drive

City

Saint Louis

State

MO

Zip Code

63132-2103

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Not employed

Occupation

Not employed

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1735.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 09 2026

Transaction ID : A9A1CBC8E56594DDE96F

Amount of Each Receipt this Period

10.00

☐ Memo Item

Earmark:ActBlue (non-directed)

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

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

20.00

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

PAGE 15 OF 410

|                                         |                              |                              |                              |                             |
|-----------------------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d | <input type="checkbox"/> 15 |
| 12                                      | 13a                          | 13b                          | 14                           |                             |

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NAME OF COMMITTEE (In Full)

Committee to Elect Alan Grayson

Full Name (Last, First, Middle Initial)

ActBlue

A.

Mailing Address 14 Arrow St

Ste 11

City

Cambridge

State

MA

Zip Code

02138-5106

FEC ID number of contributing  
federal political committee.

C C00401224

Name of Employer

Occupation

Receipt For: 2026



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

39614.71

Date of Receipt

|     |   |     |   |             |
|-----|---|-----|---|-------------|
| M M | / | D D | / | Y Y Y Y Y Y |
| 07  |   | 09  |   | 2026        |

Transaction ID : A19A1C92A17324A2BBEB

Amount of Each Receipt this Period

10.00

☒ Memo Item

Intermediary

Total Earmarked through conduit. PAC limit not affected.

B.

Full Name (Last, First, Middle Initial)

Giles-Straight, Carol, , ,

Mailing Address 1195 Cimarron Drive

City

Saint Louis

State

MO

Zip Code

63132-2103

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Not employed

Not employed

Receipt For: 2026



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

1745.00

Date of Receipt

|     |   |     |   |             |
|-----|---|-----|---|-------------|
| M M | / | D D | / | Y Y Y Y Y Y |
| 07  |   | 11  |   | 2026        |

Transaction ID : A4BC09D7F8E9A4BDDB03

Amount of Each Receipt this Period

10.00

☐ Memo Item

Earmark:ActBlue (non-directed)

C.

Full Name (Last, First, Middle Initial)

ActBlue

Mailing Address 14 Arrow St

Ste 11

City

Cambridge

State

MA

Zip Code

02138-5106

FEC ID number of contributing  
federal political committee.

C C00401224

Name of Employer

Occupation

Receipt For: 2026



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

39614.71

Date of Receipt

|     |   |     |   |             |
|-----|---|-----|---|-------------|
| M M | / | D D | / | Y Y Y Y Y Y |
| 07  |   | 11  |   | 2026        |

Transaction ID : ACD41AD92CD2405185E

Amount of Each Receipt this Period

10.00

☒ Memo Item

Intermediary

Total Earmarked through conduit. PAC limit not affected.

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

10.00

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

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:  
(check only one)

PAGE 16 OF 410

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

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NAME OF COMMITTEE (In Full)

**Committee to Elect Alan Grayson**

Full Name (Last, First, Middle Initial)

Giles-Straight, Carol, , ,

**A.**

Mailing Address 1195 Cimarron Drive

City

Saint Louis

State

MO

Zip Code

63132-2103

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Not employed

Occupation

Not employed

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1755.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 13 2026

Transaction ID : A56B2F1153BAA4F7796E

Amount of Each Receipt this Period

10.00

☐ Memo Item

Earmark:ActBlue (non-directed)

Full Name (Last, First, Middle Initial)

ActBlue

**B.**

Mailing Address 14 Arrow St  
Ste 11

City

Cambridge

State

MA

Zip Code

02138-5106

FEC ID number of contributing  
federal political committee.

C C00401224

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

39614.71

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 13 2026

Transaction ID : A6747C16822594459ADC

Amount of Each Receipt this Period

10.00

☒ Memo Item

Intermediary

Total Earmarked through conduit. PAC limit not affected.

Full Name (Last, First, Middle Initial)

Giles-Straight, Carol, , ,

**C.**

Mailing Address 1195 Cimarron Drive

City

Saint Louis

State

MO

Zip Code

63132-2103

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Not employed

Occupation

Not employed

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1765.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 17 2026

Transaction ID : AF79DD2072FA046D1BE0

Amount of Each Receipt this Period

10.00

☐ Memo Item

Earmark:ActBlue (non-directed)

**SUBTOTAL** of Receipts This Page (optional)..... ►

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

20.00



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

PAGE 17 OF 410

|                                         |                              |                              |                              |                             |
|-----------------------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d | <input type="checkbox"/> 15 |
| 12                                      | 13a                          | 13b                          | 14                           |                             |

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NAME OF COMMITTEE (In Full)

Committee to Elect Alan Grayson

Full Name (Last, First, Middle Initial)

ActBlue

A.

Mailing Address 14 Arrow St

Ste 11

City

Cambridge

State

MA

Zip Code

02138-5106

FEC ID number of contributing  
federal political committee.

C C00401224

Name of Employer

Occupation

Receipt For: 2026



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

39614.71

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 7 |   | 1 | 7 |   | 2 | 0 | 2 | 6 |

Transaction ID : A23680A26035E47F68C2

Amount of Each Receipt this Period

10.00

☒ Memo Item

Intermediary

Total Earmarked through conduit. PAC limit not affected.

B.

Full Name (Last, First, Middle Initial)

Giles-Straight, Carol, , ,

Mailing Address 1195 Cimarron Drive

City

Saint Louis

State

MO

Zip Code

63132-2103

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Not employed

Not employed

Receipt For: 2026



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

1770.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 7 |   | 1 | 9 |   | 2 | 0 | 2 | 6 |

Transaction ID : A6C9B73667B06407B809

Amount of Each Receipt this Period

5.00

☐ Memo Item

Earmark:ActBlue (non-directed)

C.

Full Name (Last, First, Middle Initial)

ActBlue

Mailing Address 14 Arrow St

Ste 11

City

Cambridge

State

MA

Zip Code

02138-5106

FEC ID number of contributing  
federal political committee.

C C00401224

Name of Employer

Occupation

Receipt For: 2026



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

39614.71

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 7 |   | 1 | 9 |   | 2 | 0 | 2 | 6 |

Transaction ID : AA5CA2F2E5BFA4993B3C

Amount of Each Receipt this Period

5.00

☒ Memo Item

Intermediary

Total Earmarked through conduit. PAC limit not affected.

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

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

5.00

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

PAGE 18 OF 410

|                                         |                              |                              |                              |                             |
|-----------------------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d | <input type="checkbox"/> 15 |
| 12                                      | 13a                          | 13b                          | 14                           |                             |

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NAME OF COMMITTEE (In Full)

Committee to Elect Alan Grayson

Full Name (Last, First, Middle Initial)

Giles-Straight, Carol, , ,

**A.** Mailing Address 1195 Cimarron DriveCity  
Saint LouisState  
MOZip Code  
63132-2103FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Not employedOccupation  
Not employed

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1780.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 28 2026

Transaction ID : A77F53AE60F694EEB98B

Amount of Each Receipt this Period

10.00

☐ Memo Item

Earmark:ActBlue (non-directed)

Full Name (Last, First, Middle Initial)

ActBlue

**B.** Mailing Address 14 Arrow St  
Ste 11City  
CambridgeState  
MAZip Code  
02138-5106FEC ID number of contributing  
federal political committee.

C C00401224

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

39614.71

Date of Receipt

M M / D D / Y Y Y Y Y  
07 28 2026

Transaction ID : AACCF1929C0A04AF2939

Amount of Each Receipt this Period

10.00

☒ Memo Item

Intermediary

Total Earmarked through conduit. PAC limit not  
affected.

Full Name (Last, First, Middle Initial)

Giles-Straight, Carol, , ,

**C.** Mailing Address 1195 Cimarron DriveCity  
Saint LouisState  
MOZip Code  
63132-2103FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Not employedOccupation  
Not employed

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1795.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 29 2026

Transaction ID : AEDC6C95248DA42C2859

Amount of Each Receipt this Period

5.00

☐ Memo Item

Earmark:ActBlue (non-directed)

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

15.00

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

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|                                         |                              |                              |                              |                             |
|-----------------------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d | <input type="checkbox"/> 15 |
| 12                                      | 13a                          | 13b                          | 14                           |                             |

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NAME OF COMMITTEE (In Full)

Committee to Elect Alan Grayson

Full Name (Last, First, Middle Initial)

ActBlue

A.

Mailing Address 14 Arrow St

Ste 11

City

Cambridge

State

MA

Zip Code

02138-5106

FEC ID number of contributing  
federal political committee.

C C00401224

Name of Employer

Occupation

Receipt For: 2026



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

39614.71

Date of Receipt

|     |   |     |   |             |
|-----|---|-----|---|-------------|
| M M | / | D D | / | Y Y Y Y Y Y |
| 07  |   | 29  |   | 2026        |

Transaction ID : A365E26C3831141B1981

Amount of Each Receipt this Period

5.00

☒ Memo Item

Intermediary

Total Earmarked through conduit. PAC limit not affected.

B.

Full Name (Last, First, Middle Initial)

Giles-Straight, Carol, , ,

Mailing Address 1195 Cimarron Drive

City

Saint Louis

State

MO

Zip Code

63132-2103

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Not employed

Not employed

Receipt For: 2026



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

1795.00

Date of Receipt

|     |   |     |   |             |
|-----|---|-----|---|-------------|
| M M | / | D D | / | Y Y Y Y Y Y |
| 07  |   | 29  |   | 2026        |

Transaction ID : AD5D5F4387E4349D9ACC

Amount of Each Receipt this Period

10.00

☐ Memo Item

Earmark:ActBlue (non-directed)

C.

Full Name (Last, First, Middle Initial)

ActBlue

Mailing Address 14 Arrow St

Ste 11

City

Cambridge

State

MA

Zip Code

02138-5106

FEC ID number of contributing  
federal political committee.

C C00401224

Name of Employer

Occupation

Receipt For: 2026



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

39614.71

Date of Receipt

|     |   |     |   |             |
|-----|---|-----|---|-------------|
| M M | / | D D | / | Y Y Y Y Y Y |
| 07  |   | 29  |   | 2026        |

Transaction ID : AAF50804F5F8049CD9DE

Amount of Each Receipt this Period

10.00

☒ Memo Item

Intermediary

Total Earmarked through conduit. PAC limit not affected.

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

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

10.00

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

PAGE 20 OF 410

|                                         |                              |                              |                              |                             |
|-----------------------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d | <input type="checkbox"/> 15 |
| 12                                      | 13a                          | 13b                          | 14                           |                             |

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NAME OF COMMITTEE (In Full)

Committee to Elect Alan Grayson

Full Name (Last, First, Middle Initial)

Gluckman, Bruce, , ,

A.

Mailing Address 21 Courtland Pl

City

Middletown

State

NY

Zip Code

10940-5501

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MediacomOccupation  
attorney

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

300.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 7 |   | 2 | 9 |   | 2 | 0 | 2 | 6 |

Transaction ID : AE8879B85DBD449A8956

Amount of Each Receipt this Period

15.00

☐ Memo Item

Earmark:ActBlue (non-directed)

B.

Full Name (Last, First, Middle Initial)

ActBlue

Mailing Address 14 Arrow St  
Ste 11

City

Cambridge

State

MA

Zip Code

02138-5106

FEC ID number of contributing  
federal political committee.

C C00401224

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

39614.71

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 7 |   | 2 | 9 |   | 2 | 0 | 2 | 6 |

Transaction ID : A30DA31120EA5432C8D9

Amount of Each Receipt this Period

15.00

☒ Memo Item

Intermediary

Total Earmarked through conduit. PAC limit not  
affected.

C.

Full Name (Last, First, Middle Initial)

G, Nancy, , ,

Mailing Address 284 Bellshire Dr.

City

Clarksville

State

TN

Zip Code

37043

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
APSUOccupation  
Librarian

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

270.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 7 |   | 0 | 6 |   | 2 | 0 | 2 | 6 |

Transaction ID : A3AC82977195D406A8C4

Amount of Each Receipt this Period

15.00

☐ Memo Item

Earmark:ActBlue (non-directed)

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

30.00

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

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

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|                                         |                              |                              |                              |                             |
|-----------------------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d | <input type="checkbox"/> 15 |
| 12                                      | 13a                          | 13b                          | 14                           |                             |

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NAME OF COMMITTEE (In Full)

Committee to Elect Alan Grayson

Full Name (Last, First, Middle Initial)

ActBlue

A.

Mailing Address 14 Arrow St

Ste 11

City

Cambridge

State

MA

Zip Code

02138-5106

FEC ID number of contributing  
federal political committee.

C C00401224

Name of Employer

Occupation

Receipt For: 2026



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

39614.71

Date of Receipt

|     |   |     |   |             |
|-----|---|-----|---|-------------|
| M M | / | D D | / | Y Y Y Y Y Y |
| 07  |   | 06  |   | 2026        |

Transaction ID : AE597BCDD0196453B949

Amount of Each Receipt this Period

15.00

☒ Memo Item

Intermediary

Total Earmarked through conduit. PAC limit not affected.

B.

Full Name (Last, First, Middle Initial)

Gouvea, Christopher, , ,

Mailing Address 1609 Woodhue Ave

City

Santa Rosa

State

CA

Zip Code

95403

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self

Occupation

Builder

Receipt For: 2026



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

210.00

Date of Receipt

|     |   |     |   |             |
|-----|---|-----|---|-------------|
| M M | / | D D | / | Y Y Y Y Y Y |
| 07  |   | 20  |   | 2026        |

Transaction ID : AC6190EF9E2B14A508C0

Amount of Each Receipt this Period

10.00

☐ Memo Item

Earmark:ActBlue (non-directed)

C.

Full Name (Last, First, Middle Initial)

ActBlue

Mailing Address 14 Arrow St

Ste 11

City

Cambridge

State

MA

Zip Code

02138-5106

FEC ID number of contributing  
federal political committee.

C C00401224

Name of Employer

Occupation

Receipt For: 2026



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

39614.71

Date of Receipt

|     |   |     |   |             |
|-----|---|-----|---|-------------|
| M M | / | D D | / | Y Y Y Y Y Y |
| 07  |   | 20  |   | 2026        |

Transaction ID : AC74F84FCB2A54CDFA36

Amount of Each Receipt this Period

10.00

☒ Memo Item

Intermediary

Total Earmarked through conduit. PAC limit not affected.

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

10.00

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

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

PAGE 22 OF 410

|                                         |                              |                              |                              |
|-----------------------------------------|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d |
| 12                                      | 13a                          | 13b                          | 14                           |
|                                         |                              |                              | 15                           |

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NAME OF COMMITTEE (In Full)

Committee to Elect Alan Grayson

Full Name (Last, First, Middle Initial)

Guillot III, Robert, , ,

**A.**

Mailing Address 205 North Carolina Ave

City

Carolina Beach

State

NC

Zip Code

28428

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Not employed

Occupation

Not employed

Receipt For: 2018



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

12500.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 7 |   | 0 | 1 |   | 2 | 0 | 2 | 6 |

Transaction ID : AB90F161F054C42849A4

Amount of Each Receipt this Period

2700.00



Memo Item

DEBT RETIREMENT

**B.**

Full Name (Last, First, Middle Initial)

Guillot III, Robert, , ,

Mailing Address 205 North Carolina Ave

City

Carolina Beach

State

NC

Zip Code

28428

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Not employed

Occupation

Not employed

Receipt For: 2016



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

12500.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 7 |   | 0 | 1 |   | 2 | 0 | 2 | 6 |

Transaction ID : A7C14B88951D44891B8F

Amount of Each Receipt this Period

2700.00



Memo Item

DEBT RETIREMENT

**C.**

Full Name (Last, First, Middle Initial)

Guillot III, Robert, , ,

Mailing Address 205 North Carolina Ave

City

Carolina Beach

State

NC

Zip Code

28428

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Not employed

Occupation

Not employed

Receipt For: 2014



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

12500.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 7 |   | 0 | 1 |   | 2 | 0 | 2 | 6 |

Transaction ID : A799F207FBEA2490491F

Amount of Each Receipt this Period

1300.00



Memo Item

DEBT RETIREMENT

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

6700.00

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

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

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|                                         |                              |                              |                              |                             |
|-----------------------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d | <input type="checkbox"/> 15 |
| 12                                      | 13a                          | 13b                          | 14                           |                             |

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NAME OF COMMITTEE (In Full)

Committee to Elect Alan Grayson

Full Name (Last, First, Middle Initial)

Guillot III, Robert, , ,

**A.** Mailing Address 205 North Carolina Ave

City

Carolina Beach

State

NC

Zip Code

28428

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Not employed

Occupation

Not employed

Receipt For: 2026



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

12500.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 7 |   | 0 | 1 |   | 2 | 0 | 2 | 6 |

Transaction ID : A180EA61161D34FA2833

Amount of Each Receipt this Period

3000.00



Memo Item

Individual Contribution

**B.** Full Name (Last, First, Middle Initial)  
Guillot III, Robert, , ,  
Mailing Address 205 North Carolina Ave

City

Carolina Beach

State

NC

Zip Code

28428

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Not employed

Occupation

Not employed

Receipt For: 2024



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

12500.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 7 |   | 0 | 1 |   | 2 | 0 | 2 | 6 |

Transaction ID : A1C7635E02E88486FBD3

Amount of Each Receipt this Period

2800.00



Memo Item

DEBT RETIREMENT

**C.** Full Name (Last, First, Middle Initial)  
Guillot Jr., Robert, , ,  
Mailing Address 16 Fortrose Circle

City

Pinehurst

State

NC

Zip Code

28374

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RCG of NC LLC

Occupation

sales

Receipt For: 2016



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

12500.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 7 |   | 0 | 1 |   | 2 | 0 | 2 | 6 |

Transaction ID : A640E89B04E5245C1A0D

Amount of Each Receipt this Period

2700.00



Memo Item

DEBT RETIREMENT

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

8500.00

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

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

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|                                         |                              |                              |                              |                             |
|-----------------------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d | <input type="checkbox"/> 15 |
| 12                                      | 13a                          | 13b                          | 14                           |                             |

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NAME OF COMMITTEE (In Full)

Committee to Elect Alan Grayson

Full Name (Last, First, Middle Initial)

Guillot Jr., Robert, , ,

A.

Mailing Address 16 Fortrose Circle

City

Pinehurst

State

NC

Zip Code

28374

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RCG of NC LLC

Occupation

sales

Receipt For: 2022



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

12500.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 7 |   | 0 | 1 |   | 2 | 0 | 2 | 6 |

Transaction ID : A4D143CE479924D869EE

Amount of Each Receipt this Period

2900.00



Memo Item

DEBT RETIREMENT

B.

Full Name (Last, First, Middle Initial)

Guillot Jr., Robert, , ,

Mailing Address 16 Fortrose Circle

City

Pinehurst

State

NC

Zip Code

28374

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RCG of NC LLC

Occupation

sales

Receipt For: 2024



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

12500.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 7 |   | 0 | 1 |   | 2 | 0 | 2 | 6 |

Transaction ID : A8FF4B272C376425EB3C

Amount of Each Receipt this Period

1200.00



Memo Item

DEBT RETIREMENT

C.

Full Name (Last, First, Middle Initial)

Guillot Jr., Robert, , ,

Mailing Address 16 Fortrose Circle

City

Pinehurst

State

NC

Zip Code

28374

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RCG of NC LLC

Occupation

sales

Receipt For: 2018



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

12500.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 7 |   | 0 | 1 |   | 2 | 0 | 2 | 6 |

Transaction ID : A686170B4B3074E328B4

Amount of Each Receipt this Period

2700.00



Memo Item

DEBT RETIREMENT

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

6800.00

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



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

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|                                         |                              |                              |                              |                             |
|-----------------------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d | <input type="checkbox"/> 15 |
| 12                                      | 13a                          | 13b                          | 14                           |                             |

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NAME OF COMMITTEE (In Full)

Committee to Elect Alan Grayson

Full Name (Last, First, Middle Initial)

Guillot Jr., Robert, , ,

A.

Mailing Address 16 Fortrose Circle

City

Pinehurst

State

NC

Zip Code

28374

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RCG of NC LLC

Occupation

sales

Receipt For: 2026



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

12500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 01 / 2026D D / Y Y Y Y Y  
01 / 2026Y Y Y Y Y  
2026

Transaction ID : A70D502FBB2D94DF1B59

Amount of Each Receipt this Period

3000.00



Memo Item

Individual Contribution

B.

Full Name (Last, First, Middle Initial)

Hart, Cynthia, , ,

Mailing Address 13303 Summertime Ln

City

Culver City

State

CA

Zip Code

90230

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NHM

Occupation

Accountant

Receipt For: 2026



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

525.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 24 / 2026D D / Y Y Y Y Y  
24 / 2026Y Y Y Y Y  
2026

Transaction ID : AD7EC1898C2AD47249E2

Amount of Each Receipt this Period

25.00



Memo Item

Earmark:ActBlue (non-directed)

C.

Full Name (Last, First, Middle Initial)

ActBlue

Mailing Address 14 Arrow St  
Ste 11

City

Cambridge

State

MA

Zip Code

02138-5106

FEC ID number of contributing  
federal political committee.

C

C00401224

Name of Employer

Occupation

Receipt For: 2026



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

39614.71

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 24 / 2026D D / Y Y Y Y Y  
24 / 2026Y Y Y Y Y  
2026

Transaction ID : A0D3BBD2A72F8485B97E

Amount of Each Receipt this Period

25.00



Memo Item

Intermediary

Total Earmarked through conduit. PAC limit not  
affected.

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

3025.00

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

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

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|                                         |                              |                              |                              |                             |
|-----------------------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d | <input type="checkbox"/> 15 |
| 12                                      | 13a                          | 13b                          | 14                           |                             |

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NAME OF COMMITTEE (In Full)

Committee to Elect Alan Grayson

Full Name (Last, First, Middle Initial)

Hiraga, Alison, , ,

A.

Mailing Address 2115 Broderick St

City

San Francisco

State

CA

Zip Code

94115

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Not employed

Occupation

Not employed

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

404.80

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 7 |   | 2 | 8 |   | 2 | 0 | 2 | 6 |

Transaction ID : A0E9B1E9750BC4FD2968

Amount of Each Receipt this Period

20.24

☐ Memo Item

Earmark:ActBlue (non-directed)

B.

Full Name (Last, First, Middle Initial)

ActBlue

Mailing Address 14 Arrow St  
Ste 11

City

Cambridge

State

MA

Zip Code

02138-5106

FEC ID number of contributing  
federal political committee.

C

C00401224

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

39614.71

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 7 |   | 2 | 8 |   | 2 | 0 | 2 | 6 |

Transaction ID : A2FB04CC298494BAE825

Amount of Each Receipt this Period

20.24

☒ Memo Item

Intermediary

Total Earmarked through conduit. PAC limit not  
affected.

C.

Full Name (Last, First, Middle Initial)

Juhlin, David, , ,

Mailing Address 10606 20th Pl W

City

Everett

State

WA

Zip Code

98204

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Not employed

Occupation

Not employed

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

210.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 7 |   | 2 | 3 |   | 2 | 0 | 2 | 6 |

Transaction ID : A109DC504E9EF40CAB55

Amount of Each Receipt this Period

10.00

☐ Memo Item

Earmark:ActBlue (non-directed)

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

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

30.24

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

PAGE 27 OF 410

|                                         |                              |                              |                              |                             |
|-----------------------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d | <input type="checkbox"/> 15 |
| 12                                      | 13a                          | 13b                          | 14                           |                             |

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NAME OF COMMITTEE (In Full)

Committee to Elect Alan Grayson

Full Name (Last, First, Middle Initial)

ActBlue

A.

Mailing Address 14 Arrow St

Ste 11

City

Cambridge

State

MA

Zip Code

02138-5106

FEC ID number of contributing  
federal political committee.

C C00401224

Name of Employer

Occupation

Receipt For: 2026



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

39614.71

Date of Receipt

|     |   |     |   |             |
|-----|---|-----|---|-------------|
| M M | / | D D | / | Y Y Y Y Y Y |
| 07  |   | 23  |   | 2026        |

Transaction ID : ADC1EEBB2988D40029E7

Amount of Each Receipt this Period

10.00

☒ Memo Item

Intermediary

Total Earmarked through conduit. PAC limit not affected.

B.

Full Name (Last, First, Middle Initial)

Kohler, Cecilia, , ,

Mailing Address 321 Satus St

City

Richland

State

WA

Zip Code

99352

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Not employed

Not employed

Receipt For: 2026



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

504.00

Date of Receipt

|     |   |     |   |             |
|-----|---|-----|---|-------------|
| M M | / | D D | / | Y Y Y Y Y Y |
| 07  |   | 24  |   | 2026        |

Transaction ID : AEACB98687CBC450B8CA

Amount of Each Receipt this Period

24.00

☐ Memo Item

Earmark:ActBlue (non-directed)

C.

Full Name (Last, First, Middle Initial)

ActBlue

Mailing Address 14 Arrow St

Ste 11

City

Cambridge

State

MA

Zip Code

02138-5106

FEC ID number of contributing  
federal political committee.

C C00401224

Name of Employer

Occupation

Receipt For: 2026



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

39614.71

Date of Receipt

|     |   |     |   |             |
|-----|---|-----|---|-------------|
| M M | / | D D | / | Y Y Y Y Y Y |
| 07  |   | 24  |   | 2026        |

Transaction ID : ACDFB7C78E4F244738EF

Amount of Each Receipt this Period

24.00

☒ Memo Item

Intermediary

Total Earmarked through conduit. PAC limit not affected.

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

24.00

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

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

PAGE 28 OF 410

|                                         |                              |                              |                              |                             |
|-----------------------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d | <input type="checkbox"/> 15 |
| 12                                      | 13a                          | 13b                          | 14                           |                             |

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NAME OF COMMITTEE (In Full)

Committee to Elect Alan Grayson

Full Name (Last, First, Middle Initial)

Lessne, Dana, , ,

A.

Mailing Address 12617 Broleman Rd

City  
OrlandoState  
FLZip Code  
32832FEC ID number of contributing  
federal political committee.

C

Name of Employer  
selfOccupation  
Counselor

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

633.27

Date of Receipt

M M / D D / Y Y Y Y Y  
07 04 2026

Transaction ID : A61C44F8660B7481ABAE

Amount of Each Receipt this Period

33.33

☐ Memo Item

Earmark:ActBlue (non-directed)

B.

Full Name (Last, First, Middle Initial)  
ActBlueMailing Address 14 Arrow St  
Ste 11City  
CambridgeState  
MAZip Code  
02138-5106FEC ID number of contributing  
federal political committee.

C C00401224

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

39614.71

Date of Receipt

M M / D D / Y Y Y Y Y  
07 04 2026

Transaction ID : A8FADED9CD741470D9F1

Amount of Each Receipt this Period

33.33

☒ Memo Item

Intermediary

Total Earmarked through conduit. PAC limit not  
affected.

C.

Full Name (Last, First, Middle Initial)  
MacIntire, Douglas, , ,

Mailing Address 73450 Country Club Dr Spc 336

City  
Palm DesertState  
CAZip Code  
92260FEC ID number of contributing  
federal political committee.

C

Name of Employer  
College of the DesertOccupation  
professor

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 27 2026

Transaction ID : A0A690BA2F6A44C5C878

Amount of Each Receipt this Period

15.00

☐ Memo Item

Earmark:ActBlue (non-directed)

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

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

48.33

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

PAGE 29 OF 410

|                                         |                              |                              |                              |                             |
|-----------------------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d | <input type="checkbox"/> 15 |
| 12                                      | 13a                          | 13b                          | 14                           |                             |

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NAME OF COMMITTEE (In Full)

Committee to Elect Alan Grayson

Full Name (Last, First, Middle Initial)

ActBlue

A.

Mailing Address 14 Arrow St

Ste 11

City

Cambridge

State

MA

Zip Code

02138-5106

FEC ID number of contributing  
federal political committee.

C C00401224

Name of Employer

Occupation

Receipt For: 2026



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

39614.71

Date of Receipt

|     |   |     |   |             |
|-----|---|-----|---|-------------|
| M M | / | D D | / | Y Y Y Y Y Y |
| 07  |   | 27  |   | 2026        |

Transaction ID : AC672D01830E6498DBA8

Amount of Each Receipt this Period

15.00

☒ Memo Item

Intermediary

Total Earmarked through conduit. PAC limit not  
affected.

B.

Full Name (Last, First, Middle Initial)

Masson, Bobette, , ,

Mailing Address 1 Stuyvesant Oval - 5C

City

New York

State

NY

Zip Code

10009

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Not employed

Not employed

Receipt For: 2026



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

784.80

Date of Receipt

|     |   |     |   |             |
|-----|---|-----|---|-------------|
| M M | / | D D | / | Y Y Y Y Y Y |
| 07  |   | 10  |   | 2026        |

Transaction ID : AE26DB3F879724E5FAB7

Amount of Each Receipt this Period

20.24

☐ Memo Item

Earmark:ActBlue (non-directed)

C.

Full Name (Last, First, Middle Initial)

ActBlue

Mailing Address 14 Arrow St

Ste 11

City

Cambridge

State

MA

Zip Code

02138-5106

FEC ID number of contributing  
federal political committee.

C C00401224

Name of Employer

Occupation

Receipt For: 2026



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

39614.71

Date of Receipt

|     |   |     |   |             |
|-----|---|-----|---|-------------|
| M M | / | D D | / | Y Y Y Y Y Y |
| 07  |   | 10  |   | 2026        |

Transaction ID : A410C979CEC2046F0AAF

Amount of Each Receipt this Period

20.24

☒ Memo Item

Intermediary

Total Earmarked through conduit. PAC limit not  
affected.

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

20.24

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

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:  
(check only one)

PAGE 30 OF 410

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

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NAME OF COMMITTEE (In Full)

**Committee to Elect Alan Grayson**

Full Name (Last, First, Middle Initial)

Masson, Bobette, , ,

**A.** Mailing Address 1 Stuyvesant Oval - 5C

City  
New York

State  
NY

Zip Code  
10009

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Not employed

Occupation  
Not employed

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

804.80

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 23 2026

Transaction ID : A5D652A7460E544079A6

Amount of Each Receipt this Period

20.00

☐ Memo Item

Earmark:ActBlue (non-directed)

Full Name (Last, First, Middle Initial)

ActBlue

**B.** Mailing Address 14 Arrow St  
Ste 11

City  
Cambridge

State  
MA

Zip Code  
02138-5106

FEC ID number of contributing  
federal political committee.

C C00401224

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

39614.71

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 23 2026

Transaction ID : AB2D2CB35467D4348A48

Amount of Each Receipt this Period

20.00

☒ Memo Item

Intermediary

Total Earmarked through conduit. PAC limit not affected.

Full Name (Last, First, Middle Initial)

Meyer Simon, Diane, , ,

**C.** Mailing Address 1570 East Mountain Drive

City  
Santa Barbara

State  
CA

Zip Code  
93108

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Global Green USA

Occupation  
Environmental Consultant

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

404.40

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 14 2026

Transaction ID : A5AD16F0F3F5C4294B23

Amount of Each Receipt this Period

20.22

☐ Memo Item

Earmark:ActBlue (non-directed)

**SUBTOTAL** of Receipts This Page (optional)..... ►

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

40.22

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

PAGE 31 OF 410

|                                         |                              |                              |                              |                             |
|-----------------------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d | <input type="checkbox"/> 15 |
| 12                                      | 13a                          | 13b                          | 14                           |                             |

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NAME OF COMMITTEE (In Full)

Committee to Elect Alan Grayson

Full Name (Last, First, Middle Initial)

ActBlue

A.

Mailing Address 14 Arrow St

Ste 11

City

Cambridge

State

MA

Zip Code

02138-5106

FEC ID number of contributing  
federal political committee.

C C00401224

Name of Employer

Occupation

Receipt For: 2026



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

39614.71

Date of Receipt

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

Transaction ID : A04C281A82E0540D2906

Amount of Each Receipt this Period

20.22

☒ Memo Item

Intermediary

Total Earmarked through conduit. PAC limit not  
affected.

B.

Full Name (Last, First, Middle Initial)

Nickerson, Norma, , ,

Mailing Address 11025 highway 441 s

City

micanopy

State

FL

Zip Code

32667

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Not employed

Not employed

Receipt For: 2026



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

456.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 7 |   | 0 | 2 |   | 2 | 0 | 2 | 6 |

Transaction ID : A5F4AE396C1E64D60AD4

Amount of Each Receipt this Period

24.00

☐ Memo Item

Earmark:ActBlue (non-directed)

C.

Full Name (Last, First, Middle Initial)

ActBlue

Mailing Address 14 Arrow St

Ste 11

City

Cambridge

State

MA

Zip Code

02138-5106

FEC ID number of contributing  
federal political committee.

C C00401224

Name of Employer

Occupation

Receipt For: 2026



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

39614.71

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 7 |   | 0 | 2 |   | 2 | 0 | 2 | 6 |

Transaction ID : A0FD60E71D5F84615B7E

Amount of Each Receipt this Period

24.00

☒ Memo Item

Intermediary

Total Earmarked through conduit. PAC limit not  
affected.

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

24.00

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

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

PAGE 32 OF 410

|                                         |                              |                              |                              |                             |
|-----------------------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d | <input type="checkbox"/> 15 |
| 12                                      | 13a                          | 13b                          | 14                           |                             |

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NAME OF COMMITTEE (In Full)

Committee to Elect Alan Grayson

Full Name (Last, First, Middle Initial)

Pollock, Paul, , ,

Mailing Address P.O.B. 251422

City

Los Angeles

State

CA

Zip Code

90025

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Not employed

Occupation

Not employed

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 7 |   | 1 | 7 |   | 2 | 0 | 2 | 6 |

Transaction ID : A365F92D14CBD43C594A

Amount of Each Receipt this Period

25.00

☐ Memo Item

Earmark:ActBlue (non-directed)

Full Name (Last, First, Middle Initial)

ActBlue

Mailing Address 14 Arrow St  
Ste 11

City

Cambridge

State

MA

Zip Code

02138-5106

FEC ID number of contributing  
federal political committee.

C C00401224

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

39614.71

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 7 |   | 1 | 7 |   | 2 | 0 | 2 | 6 |

Transaction ID : AC4F7961876794427B65

Amount of Each Receipt this Period

25.00

☒ Memo Item

Intermediary

Total Earmarked through conduit. PAC limit not  
affected.

Full Name (Last, First, Middle Initial)

Raymond, Bonnie, , ,

Mailing Address 92 Chopp's Cross Rd

City

Woolwich

State

ME

Zip Code

04579-4130

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Not employed

Occupation

Not employed

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

404.80

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 7 |   | 2 | 1 |   | 2 | 0 | 2 | 6 |

Transaction ID : A0160377B49704E8BACC

Amount of Each Receipt this Period

20.24

☐ Memo Item

Earmark:ActBlue (non-directed)

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

45.24

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



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

PAGE 33 OF 410

|                                         |                              |                              |                              |                             |
|-----------------------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d | <input type="checkbox"/> 15 |
| 12                                      | 13a                          | 13b                          | 14                           |                             |

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NAME OF COMMITTEE (In Full)

Committee to Elect Alan Grayson

Full Name (Last, First, Middle Initial)

ActBlue

A.

Mailing Address 14 Arrow St

Ste 11

City

Cambridge

State

MA

Zip Code

02138-5106

FEC ID number of contributing  
federal political committee.

C C00401224

Name of Employer

Occupation

Receipt For: 2026



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

39614.71

Date of Receipt

|     |   |     |   |             |
|-----|---|-----|---|-------------|
| M M | / | D D | / | Y Y Y Y Y Y |
| 07  |   | 21  |   | 2026        |

Transaction ID : AACE125F2AA994AC5AF7

Amount of Each Receipt this Period

20.24

☒ Memo Item

Intermediary

Total Earmarked through conduit. PAC limit not affected.

B.

Full Name (Last, First, Middle Initial)

scroggins, frank, , ,

Mailing Address 600 s. dixie hwy # 329

City

west palm beach

State

FL

Zip Code

33401

FEC ID number of contributing  
federal political committee.

C

Name of Employer

newbridge securities

Occupation

bond trader

Receipt For: 2026



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

384.56

Date of Receipt

|     |   |     |   |             |
|-----|---|-----|---|-------------|
| M M | / | D D | / | Y Y Y Y Y Y |
| 07  |   | 26  |   | 2026        |

Transaction ID : AE87D87E940434C769F3

Amount of Each Receipt this Period

20.24

☐ Memo Item

Earmark:ActBlue (non-directed)

C.

Full Name (Last, First, Middle Initial)

ActBlue

Mailing Address 14 Arrow St

Ste 11

City

Cambridge

State

MA

Zip Code

02138-5106

FEC ID number of contributing  
federal political committee.

C C00401224

Name of Employer

Occupation

Receipt For: 2026



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

39614.71

Date of Receipt

|     |   |     |   |             |
|-----|---|-----|---|-------------|
| M M | / | D D | / | Y Y Y Y Y Y |
| 07  |   | 26  |   | 2026        |

Transaction ID : A858A1FE4FFAE4804BFD

Amount of Each Receipt this Period

20.24

☒ Memo Item

Intermediary

Total Earmarked through conduit. PAC limit not affected.

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

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

20.24

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

PAGE 34 OF 410

|                                         |                              |                              |                              |                             |
|-----------------------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d | <input type="checkbox"/> 15 |
| 12                                      | 13a                          | 13b                          | 14                           |                             |

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NAME OF COMMITTEE (In Full)

Committee to Elect Alan Grayson

Full Name (Last, First, Middle Initial)

Shippen, Sam, , ,

A.

Mailing Address 37 Ortega dr

City

Newbury Park

State

CA

Zip Code

91320

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Richard Carpenter

Occupation

handyman

Receipt For: 2026



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

315.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 7 |   | 2 | 1 |   | 2 | 0 | 6 |   |

Transaction ID : A98229346C8D746EC8D1

Amount of Each Receipt this Period

15.00



Memo Item

Earmark:ActBlue (non-directed)

B.

Full Name (Last, First, Middle Initial)

ActBlue

Mailing Address 14 Arrow St  
Ste 11

City

Cambridge

State

MA

Zip Code

02138-5106

FEC ID number of contributing  
federal political committee.

C

C00401224

Name of Employer

Occupation

Receipt For: 2026



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

39614.71

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 7 |   | 2 | 1 |   | 2 | 0 | 6 |   |

Transaction ID : A71DEEFB1874946C6B58

Amount of Each Receipt this Period

15.00



Memo Item

Intermediary

Total Earmarked through conduit. PAC limit not  
affected.

C.

Full Name (Last, First, Middle Initial)

Sibley, Sally, , ,

Mailing Address 3604 Landon Court

City

Fairfax

State

VA

Zip Code

22031

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Not employed

Occupation

Not employed

Receipt For: 2026



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

404.80

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 7 |   | 1 | 2 |   | 2 | 0 | 6 |   |

Transaction ID : A75D81952E3CE4147BE7

Amount of Each Receipt this Period

20.24



Memo Item

Earmark:ActBlue (non-directed)

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

35.24

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

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

PAGE 35 OF 410

|                                         |                              |                              |                              |                             |
|-----------------------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d | <input type="checkbox"/> 15 |
| 12                                      | 13a                          | 13b                          | 14                           |                             |

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NAME OF COMMITTEE (In Full)

Committee to Elect Alan Grayson

Full Name (Last, First, Middle Initial)

ActBlue

A.

Mailing Address 14 Arrow St

Ste 11

City

Cambridge

State

MA

Zip Code

02138-5106

FEC ID number of contributing  
federal political committee.

C C00401224

Name of Employer

Occupation

Receipt For: 2026



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

39614.71

Date of Receipt

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 07  |   | 12  |   | 2026    |

Transaction ID : AB658347C986446E4B44

Amount of Each Receipt this Period

20.24

☒ Memo Item

Intermediary

Total Earmarked through conduit. PAC limit not affected.

B.

Full Name (Last, First, Middle Initial)

Solomon, Louis, , ,

Mailing Address 7902 SW 45 th Lane

City

Gainesville

State

FL

Zip Code

32608

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

UF

physician

Receipt For: 2026



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

1950.00

Date of Receipt

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 07  |   | 01  |   | 2026    |

Transaction ID : AB12DD37CD9894760AE6

Amount of Each Receipt this Period

50.00

☐ Memo Item

Earmark:ActBlue (non-directed)

C.

Full Name (Last, First, Middle Initial)

ActBlue

Mailing Address 14 Arrow St

Ste 11

City

Cambridge

State

MA

Zip Code

02138-5106

FEC ID number of contributing  
federal political committee.

C C00401224

Name of Employer

Occupation

Receipt For: 2026



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

39614.71

Date of Receipt

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 07  |   | 01  |   | 2026    |

Transaction ID : ADF66234BACF04437870

Amount of Each Receipt this Period

50.00

☒ Memo Item

Intermediary

Total Earmarked through conduit. PAC limit not affected.

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

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

50.00

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

PAGE 36 OF 410

|                                         |                              |                              |                              |                             |
|-----------------------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d | <input type="checkbox"/> 15 |
| 12                                      | 13a                          | 13b                          | 14                           |                             |

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NAME OF COMMITTEE (In Full)

Committee to Elect Alan Grayson

Full Name (Last, First, Middle Initial)

Solomon, Louis, , ,

A. Mailing Address 7902 SW 45 th Lane

City

Gainesville

State

FL

Zip Code

32608

FEC ID number of contributing  
federal political committee.

C

Name of Employer

UF

Occupation  
physician

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

Date of Receipt

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 07  |   | 24  |   | 2026    |

Transaction ID : AEFF9C609ABE44F14A14

Amount of Each Receipt this Period

50.00

☐ Memo Item

Earmark:ActBlue (non-directed)

B. Full Name (Last, First, Middle Initial)  
ActBlueMailing Address 14 Arrow St  
Ste 11

City

Cambridge

State

MA

Zip Code

02138-5106

FEC ID number of contributing  
federal political committee.

C C00401224

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

39614.71

Date of Receipt

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 07  |   | 24  |   | 2026    |

Transaction ID : A3F97256C417048229EB

Amount of Each Receipt this Period

50.00

☒ Memo Item

Intermediary

Total Earmarked through conduit. PAC limit not  
affected.C. Full Name (Last, First, Middle Initial)  
Stefans, Vikki, , ,

Mailing Address 11700 Birchwood Drive

City

Little Rock

State

AR

Zip Code

72211

FEC ID number of contributing  
federal political committee.

C

Name of Employer

UAMS

Occupation

Academic pediatric physiatrist

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

210.00

Date of Receipt

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 07  |   | 16  |   | 2026    |

Transaction ID : A52EE247F4C504FD2B24

Amount of Each Receipt this Period

10.00

☐ Memo Item

Earmark:ActBlue (non-directed)

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

60.00

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

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

PAGE 37 OF 410

|                                         |                              |                              |                              |                             |
|-----------------------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d | <input type="checkbox"/> 15 |
| 12                                      | 13a                          | 13b                          | 14                           |                             |

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NAME OF COMMITTEE (In Full)

Committee to Elect Alan Grayson

Full Name (Last, First, Middle Initial)

ActBlue

A.

Mailing Address 14 Arrow St

Ste 11

City

Cambridge

State

MA

Zip Code

02138-5106

FEC ID number of contributing  
federal political committee.

C C00401224

Name of Employer

Occupation

Receipt For: 2026



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

39614.71

Date of Receipt

|     |   |     |   |             |
|-----|---|-----|---|-------------|
| M M | / | D D | / | Y Y Y Y Y Y |
| 07  |   | 16  |   | 2026        |

Transaction ID : AA60DF4FBEC6848EABC3

Amount of Each Receipt this Period

10.00

☒ Memo Item

Intermediary

Total Earmarked through conduit. PAC limit not affected.

B.

Full Name (Last, First, Middle Initial)

Taliesin, Ceridwen, , ,

Mailing Address 205 Deer Park Ave.

City

Temple Terrace

State

FL

Zip Code

33617

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Not employed

Not employed

Receipt For: 2026



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

425.04

Date of Receipt

|     |   |     |   |             |
|-----|---|-----|---|-------------|
| M M | / | D D | / | Y Y Y Y Y Y |
| 07  |   | 15  |   | 2026        |

Transaction ID : AE02EB9A378394F6786E

Amount of Each Receipt this Period

20.24

☐ Memo Item

Earmark:ActBlue (non-directed)

C.

Full Name (Last, First, Middle Initial)

ActBlue

Mailing Address 14 Arrow St

Ste 11

City

Cambridge

State

MA

Zip Code

02138-5106

FEC ID number of contributing  
federal political committee.

C C00401224

Name of Employer

Occupation

Receipt For: 2026



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

39614.71

Date of Receipt

|     |   |     |   |             |
|-----|---|-----|---|-------------|
| M M | / | D D | / | Y Y Y Y Y Y |
| 07  |   | 15  |   | 2026        |

Transaction ID : ACC5FCBF9281C44EC997

Amount of Each Receipt this Period

20.24

☒ Memo Item

Intermediary

Total Earmarked through conduit. PAC limit not affected.

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

20.24

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

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

PAGE 38 OF 410

|                                         |                              |                              |                              |                             |
|-----------------------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d | <input type="checkbox"/> 15 |
| 12                                      | 13a                          | 13b                          | 14                           |                             |

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NAME OF COMMITTEE (In Full)

Committee to Elect Alan Grayson

Full Name (Last, First, Middle Initial)

Tzoumas Montori, Marsha, , ,

A.

Mailing Address P.O. Box 467

City

Russell

State

MA

Zip Code

01071

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Not employed

Occupation

Not employed

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

480.00

Date of Receipt

|     |   |     |   |             |
|-----|---|-----|---|-------------|
| M M | / | D D | / | Y Y Y Y Y Y |
| 07  |   | 09  |   | 2026        |

Transaction ID : A76D0FF0376B649298DA

Amount of Each Receipt this Period

24.00

☐ Memo Item

Earmark:ActBlue (non-directed)

B.

Full Name (Last, First, Middle Initial)

ActBlue

Mailing Address 14 Arrow St  
Ste 11

City

Cambridge

State

MA

Zip Code

02138-5106

FEC ID number of contributing  
federal political committee.

C C00401224

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

39614.71

Date of Receipt

|     |   |     |   |             |
|-----|---|-----|---|-------------|
| M M | / | D D | / | Y Y Y Y Y Y |
| 07  |   | 09  |   | 2026        |

Transaction ID : AB8B4AABA40404F25A4B

Amount of Each Receipt this Period

24.00

☒ Memo Item

Intermediary

Total Earmarked through conduit. PAC limit not affected.

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 Y |
|     |   |     |   |             |

Amount of Each Receipt this Period

☐ Memo Item

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

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

24.00

25826.93

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

PAGE 39 OF 410

|                              |                              |                                         |                              |
|------------------------------|------------------------------|-----------------------------------------|------------------------------|
| <input type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input checked="" type="checkbox"/> 11c | <input type="checkbox"/> 11d |
| 12                           | 13a                          | 13b                                     | 14                           |
|                              |                              |                                         | 15                           |

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NAME OF COMMITTEE (In Full)

Committee to Elect Alan Grayson

Full Name (Last, First, Middle Initial)

IDT Corp PAC ('IDT PAC')

A.

Mailing Address 520 Broad Street

City  
NewarkState  
NJZip Code  
07102-3121FEC ID number of contributing  
federal political committee.

C C00367383

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 15 2026

Transaction ID : A99CFB61D41C040F0BBE

Amount of Each Receipt this Period

5000.00

☐ Memo Item

Contribution from federal PAC

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)..... ▶

5000.00

5000.00

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

PAGE 40 OF 410

|                              |                                         |                              |                              |                             |
|------------------------------|-----------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input type="checkbox"/> 11a | <input type="checkbox"/> 11b            | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d | <input type="checkbox"/> 15 |
| <input type="checkbox"/> 12  | <input checked="" type="checkbox"/> 13a | <input type="checkbox"/> 13b | <input type="checkbox"/> 14  | <input type="checkbox"/> 15 |

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NAME OF COMMITTEE (In Full)

Committee to Elect Alan Grayson

Full Name (Last, First, Middle Initial)

Grayson, Alan Mark, , ,

Mailing Address 8419 Oak Park Rd

City  
OrlandoState  
FLZip Code  
32819-3240FEC ID number of contributing  
federal political committee.

C H6FL08213

Name of Employer  
SelfOccupation  
Candidate

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

242602.42

Date of Receipt

M M / D D / Y Y Y Y Y  
07 01 2026

Transaction ID : A5CD7D7AE76334020906

Amount of Each Receipt this Period

40000.00

☐ Memo Item

Loan made from personal funds

Full Name (Last, First, Middle Initial)

Grayson, Alan Mark, , ,

Mailing Address 8419 Oak Park Rd

City  
OrlandoState  
FLZip Code  
32819-3240FEC ID number of contributing  
federal political committee.

C H6FL08213

Name of Employer  
SelfOccupation  
Candidate

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

262602.42

Date of Receipt

M M / D D / Y Y Y Y Y  
07 10 2026

Transaction ID : AAECD6326556A4A33916

Amount of Each Receipt this Period

20000.00

☐ Memo Item

Loan made from personal funds

Full Name (Last, First, Middle Initial)

Grayson, Alan Mark, , ,

Mailing Address 8419 Oak Park Rd

City  
OrlandoState  
FLZip Code  
32819-3240FEC ID number of contributing  
federal political committee.

C H6FL08213

Name of Employer  
SelfOccupation  
Candidate

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

287602.42

Date of Receipt

M M / D D / Y Y Y Y Y  
07 17 2026

Transaction ID : AE0AC714B81DB434DB8B

Amount of Each Receipt this Period

25000.00

☐ Memo Item

Loan made from personal funds

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

85000.00

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



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

PAGE 41 OF 410

|                              |                                         |                              |                              |                             |
|------------------------------|-----------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input type="checkbox"/> 11a | <input type="checkbox"/> 11b            | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d | <input type="checkbox"/> 15 |
| <input type="checkbox"/> 12  | <input checked="" type="checkbox"/> 13a | <input type="checkbox"/> 13b | <input type="checkbox"/> 14  | <input type="checkbox"/> 15 |

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NAME OF COMMITTEE (In Full)

Committee to Elect Alan Grayson

Full Name (Last, First, Middle Initial)

Grayson, Alan Mark, , ,

**A.**

Mailing Address 8419 Oak Park Rd

City  
OrlandoState  
FLZip Code  
32819-3240FEC ID number of contributing  
federal political committee.

C H6FL08213

Name of Employer  
SelfOccupation  
Candidate

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

337602.42

Date of Receipt

|     |     |         |
|-----|-----|---------|
| M M | D D | Y Y Y Y |
| 07  | 22  | 2026    |

Transaction ID : A9E4BA056363441DEB87

Amount of Each Receipt this Period

50000.00

☐ Memo Item

Loan made from personal funds

**B.**

Full Name (Last, First, Middle Initial)

Grayson, Alan Mark, , ,

Mailing Address 8419 Oak Park Rd

City  
OrlandoState  
FLZip Code  
32819-3240FEC ID number of contributing  
federal political committee.

C H6FL08213

Name of Employer  
SelfOccupation  
Candidate

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

347551.89

Date of Receipt

|     |     |         |
|-----|-----|---------|
| M M | D D | Y Y Y Y |
| 07  | 28  | 2026    |

Transaction ID : A6A8376A4A8024771B1C

Amount of Each Receipt this Period

9949.47

☐ Memo Item

Loan received from personal funds

**C.**

Full Name (Last, First, Middle Initial)

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt

|     |     |         |
|-----|-----|---------|
| M M | D D | Y Y Y Y |
|     |     |         |

Amount of Each Receipt this Period

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

59949.47

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

144949.47

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

PAGE 42 OF 410

|                                        |                              |                              |                              |
|----------------------------------------|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18  | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a           | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21  |

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NAME OF COMMITTEE (In Full)

Committee to Elect Alan Grayson

Full Name (Last, First, Middle Initial)

**A. ActBlue**Mailing Address 14 Arrow St  
Ste 11City  
CambridgeState  
MAZip Code  
02138-5106Purpose of Disbursement  
Bankcard processing fees

003

Candidate Name  
ActBlueCategory/  
Type

Office Sought:

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For: 2026

|                                     |                   |                          |         |
|-------------------------------------|-------------------|--------------------------|---------|
| <input checked="" type="checkbox"/> | Primary           | <input type="checkbox"/> | General |
| <input type="checkbox"/>            | Other (specify) ▼ |                          |         |

State:

District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 7 |   | 2 | 9 |   | 2 | 0 | 2 | 6 |

FEC Identification Number

C C00401224

Amount of Each Disbursement this Period

41.32

Transaction ID : B41A248E5536C4D8E822

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Aristotle**

Mailing Address 205 Pennsylvania Ave, SE

City  
WashingtonState  
DCZip Code  
20003-1164Purpose of Disbursement  
Compliance software

001

Candidate Name

Category/  
Type

Office Sought:

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For: 2026

|                                     |                   |                          |         |
|-------------------------------------|-------------------|--------------------------|---------|
| <input checked="" type="checkbox"/> | Primary           | <input type="checkbox"/> | General |
| <input type="checkbox"/>            | Other (specify) ▼ |                          |         |

State:

District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 5 |   | 0 | 8 |   | 2 | 0 | 2 | 5 |

FEC Identification Number

C

Amount of Each Disbursement this Period

450.00

Transaction ID : BF92EDF7C798D415AB47

☒ Memo Item

Full Name (Last, First, Middle Initial)

**C. Aristotle**

Mailing Address 205 Pennsylvania Ave, SE

City  
WashingtonState  
DCZip Code  
20003-1164Purpose of Disbursement  
Compliance software

001

Candidate Name

Category/  
Type

Office Sought:

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For: 2026

|                                     |                   |                          |         |
|-------------------------------------|-------------------|--------------------------|---------|
| <input checked="" type="checkbox"/> | Primary           | <input type="checkbox"/> | General |
| <input type="checkbox"/>            | Other (specify) ▼ |                          |         |

State:

District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 9 |   | 0 | 8 |   | 2 | 0 | 2 | 5 |

FEC Identification Number

C

Amount of Each Disbursement this Period

450.00

Transaction ID : B8ACFBBAE62D64C14B52

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

41.32

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

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

PAGE 43 OF 410

|                                        |                             |                              |                              |
|----------------------------------------|-----------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18 | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| 20a                                    | 20b                         | 20c                          | 21                           |

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NAME OF COMMITTEE (In Full)

Committee to Elect Alan Grayson

Full Name (Last, First, Middle Initial)

**A. Aristotle**

Mailing Address 205 Pennsylvania Ave, SE

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 02  |   | 08  |   | 2025    |

City  
WashingtonState  
DCZip Code  
20003-1164

FEC Identification Number

C

Purpose of Disbursement  
Compliance software

001

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

2000.00

Transaction ID : B2D3BF998B8CE4945A07

☒ Memo Item

Office Sought:

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For: 2026

|                                             |                                  |
|---------------------------------------------|----------------------------------|
| <input checked="" type="checkbox"/> Primary | <input type="checkbox"/> General |
| <input type="checkbox"/> Other (specify) ▼  |                                  |

State:

District:

Full Name (Last, First, Middle Initial)

**B. Aristotle**

Mailing Address 205 Pennsylvania Ave, SE

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 03  |   | 08  |   | 2025    |

City  
WashingtonState  
DCZip Code  
20003-1164

FEC Identification Number

C

Purpose of Disbursement  
Compliance software

001

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

6000.00

Transaction ID : B2CC32D2EC6AB4AD0944

☒ Memo Item

Office Sought:

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For: 2026

|                                             |                                  |
|---------------------------------------------|----------------------------------|
| <input checked="" type="checkbox"/> Primary | <input type="checkbox"/> General |
| <input type="checkbox"/> Other (specify) ▼  |                                  |

State:

District:

Full Name (Last, First, Middle Initial)

**C. Aristotle**

Mailing Address 205 Pennsylvania Ave, SE

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 01  |   | 08  |   | 2025    |

City  
WashingtonState  
DCZip Code  
20003-1164

FEC Identification Number

C

Purpose of Disbursement  
Compliance software

001

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

2000.00

Transaction ID : BC2C646A3217444A0B7A

☒ Memo Item

Office Sought:

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For: 2026

|                                             |                                  |
|---------------------------------------------|----------------------------------|
| <input checked="" type="checkbox"/> Primary | <input type="checkbox"/> General |
| <input type="checkbox"/> Other (specify) ▼  |                                  |

State:

District:

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

0.00

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

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

PAGE 44 OF 410

|                                        |                             |                              |                              |
|----------------------------------------|-----------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18 | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| 20a                                    | 20b                         | 20c                          | 21                           |

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NAME OF COMMITTEE (In Full)

Committee to Elect Alan Grayson

Full Name (Last, First, Middle Initial)

**A. Alliant Visa**

Mailing Address PO Box 1666

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 7 |   | 0 | 9 |   | 2 | 0 | 2 | 6 |

City  
Des PlainesState  
ILZip Code  
60017-1666

FEC Identification Number

C

Purpose of Disbursement  
CC Interest

001

Candidate Name

Category/  
Type

Office Sought:

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For: 2026

|                                     |                   |                          |         |
|-------------------------------------|-------------------|--------------------------|---------|
| <input checked="" type="checkbox"/> | Primary           | <input type="checkbox"/> | General |
| <input type="checkbox"/>            | Other (specify) ▼ |                          |         |

Amount of Each Disbursement this Period

236.82

Transaction ID : BBDD61F939CF94FF5939

☐ Memo Item

State:

District:

Full Name (Last, First, Middle Initial)

**B. Alliant Visa**

Mailing Address PO Box 1666

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 7 |   | 0 | 9 |   | 2 | 0 | 2 | 6 |

City  
Des PlainesState  
ILZip Code  
60017-1666

FEC Identification Number

C

Purpose of Disbursement  
Outdoor advertising

004

Candidate Name

Category/  
Type

Office Sought:

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For: 2022

|                                     |                   |                          |         |
|-------------------------------------|-------------------|--------------------------|---------|
| <input checked="" type="checkbox"/> | Primary           | <input type="checkbox"/> | General |
| <input type="checkbox"/>            | Other (specify) ▼ |                          |         |

Amount of Each Disbursement this Period

324.18

Transaction ID : BEB82D2828DB34FEFBBA

☐ Memo Item

State:

District:

Full Name (Last, First, Middle Initial)

**C. American Express Gold 2**

Mailing Address PO Box 650448

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 7 |   | 0 | 5 |   | 2 | 0 | 2 | 6 |

City  
DallasState  
TXZip Code  
75265-0448

FEC Identification Number

C

Purpose of Disbursement  
Digital advertising

004

Candidate Name

Category/  
Type

Office Sought:

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For: 2022

|                                     |                   |                          |         |
|-------------------------------------|-------------------|--------------------------|---------|
| <input checked="" type="checkbox"/> | Primary           | <input type="checkbox"/> | General |
| <input type="checkbox"/>            | Other (specify) ▼ |                          |         |

Amount of Each Disbursement this Period

285.45

Transaction ID : BF3A82BC8346D43BFBF9

☐ Memo Item

State:

District:

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

846.45

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

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

PAGE 45 OF 410

|                                        |                              |                              |                              |
|----------------------------------------|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18  | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a           | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21  |

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NAME OF COMMITTEE (In Full)

Committee to Elect Alan Grayson

Full Name (Last, First, Middle Initial)

**A. American Express Gold 2**

Mailing Address PO Box 650448

City  
DallasState  
TXZip Code  
75265-0448Purpose of Disbursement  
CC Interest

001

Candidate Name

Category/  
Type

Office Sought:

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For: 2026

|                                     |                   |                          |         |
|-------------------------------------|-------------------|--------------------------|---------|
| <input checked="" type="checkbox"/> | Primary           | <input type="checkbox"/> | General |
| <input type="checkbox"/>            | Other (specify) ▼ |                          |         |

State:

District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 7 |   | 0 | 9 |   | 2 | 0 | 2 | 6 |

FEC Identification Number

C

Amount of Each Disbursement this Period

591.55

Transaction ID : B29A6C7B8F94749CD9DF

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Bank of America Flying Blue**

Mailing Address PO Box 660710

City  
DallasState  
TXZip Code  
75266-0710Purpose of Disbursement  
CC Interest

001

Candidate Name

Category/  
Type

Office Sought:

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For: 2026

|                                     |                   |                          |         |
|-------------------------------------|-------------------|--------------------------|---------|
| <input checked="" type="checkbox"/> | Primary           | <input type="checkbox"/> | General |
| <input type="checkbox"/>            | Other (specify) ▼ |                          |         |

State:

District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 7 |   | 1 | 8 |   | 2 | 0 | 2 | 6 |

FEC Identification Number

C

Amount of Each Disbursement this Period

392.35

Transaction ID : B5E328E591F484F559B6

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Bank of America Flying Blue**

Mailing Address PO Box 660710

City  
DallasState  
TXZip Code  
75266-0710Purpose of Disbursement  
Outdoor advertising

001

Candidate Name

Category/  
Type

Office Sought:

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For: 2022

|                                     |                   |                          |         |
|-------------------------------------|-------------------|--------------------------|---------|
| <input checked="" type="checkbox"/> | Primary           | <input type="checkbox"/> | General |
| <input type="checkbox"/>            | Other (specify) ▼ |                          |         |

State:

District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 7 |   | 1 | 8 |   | 2 | 0 | 2 | 6 |

FEC Identification Number

C

Amount of Each Disbursement this Period

228.65

Transaction ID : B6684AF3B380945B49E3

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

1212.55

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

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

PAGE 46 OF 410

|                                        |                              |                              |                              |
|----------------------------------------|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18  | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a           | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21  |

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NAME OF COMMITTEE (In Full)

Committee to Elect Alan Grayson

Full Name (Last, First, Middle Initial)

**A. Bank Of America Free Spirit**

Mailing Address PO Box 851001

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 7 |   | 1 | 8 |   | 2 | 0 | 2 | 6 |

City  
DallasState  
TXZip Code  
75285-1001

FEC Identification Number

C

Purpose of Disbursement  
CC Interest

001

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

236.50

Transaction ID : B23A69EDE78AD4BBEA29

☐ Memo Item

Office Sought:

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For: 2026

|                                     |                   |                          |         |
|-------------------------------------|-------------------|--------------------------|---------|
| <input checked="" type="checkbox"/> | Primary           | <input type="checkbox"/> | General |
| <input type="checkbox"/>            | Other (specify) ▼ |                          |         |

State:

District:

Full Name (Last, First, Middle Initial)

**B. Bank Of America Free Spirit**

Mailing Address PO Box 851001

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 7 |   | 1 | 8 |   | 2 | 0 | 2 | 6 |

City  
DallasState  
TXZip Code  
75285-1001

FEC Identification Number

C

Purpose of Disbursement  
Billboards

001

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

143.50

Transaction ID : B2B924E8D339843AE979

☐ Memo Item

Office Sought:

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For: 2022

|                                     |                   |                          |         |
|-------------------------------------|-------------------|--------------------------|---------|
| <input checked="" type="checkbox"/> | Primary           | <input type="checkbox"/> | General |
| <input type="checkbox"/>            | Other (specify) ▼ |                          |         |

State:

District:

Full Name (Last, First, Middle Initial)

**C. Bank Of America**

Mailing Address 4048 Town Center Boulevard

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 7 |   | 0 | 1 |   | 2 | 0 | 2 | 6 |

City  
OrlandoState  
FLZip Code  
32837-6104

FEC Identification Number

C

Purpose of Disbursement  
Bank Fees

001

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

29.95

Transaction ID : B3ED27606ED2146A8A05

☐ Memo Item

Office Sought:

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For: 2026

|                                     |                   |                          |         |
|-------------------------------------|-------------------|--------------------------|---------|
| <input checked="" type="checkbox"/> | Primary           | <input type="checkbox"/> | General |
| <input type="checkbox"/>            | Other (specify) ▼ |                          |         |

State:

District:

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

409.95

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

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

PAGE 47 OF 410

|                                        |                              |                              |                              |
|----------------------------------------|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18  | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a           | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21  |

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NAME OF COMMITTEE (In Full)

Committee to Elect Alan Grayson

Full Name (Last, First, Middle Initial)

**A. Bank Of America**

Mailing Address 4048 Town Center Boulevard

City  
OrlandoState  
FLZip Code  
32837-6104Purpose of Disbursement  
Bank Fees

001

Candidate Name

Category/  
Type

Office Sought:

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For: 2026

|                                     |                   |                                  |
|-------------------------------------|-------------------|----------------------------------|
| <input checked="" type="checkbox"/> | Primary           | <input type="checkbox"/> General |
| <input type="checkbox"/>            | Other (specify) ▼ |                                  |

State:

District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 7 |   | 0 | 2 |   | 2 | 0 | 2 | 6 |

FEC Identification Number

C

Amount of Each Disbursement this Period

30.00

Transaction ID : B4BA7FCADC2D94F9B851

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Bank Of America**

Mailing Address 4048 Town Center Boulevard

City  
OrlandoState  
FLZip Code  
32837-6104Purpose of Disbursement  
Wire transfer fees

001

Candidate Name

Category/  
Type

Office Sought:

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For: 2026

|                                     |                   |                                  |
|-------------------------------------|-------------------|----------------------------------|
| <input checked="" type="checkbox"/> | Primary           | <input type="checkbox"/> General |
| <input type="checkbox"/>            | Other (specify) ▼ |                                  |

State:

District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 7 |   | 0 | 9 |   | 2 | 0 | 2 | 6 |

FEC Identification Number

C

Amount of Each Disbursement this Period

30.00

Transaction ID : B62F888CA71BD4CC2ABF

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Bank Of America**

Mailing Address 4048 Town Center Boulevard

City  
OrlandoState  
FLZip Code  
32837-6104Purpose of Disbursement  
Wire Transfer Fees

001

Candidate Name

Category/  
Type

Office Sought:

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For: 2026

|                                     |                   |                                  |
|-------------------------------------|-------------------|----------------------------------|
| <input checked="" type="checkbox"/> | Primary           | <input type="checkbox"/> General |
| <input type="checkbox"/>            | Other (specify) ▼ |                                  |

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

30.00

Transaction ID : BD2CE108CF04F4FB4951

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

90.00

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

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

PAGE 48 OF 410

|                                        |                              |                              |                              |
|----------------------------------------|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18  | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a           | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21  |

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NAME OF COMMITTEE (In Full)

Committee to Elect Alan Grayson

Full Name (Last, First, Middle Initial)

**A. Bank Of America**

Mailing Address 4048 Town Center Boulevard

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 7 |   | 2 | 0 |   | 2 | 0 | 2 | 6 |

City  
OrlandoState  
FLZip Code  
32837-6104

FEC Identification Number

C

Purpose of Disbursement  
Wire transfer fees

001

Amount of Each Disbursement this Period

30.00

Transaction ID : B1A9ED815DDE148D5981

☐ Memo Item

Candidate Name

Category/  
Type

Office Sought:

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For: 2026

|                                     |                   |                          |         |
|-------------------------------------|-------------------|--------------------------|---------|
| <input checked="" type="checkbox"/> | Primary           | <input type="checkbox"/> | General |
| <input type="checkbox"/>            | Other (specify) ▼ |                          |         |

State:

District:

Full Name (Last, First, Middle Initial)

**B. Bank Of America**

Mailing Address 4048 Town Center Boulevard

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 7 |   | 2 | 3 |   | 2 | 0 | 2 | 6 |

City  
OrlandoState  
FLZip Code  
32837-6104

FEC Identification Number

C

Purpose of Disbursement  
Wire transfer fees

001

Amount of Each Disbursement this Period

30.00

Transaction ID : BC75EFBEC43B14859A5C

☐ Memo Item

Candidate Name

Category/  
Type

Office Sought:

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For: 2026

|                                     |                   |                          |         |
|-------------------------------------|-------------------|--------------------------|---------|
| <input checked="" type="checkbox"/> | Primary           | <input type="checkbox"/> | General |
| <input type="checkbox"/>            | Other (specify) ▼ |                          |         |

State:

District:

Full Name (Last, First, Middle Initial)

**C. BofA Virgin Atlantic**

Mailing Address PO Box 660710

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 7 |   | 1 | 0 |   | 2 | 0 | 2 | 6 |

City  
DallasState  
TXZip Code  
75266-3240

FEC Identification Number

C

Purpose of Disbursement  
CC Interest and fees

001

Amount of Each Disbursement this Period

231.38

Transaction ID : B2FCA3C76A26C482BABC

☐ Memo Item

Candidate Name

Category/  
Type

Office Sought:

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For: 2026

|                                     |                   |                          |         |
|-------------------------------------|-------------------|--------------------------|---------|
| <input checked="" type="checkbox"/> | Primary           | <input type="checkbox"/> | General |
| <input type="checkbox"/>            | Other (specify) ▼ |                          |         |

State:

District:

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

291.38

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



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

PAGE 49 OF 410

|                                        |                              |                              |                              |
|----------------------------------------|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18  | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a           | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21  |

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NAME OF COMMITTEE (In Full)

Committee to Elect Alan Grayson

Full Name (Last, First, Middle Initial)

**A. BofA Virgin Atlantic**

Mailing Address PO Box 660710

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 07  |   | 10  |   | 2026    |

City  
DallasState  
TXZip Code  
75266-3240

FEC Identification Number

C

Purpose of Disbursement  
Outdoor advertising

004

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

139.62

Transaction ID : B06A2A7A94B1D4DF1B12

☐ Memo Item

Office Sought:

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For: 2022

|                                     |                   |                          |         |
|-------------------------------------|-------------------|--------------------------|---------|
| <input checked="" type="checkbox"/> | Primary           | <input type="checkbox"/> | General |
| <input type="checkbox"/>            | Other (specify) ▼ |                          |         |

State:

District:

Full Name (Last, First, Middle Initial)

**B. Sexton PAC Consulting**

Mailing Address 5120 Paw Paw Rd

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 03  |   | 08  |   | 2025    |

City  
CambridgeState  
MDZip Code  
21613-3640

FEC Identification Number

C

Purpose of Disbursement  
Compliance Services

001

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

3000.00

Transaction ID : BD8999F6C26D04FC88D6

☒ Memo Item

Office Sought:

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For: 2026

|                                     |                   |                          |         |
|-------------------------------------|-------------------|--------------------------|---------|
| <input checked="" type="checkbox"/> | Primary           | <input type="checkbox"/> | General |
| <input type="checkbox"/>            | Other (specify) ▼ |                          |         |

State:

District:

Full Name (Last, First, Middle Initial)

**C. British Airways Chase**

Mailing Address PO Box 6294

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 07  |   | 09  |   | 2026    |

City  
Carol StreamState  
ILZip Code  
60197-6294

FEC Identification Number

C

Purpose of Disbursement  
CC Interest and fees

001

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

844.35

Transaction ID : B546BB9C97E084FBDA9B

☐ Memo Item

Office Sought:

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For: 2026

|                                     |                   |                          |         |
|-------------------------------------|-------------------|--------------------------|---------|
| <input checked="" type="checkbox"/> | Primary           | <input type="checkbox"/> | General |
| <input type="checkbox"/>            | Other (specify) ▼ |                          |         |

State:

District:

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

983.97

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

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

PAGE 50 OF 410

|                                        |                              |                              |                              |
|----------------------------------------|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18  | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a           | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21  |

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NAME OF COMMITTEE (In Full)

Committee to Elect Alan Grayson

Full Name (Last, First, Middle Initial)

**A. British Airways Chase**

Mailing Address PO Box 6294

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 7 |   | 0 | 9 |   | 2 | 0 | 2 | 6 |

City  
Carol StreamState  
ILZip Code  
60197-6294

FEC Identification Number

C

Purpose of Disbursement  
Outdoor advertising

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

484.65

Transaction ID : B225D516387D4430E990

☐ Memo Item

Office Sought:

|                                    |
|------------------------------------|
| <input type="checkbox"/> House     |
| <input type="checkbox"/> Senate    |
| <input type="checkbox"/> President |

Disbursement For: 2022

|                                             |                                  |
|---------------------------------------------|----------------------------------|
| <input checked="" type="checkbox"/> Primary | <input type="checkbox"/> General |
| <input type="checkbox"/> Other (specify) ▼  |                                  |

State:

District:

Full Name (Last, First, Middle Initial)

**B. Chase Amazon Visa**

Mailing Address PO Box 6294

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 7 |   | 1 | 5 |   | 2 | 0 | 2 | 6 |

City  
Carol StreamState  
ILZip Code  
60197-6294

FEC Identification Number

C

Purpose of Disbursement  
CC Interest and fees

Candidate Name

001  
Category/  
Type

Amount of Each Disbursement this Period

500.99

Transaction ID : BED365BBB14C044CC9F9

☐ Memo Item

Office Sought:

|                                    |
|------------------------------------|
| <input type="checkbox"/> House     |
| <input type="checkbox"/> Senate    |
| <input type="checkbox"/> President |

Disbursement For: 2026

|                                             |                                  |
|---------------------------------------------|----------------------------------|
| <input checked="" type="checkbox"/> Primary | <input type="checkbox"/> General |
| <input type="checkbox"/> Other (specify) ▼  |                                  |

State:

District:

Full Name (Last, First, Middle Initial)

**C. Chase Amazon Visa**

Mailing Address PO Box 6294

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 7 |   | 1 | 5 |   | 2 | 0 | 2 | 6 |

City  
Carol StreamState  
ILZip Code  
60197-6294

FEC Identification Number

C

Purpose of Disbursement  
Outdoor advertising

Candidate Name

001  
Category/  
Type

Amount of Each Disbursement this Period

299.01

Transaction ID : BF1B77D5BCD37425C915

☐ Memo Item

Office Sought:

|                                    |
|------------------------------------|
| <input type="checkbox"/> House     |
| <input type="checkbox"/> Senate    |
| <input type="checkbox"/> President |

Disbursement For: 2022

|                                             |                                  |
|---------------------------------------------|----------------------------------|
| <input checked="" type="checkbox"/> Primary | <input type="checkbox"/> General |
| <input type="checkbox"/> Other (specify) ▼  |                                  |

State:

District:

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

1284.65

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

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

PAGE 51 OF 410

|                                        |                              |                              |                              |
|----------------------------------------|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18  | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a           | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21  |

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NAME OF COMMITTEE (In Full)

Committee to Elect Alan Grayson

Full Name (Last, First, Middle Initial)

**A. Chase United Mileage Plus**

Mailing Address PO Box 6294

City  
Carol StreamState  
ILZip Code  
60197-6294Purpose of Disbursement  
CC Interest

001

Candidate Name

Category/  
Type

Office Sought:

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For: 2026

|                                     |                   |                                  |
|-------------------------------------|-------------------|----------------------------------|
| <input checked="" type="checkbox"/> | Primary           | <input type="checkbox"/> General |
| <input type="checkbox"/>            | Other (specify) ▼ |                                  |

State:

District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 7 |   | 2 | 8 |   | 2 | 0 | 2 | 6 |

FEC Identification Number

C

Amount of Each Disbursement this Period

1066.13

Transaction ID : BECBDAB96B6344FFABA7

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Chase United Mileage Plus**

Mailing Address PO Box 6294

City  
Carol StreamState  
ILZip Code  
60197-6294Purpose of Disbursement  
Printing

004

Candidate Name

Category/  
Type

Office Sought:

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For: 2022

|                                     |                   |                                  |
|-------------------------------------|-------------------|----------------------------------|
| <input checked="" type="checkbox"/> | Primary           | <input type="checkbox"/> General |
| <input type="checkbox"/>            | Other (specify) ▼ |                                  |

State:

District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 7 |   | 2 | 8 |   | 2 | 0 | 2 | 6 |

FEC Identification Number

C

Amount of Each Disbursement this Period

657.87

Transaction ID : B71E57AE75BC842BE897

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Citi Bank Double Cash**

Mailing Address PO Box 6062

City  
Sioux FallsState  
SDZip Code  
57117Purpose of Disbursement  
CC Interest

001

Candidate Name

Category/  
Type

Office Sought:

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For: 2026

|                                     |                   |                                  |
|-------------------------------------|-------------------|----------------------------------|
| <input checked="" type="checkbox"/> | Primary           | <input type="checkbox"/> General |
| <input type="checkbox"/>            | Other (specify) ▼ |                                  |

State:

District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 7 |   | 1 | 0 |   | 2 | 0 | 2 | 6 |

FEC Identification Number

C

Amount of Each Disbursement this Period

528.75

Transaction ID : B84EC588CDD5D4D4A8F1

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

2252.75

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

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

PAGE 52 OF 410

|                                        |                              |                              |                              |
|----------------------------------------|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18  | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a           | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21  |

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NAME OF COMMITTEE (In Full)

Committee to Elect Alan Grayson

Full Name (Last, First, Middle Initial)

**A. Citi Bank Double Cash**

Mailing Address PO Box 6062

City  
Sioux FallsState  
SDZip Code  
57117Purpose of Disbursement  
Billboards

004

Candidate Name

Category/  
Type

Office Sought:

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For: 2022

|                                     |                   |                          |         |
|-------------------------------------|-------------------|--------------------------|---------|
| <input checked="" type="checkbox"/> | Primary           | <input type="checkbox"/> | General |
| <input type="checkbox"/>            | Other (specify) ▼ |                          |         |

State:

District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 7 |   | 1 | 0 |   | 2 | 0 | 2 | 6 |

FEC Identification Number

C

Amount of Each Disbursement this Period

306.00

Transaction ID : B247AE30035B64448B48

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Citi Prestige**

Mailing Address PO Box 6004

City  
Sioux FallsState  
SDZip Code  
57117-6004Purpose of Disbursement  
CC Interest

001

Candidate Name

Category/  
Type

Office Sought:

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For: 2026

|                                     |                   |                          |         |
|-------------------------------------|-------------------|--------------------------|---------|
| <input checked="" type="checkbox"/> | Primary           | <input type="checkbox"/> | General |
| <input type="checkbox"/>            | Other (specify) ▼ |                          |         |

State:

District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 7 |   | 2 | 2 |   | 2 | 0 | 2 | 6 |

FEC Identification Number

C

Amount of Each Disbursement this Period

460.60

Transaction ID : B36633E4CDB1149BE95D

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Citi Prestige**

Mailing Address PO Box 6004

City  
Sioux FallsState  
SDZip Code  
57117-6004Purpose of Disbursement  
Printing/Advertising

Candidate Name

Category/  
Type

Office Sought:

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For: 2022

|                                     |                   |                          |         |
|-------------------------------------|-------------------|--------------------------|---------|
| <input checked="" type="checkbox"/> | Primary           | <input type="checkbox"/> | General |
| <input type="checkbox"/>            | Other (specify) ▼ |                          |         |

State:

District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 7 |   | 2 | 2 |   | 2 | 0 | 2 | 6 |

FEC Identification Number

C

Amount of Each Disbursement this Period

222.00

Transaction ID : BE105F47C3FC242ABB70

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

988.60

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

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

PAGE 53 OF 410

|                                        |                             |                              |                              |
|----------------------------------------|-----------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18 | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| 20a                                    | 20b                         | 20c                          | 21                           |

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NAME OF COMMITTEE (In Full)

Committee to Elect Alan Grayson

Full Name (Last, First, Middle Initial)

**A. Coastal Community X1 Card**Mailing Address Credit Card Division  
PO Box 12220City  
EverettState  
WAZip Code  
98206-2220Purpose of Disbursement  
CC Interest

001

Candidate Name

Category/  
Type

Office Sought:

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For: 2026

|                                     |                   |                                  |
|-------------------------------------|-------------------|----------------------------------|
| <input checked="" type="checkbox"/> | Primary           | <input type="checkbox"/> General |
| <input type="checkbox"/>            | Other (specify) ▼ |                                  |

State:

District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 7 |   | 1 | 2 |   | 2 | 0 | 2 | 6 |

FEC Identification Number

C

Amount of Each Disbursement this Period

694.85

Transaction ID : BF7450E7E05D44A5EA2B

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Coastal Community X1 Card**Mailing Address Credit Card Division  
PO Box 12220City  
EverettState  
WAZip Code  
98206-2220Purpose of Disbursement  
Outdoor advertising

001

Candidate Name

Category/  
Type

Office Sought:

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For: 2022

|                                     |                   |                                  |
|-------------------------------------|-------------------|----------------------------------|
| <input checked="" type="checkbox"/> | Primary           | <input type="checkbox"/> General |
| <input type="checkbox"/>            | Other (specify) ▼ |                                  |

State:

District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 7 |   | 1 | 2 |   | 2 | 0 | 2 | 6 |

FEC Identification Number

C

Amount of Each Disbursement this Period

374.15

Transaction ID : BEB5BFE9A70D54771B76

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Discover It Card**

Mailing Address PO Box 6103

City  
Carol StreamState  
ILZip Code  
60197-6103Purpose of Disbursement  
CC Interest

001

Candidate Name

Category/  
Type

Office Sought:

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For: 2026

|                                     |                   |                                  |
|-------------------------------------|-------------------|----------------------------------|
| <input checked="" type="checkbox"/> | Primary           | <input type="checkbox"/> General |
| <input type="checkbox"/>            | Other (specify) ▼ |                                  |

State:

District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 7 |   | 2 | 8 |   | 2 | 0 | 2 | 6 |

FEC Identification Number

C

Amount of Each Disbursement this Period

191.44

Transaction ID : B3D3FF14B5436477293D

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

1260.44

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

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

PAGE 54 OF 410

|                                        |                              |                              |                              |
|----------------------------------------|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18  | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a           | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21  |

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NAME OF COMMITTEE (In Full)

Committee to Elect Alan Grayson

Full Name (Last, First, Middle Initial)

**A. Discover It Card**

Mailing Address PO Box 6103

City  
Carol StreamState  
ILZip Code  
60197-6103Purpose of Disbursement  
Compliance software license

001

Candidate Name

Category/  
Type

Office Sought:

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For: 2026

|                                     |                   |                                  |
|-------------------------------------|-------------------|----------------------------------|
| <input checked="" type="checkbox"/> | Primary           | <input type="checkbox"/> General |
| <input type="checkbox"/>            | Other (specify) ▼ |                                  |

State:

District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 7 |   | 2 | 8 |   |   |   |   |   |

FEC Identification Number

C

Amount of Each Disbursement this Period

99.56

Transaction ID : B0A34CA0EA2344ECE99F

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Aristotle**

Mailing Address 205 Pennsylvania Ave, SE

City  
WashingtonState  
DCZip Code  
20003-1164Purpose of Disbursement  
Compliance software

001

Candidate Name

Category/  
Type

Office Sought:

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For: 2026

|                                     |                   |                                  |
|-------------------------------------|-------------------|----------------------------------|
| <input checked="" type="checkbox"/> | Primary           | <input type="checkbox"/> General |
| <input type="checkbox"/>            | Other (specify) ▼ |                                  |

State:

District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 2 |   | 2 | 8 |   |   |   |   |   |

FEC Identification Number

C

Amount of Each Disbursement this Period

1850.00

Transaction ID : BED177843218F4054AE5

☒ Memo Item

Full Name (Last, First, Middle Initial)

**C. Main Street Communications**

Mailing Address 1300 NE 94th St

City  
Miami ShoresState  
FLZip Code  
33138-2902Purpose of Disbursement  
Advertising

004

Candidate Name

Category/  
Type

Office Sought:

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For: 2026

|                                     |                   |                                  |
|-------------------------------------|-------------------|----------------------------------|
| <input checked="" type="checkbox"/> | Primary           | <input type="checkbox"/> General |
| <input type="checkbox"/>            | Other (specify) ▼ |                                  |

State:

District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 7 |   | 0 | 2 |   |   |   |   |   |

FEC Identification Number

C

Amount of Each Disbursement this Period

40000.00

Transaction ID : BE6FCE33D1EF440119B4

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

40099.56

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

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

PAGE 55 OF 410

|                                        |                              |                              |                              |
|----------------------------------------|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18  | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a           | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21  |

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)

Committee to Elect Alan Grayson

Full Name (Last, First, Middle Initial)

**A. Main Street Communications**

Mailing Address 1300 NE 94th St

City  
Miami ShoresState  
FLZip Code  
33138-2902Purpose of Disbursement  
Advertising

004

Candidate Name

Category/  
Type

Office Sought:

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For: 2026

|                                     |                   |                          |         |
|-------------------------------------|-------------------|--------------------------|---------|
| <input checked="" type="checkbox"/> | Primary           | <input type="checkbox"/> | General |
| <input type="checkbox"/>            | Other (specify) ▼ |                          |         |

State:

District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 7 |   | 0 | 9 |   | 2 | 0 | 2 | 6 |

FEC Identification Number

C

Amount of Each Disbursement this Period

25000.00

Transaction ID : BC8575AD9BFB6461C8AD

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Main Street Communications**

Mailing Address 1300 NE 94th St

City  
Miami ShoresState  
FLZip Code  
33138-2902Purpose of Disbursement  
Advertising

004

Candidate Name

Category/  
Type

Office Sought:

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For: 2026

|                                     |                   |                          |         |
|-------------------------------------|-------------------|--------------------------|---------|
| <input checked="" type="checkbox"/> | Primary           | <input type="checkbox"/> | General |
| <input type="checkbox"/>            | Other (specify) ▼ |                          |         |

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

20000.00

Transaction ID : B2018FBE226C040F79E2

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Main Street Communications**

Mailing Address 1300 NE 94th St

City  
Miami ShoresState  
FLZip Code  
33138-2902Purpose of Disbursement  
Advertising

004

Candidate Name

Category/  
Type

Office Sought:

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For: 2026

|                                     |                   |                          |         |
|-------------------------------------|-------------------|--------------------------|---------|
| <input checked="" type="checkbox"/> | Primary           | <input type="checkbox"/> | General |
| <input type="checkbox"/>            | Other (specify) ▼ |                          |         |

State:

District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 7 |   | 2 | 0 |   | 2 | 0 | 2 | 6 |

FEC Identification Number

C

Amount of Each Disbursement this Period

33000.00

Transaction ID : B7616D9495877493B9A9

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

78000.00

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

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

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|                                        |                              |                              |                              |
|----------------------------------------|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18  | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a           | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21  |

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)

Committee to Elect Alan Grayson

Full Name (Last, First, Middle Initial)

**A. Main Street Communications**

Mailing Address 1300 NE 94th St

City  
Miami ShoresState  
FLZip Code  
33138-2902Purpose of Disbursement  
Advertising

004

Candidate Name

Category/  
Type

Office Sought:

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For: 2026

|                                     |                   |                                  |
|-------------------------------------|-------------------|----------------------------------|
| <input checked="" type="checkbox"/> | Primary           | <input type="checkbox"/> General |
| <input type="checkbox"/>            | Other (specify) ▼ |                                  |

State:

District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 7 |   | 2 | 3 |   | 2 | 0 | 2 | 6 |

FEC Identification Number

C

Amount of Each Disbursement this Period

40000.00

Transaction ID : BD9D3EE3748794B128F7

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. USAlliance Visa**

Mailing Address PO Box 4517

City  
Carol StreamState  
ILZip Code  
60197-4517Purpose of Disbursement  
CC Interest

001

Candidate Name

Category/  
Type

Office Sought:

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For: 2026

|                                     |                   |                                  |
|-------------------------------------|-------------------|----------------------------------|
| <input checked="" type="checkbox"/> | Primary           | <input type="checkbox"/> General |
| <input type="checkbox"/>            | Other (specify) ▼ |                                  |

State:

District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 7 |   | 2 | 4 |   | 2 | 0 | 2 | 6 |

FEC Identification Number

C

Amount of Each Disbursement this Period

278.09

Transaction ID : B64B7F91734834B3F815

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. USAlliance Visa**

Mailing Address PO Box 4517

City  
Carol StreamState  
ILZip Code  
60197-4517Purpose of Disbursement  
Outdoor advertising

001

Candidate Name

Category/  
Type

Office Sought:

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For: 2022

|                                     |                   |                                  |
|-------------------------------------|-------------------|----------------------------------|
| <input checked="" type="checkbox"/> | Primary           | <input type="checkbox"/> General |
| <input type="checkbox"/>            | Other (specify) ▼ |                                  |

State:

District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 7 |   | 2 | 4 |   | 2 | 0 | 2 | 6 |

FEC Identification Number

C

Amount of Each Disbursement this Period

122.91

Transaction ID : B905667F1D5E84483A8E

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

40401.00

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

168162.62



**SCHEDULE C (FEC Form 3)**  
**LOANS**Use 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 : C4024798B045F457F973

Committee to Elect Alan Grayson

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

Election: 2024

☒ Primary☐ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

8419 Oak Park Rd

City

Orlando

State

FL

ZIP Code

32819-3240

☒ Personal Funds of the Candidate

Original Amount of Loan

318.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

318.00

**TERMS**

Date Incurred

Date Due

Interest Rate  
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y  
10 / 28 / 2023

M M / D D / Y Y Y Y

None

Y Y Y Y

12.00 % (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).....▶

318.00

**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 58 OF 410

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 : C84C66352201F4D0DA1B

Committee to Elect Alan Grayson

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

Election: 2010

☐ Primary☒ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

8419 Oak Park Rd

City

Orlando

State

FL

ZIP Code

32819-3240

☒ Personal Funds of the Candidate

Original Amount of Loan

40000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

40000.00

**TERMS**

Date Incurred

Date Due

Interest Rate  
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y  
11 / 02 / 2010M M / D D / Y Y Y Y  
NoneM M / D D / Y Y Y Y  
None

12.00 % (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).....▶

40000.00

**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 59 OF 410

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

NAME OF COMMITTEE (In Full)

Transaction ID : C52481826537B4D4384A

Committee to Elect Alan Grayson

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

Election: 2024

☒ Primary☐ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

8419 Oak Park Rd

City

Orlando

State

FL

ZIP Code

32819-3240

☒ Personal Funds of the Candidate

Original Amount of Loan

704.58

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

704.58

**TERMS**

Date Incurred

Date Due

Interest Rate  
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y  
06 / 22 / 2023

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

None

12.00

% (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).....▶

704.58

**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 60 OF 410

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 : C849858B68403440C9FD

Committee to Elect Alan Grayson

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

Election: 2024

☒ Primary☐ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

8419 Oak Park Rd

City

Orlando

State

FL

ZIP Code

32819-3240

☒ Personal Funds of the Candidate

Original Amount of Loan

232.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

232.00

**TERMS**

Date Incurred

Date Due

Interest Rate  
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y  
05 10 / 2023

M M / D D / Y Y Y Y

None

12.00 % (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).....▶

232.00

**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 61 OF 410

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 : CDD99C2C353404277B4F

Committee to Elect Alan Grayson

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

Election: 2024

☒ Primary☐ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

8419 Oak Park Rd

City

Orlando

State

FL

ZIP Code

32819-3240

☒ Personal Funds of the Candidate

Original Amount of Loan

3500.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

3500.00

**TERMS**

Date Incurred

Date Due

Interest Rate  
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y  
10 / 26 / 2023M M / D D / Y Y Y Y  
NoneM M / D D / Y Y Y Y  
NoneM M / D D / Y Y Y Y  
None

12.00

% (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).....▶

3500.00

**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 62 OF 410

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 : C33E18B9EC3D14D35A72

Committee to Elect Alan Grayson

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

Election: 2026

☒ Primary☐ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

8419 Oak Park Rd

City

Orlando

State

FL

ZIP Code

32819-3240

☒ Personal Funds of the Candidate

Original Amount of Loan

1281.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

1281.00

**TERMS**

Date Incurred

Date Due

Interest Rate  
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y  
04 30 / 2025

M M / D D / Y Y Y Y

None

Y Y Y Y

12.00 % (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).....▶

1281.00

**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 63 OF 410

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

NAME OF COMMITTEE (In Full)

Transaction ID : C7F00F5B539574C818CA

Committee to Elect Alan Grayson

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

Election: 2024

☒ Primary☐ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

8419 Oak Park Rd

City

Orlando

State

FL

ZIP Code

32819-3240

☒ Personal Funds of the Candidate

Original Amount of Loan

507.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

507.00

**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

None

Y Y Y Y

12.00

% (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).....▶

507.00

**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 64 OF 410

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

NAME OF COMMITTEE (In Full)

Transaction ID : C887C74CEF35E4095AF9

Committee to Elect Alan Grayson

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

Election: 2024

☒ Primary☐ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

8419 Oak Park Rd

City

Orlando

State

FL

ZIP Code

32819-3240

☒ Personal Funds of the Candidate

Original Amount of Loan

8957.66

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

8957.66

**TERMS**

Date Incurred

Date Due

Interest Rate  
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y  
09 30 2024

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

None

12.00

% (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).....▶

8957.66

**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 65 OF 410

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

NAME OF COMMITTEE (In Full)

Transaction ID : CD40E3AB2CE4D44A29C7

Committee to Elect Alan Grayson

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

Election: 2024

☒ Primary☐ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

8419 Oak Park Rd

City

Orlando

State

FL

ZIP Code

32819-3240

☒ Personal Funds of the Candidate

Original Amount of Loan

1545.20

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

1545.20

**TERMS**

Date Incurred

Date Due

Interest Rate  
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y  
05 18 / 2023

M M / D D / Y Y Y Y

None

12.00

% (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).....▶

1545.20

**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 66 OF 410

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 : C1616A17B5CAB4D98A09

Committee to Elect Alan Grayson

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

Election: 2024

☒ Primary☐ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

8419 Oak Park Rd

City

Orlando

State

FL

ZIP Code

32819-3240

☒ Personal Funds of the Candidate

Original Amount of Loan

31354.11

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

31354.11

**TERMS**

Date Incurred

Date Due

Interest Rate  
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y  
06 30 / 2024

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

None

12.00

% (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).....▶

31354.11

**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 67 OF 410

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

NAME OF COMMITTEE (In Full)

Transaction ID : C1B9281FEAEBE487EAD5

Committee to Elect Alan Grayson

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

Election: 2024

☒ Primary☐ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

8419 Oak Park Rd

City

Orlando

State

FL

ZIP Code

32819-3240

☒ Personal Funds of the Candidate

Original Amount of Loan

173.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

173.00

**TERMS**

Date Incurred

Date Due

Interest Rate  
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y  
05 03 / 2023

M M / D D / Y Y Y Y

None

12.00 % (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).....▶

173.00

**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 68 OF 410

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

NAME OF COMMITTEE (In Full)

Transaction ID : C3B3D26BD15FC43F785E

Committee to Elect Alan Grayson

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

Election: 2024

☒ Primary☐ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

8419 Oak Park Rd

City

Orlando

State

FL

ZIP Code

32819-3240

☒ Personal Funds of the Candidate

Original Amount of Loan

800.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

800.00

**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

None

12.00

% (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).....▶

800.00

**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 69 OF 410

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

NAME OF COMMITTEE (In Full)

Transaction ID : C75C0894CCEBD4FEABAF

Committee to Elect Alan Grayson

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

Election: 2024

☒ Primary☐ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

8419 Oak Park Rd

City

Orlando

State

FL

ZIP Code

32819-3240

☒ Personal Funds of the Candidate

Original Amount of Loan

380.67

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

380.67

**TERMS**

Date Incurred

Date Due

Interest Rate  
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y  
10 / 08 / 2023

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

None

12.00 % (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).....▶

380.67

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

PAGE 70 OF 410

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

NAME OF COMMITTEE (In Full)

Transaction ID : C63DD56256A5943FE809

Committee to Elect Alan Grayson

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

Election: 2026

☒ Primary☐ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

8419 Oak Park Rd

City

Orlando

State

FL

ZIP Code

32819-3240

☒ Personal Funds of the Candidate

Original Amount of Loan

9060.49

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

9060.49

**TERMS**

Date Incurred

Date Due

Interest Rate  
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y  
08 31 / 2025

M M / D D / Y Y Y Y

None

Y Y Y Y

12.00

% (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).....▶

9060.49

**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 71 OF 410

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

NAME OF COMMITTEE (In Full)

Transaction ID : C693149A240CA47858D5

Committee to Elect Alan Grayson

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

Election: 2024

☒ Primary☐ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

8419 Oak Park Rd

City

Orlando

State

FL

ZIP Code

32819-3240

☒ Personal Funds of the Candidate

Original Amount of Loan

300.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

300.00

**TERMS**

Date Incurred

Date Due

Interest Rate  
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y  
12 / 28 / 2023M M / D D / Y Y Y Y  
NoneM M / D D / Y Y Y Y  
NoneM M / D D / Y Y Y Y  
None

12.00

% (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).....▶

300.00

**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 72 OF 410

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

NAME OF COMMITTEE (In Full)

Transaction ID : CEE2190BBCCEC46B5900

Committee to Elect Alan Grayson

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

Election: 2024

☒ Primary☐ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

8419 Oak Park Rd

City

Orlando

State

FL

ZIP Code

32819-3240

☒ Personal Funds of the Candidate

Original Amount of Loan

832.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

832.00

**TERMS**

Date Incurred

Date Due

Interest Rate  
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y  
04 15 / 2023

M M / D D / Y Y Y Y

None

Y Y Y Y

12.00

% (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).....▶

832.00

**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 73 OF 410

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

NAME OF COMMITTEE (In Full)

Transaction ID : CBC00C9300F0944EBA00

Committee to Elect Alan Grayson

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

Election: 2024

☒ Primary☐ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

8419 Oak Park Rd

City

Orlando

State

FL

ZIP Code

32819-3240

☒ Personal Funds of the Candidate

Original Amount of Loan

156.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

156.00

**TERMS**

Date Incurred

Date Due

Interest Rate  
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y  
11 / 04 / 2023

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

None

12.00

% (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).....▶

156.00

**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 74 OF 410

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 : C354C262090D24F75974

Committee to Elect Alan Grayson

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

Election: 2022

☒ Primary☐ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

8419 Oak Park Rd

City

Orlando

State

FL

ZIP Code

32819-3240

☒ Personal Funds of the Candidate

Original Amount of Loan

1205.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

1205.00

**TERMS**

Date Incurred

Date Due

Interest Rate  
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y  
12 11 / 2022M M / D D / Y Y Y Y  
NoneM M / D D / Y Y Y Y  
NoneY Y Y Y  
None

12.00

% (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).....▶

1205.00

**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 75 OF 410

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

NAME OF COMMITTEE (In Full)

Transaction ID : C5352F3298ADA4A68894

Committee to Elect Alan Grayson

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

Election: 2010

☒ Primary☐ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

8419 Oak Park Rd

City

Orlando

State

FL

ZIP Code

32819-3240

☒ 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  
11 / 26 / 2008

M M / D D / Y Y Y Y

None

Y Y Y Y

12.00

% (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)**  
**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 : C77D5B47B3A9943859C9

Committee to Elect Alan Grayson

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

Election: 2024

☒ Primary☐ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

8419 Oak Park Rd

City

Orlando

State

FL

ZIP Code

32819-3240

☒ Personal Funds of the Candidate

Original Amount of Loan

189.53

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

189.53

**TERMS**

Date Incurred

Date Due

Interest Rate  
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y  
10 / 06 / 2023

M M / D D / Y Y Y Y

None

Y Y Y Y

12.00

% (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).....▶

189.53

**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 77 OF 410

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

NAME OF COMMITTEE (In Full)

Transaction ID : CEDA21715EFDA4F8B8CE

Committee to Elect Alan Grayson

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

Election: 2026

☒ Primary☐ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

8419 Oak Park Rd

City

Orlando

State

FL

ZIP Code

32819-3240

☒ Personal Funds of the Candidate

Original Amount of Loan

9281.86

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

9281.86

**TERMS**

Date Incurred

Date Due

Interest Rate  
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y  
02 28 / 2025

M M / D D / Y Y Y Y

None

Y Y Y Y

12.00

% (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).....▶

9281.86

**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 78 OF 410

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 : C38FA6E09CFFF4262B43

Committee to Elect Alan Grayson

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

Election: 2024

☒ Primary☐ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

8419 Oak Park Rd

City

Orlando

State

FL

ZIP Code

32819-3240

☒ Personal Funds of the Candidate

Original Amount of Loan

322.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

322.00

**TERMS**

Date Incurred

Date Due

Interest Rate  
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y  
11 / 28 / 2023

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

None

12.00

% (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).....▶

322.00

**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 79 OF 410

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

NAME OF COMMITTEE (In Full)

Transaction ID : C3D707683356849F6A83

Committee to Elect Alan Grayson

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

Election: 2022

☒ Primary☐ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

8419 Oak Park Rd

City

Orlando

State

FL

ZIP Code

32819-3240

☒ Personal Funds of the Candidate

Original Amount of Loan

1789.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

1789.00

**TERMS**

Date Incurred

Date Due

Interest Rate  
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y  
11 / 09 / 2022M M / D D / Y Y Y Y  
NoneM M / D D / Y Y Y Y  
NoneM M / D D / Y Y Y Y  
None

12.00

% (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).....▶

1789.00

**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 80 OF 410

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

NAME OF COMMITTEE (In Full)

Transaction ID : C480AA0159C164CE2980

Committee to Elect Alan Grayson

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

Election: 2024

☒ Primary☐ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

8419 Oak Park Rd

City

Orlando

State

FL

ZIP Code

32819-3240

☒ Personal Funds of the Candidate

Original Amount of Loan

292.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

292.00

**TERMS**

Date Incurred

Date Due

Interest Rate  
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y  
07 27 / 2023M M / D D / Y Y Y Y  
NoneY Y Y Y  
None

12.00 % (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).....▶

292.00

**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 81 OF 410

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

NAME OF COMMITTEE (In Full)

Transaction ID : C39370D39130B49F88CB

Committee to Elect Alan Grayson

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

Election: 2024

☒ Primary☐ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

8419 Oak Park Rd

City

Orlando

State

FL

ZIP Code

32819-3240

☒ Personal Funds of the Candidate

Original Amount of Loan

13842.17

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

13842.17

**TERMS**

Date Incurred

Date Due

Interest Rate  
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y  
03 31 / 2024

M M / D D / Y Y Y Y

None

Y Y Y Y

12.00

% (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).....▶

13842.17

**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 82 OF 410

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 : CE43C93265C5747F6AF1

Committee to Elect Alan Grayson

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

Election: 2016

☒ Primary☐ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

8419 Oak Park Rd

City

Orlando

State

FL

ZIP Code

32819-3240

☒ Personal Funds of the Candidate

Original Amount of Loan

50000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

50000.00

**TERMS**

Date Incurred

Date Due

Interest Rate  
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y  
06 / 26 / 2015M M / D D / Y Y Y Y  
NoneM M / D D / Y Y Y Y  
NoneM M / D D / Y Y Y Y  
None

12.00

% (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).....▶

50000.00

**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 83 OF 410

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

NAME OF COMMITTEE (In Full)

Transaction ID : C4D13B11598214F73B40

Committee to Elect Alan Grayson

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

Election: 2026

☒ Primary☐ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

8419 Oak Park Rd

City

Orlando

State

FL

ZIP Code

32819-3240

☒ Personal Funds of the Candidate

Original Amount of Loan

8310.19

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

8310.19

**TERMS**

Date Incurred

Date Due

Interest Rate  
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y  
11 / 25 / 2024

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

None

12.00

% (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).....▶

8310.19

**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 84 OF 410

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 : C9B5FA6BAF0E148D4909

Committee to Elect Alan Grayson

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

Election: 2026

☒ Primary☐ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

8419 Oak Park Rd

City

Orlando

State

FL

ZIP Code

32819-3240

☒ Personal Funds of the Candidate

Original Amount of Loan

27643.12

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

27643.12

**TERMS**

Date Incurred

Date Due

Interest Rate  
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y  
06 30 / 2026

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

None

12.00

% (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).....▶

27643.12

**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 85 OF 410

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

NAME OF COMMITTEE (In Full)

Transaction ID : C6C555980F7E14808A33

Committee to Elect Alan Grayson

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

Election: 2024

☒ Primary☐ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

8419 Oak Park Rd

City

Orlando

State

FL

ZIP Code

32819-3240

☒ Personal Funds of the Candidate

Original Amount of Loan

917.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

917.00

**TERMS**

Date Incurred

Date Due

Interest Rate  
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y  
10 18 / 2023

M M / D D / Y Y Y Y

None

12.00

% (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).....▶

917.00

**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 86 OF 410

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

NAME OF COMMITTEE (In Full)

Transaction ID : C78EF3E1C408A47BE839

Committee to Elect Alan Grayson

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

Election: 2024

☒ Primary☐ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

8419 Oak Park Rd

City

Orlando

State

FL

ZIP Code

32819-3240

☒ Personal Funds of the Candidate

Original Amount of Loan

568.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

568.00

**TERMS**

Date Incurred

Date Due

Interest Rate  
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y  
09 18 / 2023M M / D D / Y Y Y Y  
NoneM M / D D / Y Y Y Y  
NoneM M / D D / Y Y Y Y  
None

12.00

% (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).....▶

568.00

**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 87 OF 410

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

NAME OF COMMITTEE (In Full)

Transaction ID : C1313E18535B74C75ACD

Committee to Elect Alan Grayson

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

Election: 2024

☒ Primary☐ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

8419 Oak Park Rd

City

Orlando

State

FL

ZIP Code

32819-3240

☒ Personal Funds of the Candidate

Original Amount of Loan

1099.30

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

1099.30

**TERMS**

Date Incurred

Date Due

Interest Rate  
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y  
10 09 / 2023

M M / D D / Y Y Y Y

None

12.00

% (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).....▶

1099.30

**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 88 OF 410

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

NAME OF COMMITTEE (In Full)

Transaction ID : CE21DDFD194A24C8A817

Committee to Elect Alan Grayson

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

Election: 2024

☒ Primary☐ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

8419 Oak Park Rd

City

Orlando

State

FL

ZIP Code

32819-3240

☒ Personal Funds of the Candidate

Original Amount of Loan

582.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

582.00

**TERMS**

Date Incurred

Date Due

Interest Rate  
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y  
05 18 / 2023

M M / D D / Y Y Y Y

None

12.00 % (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).....▶

582.00

**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 89 OF 410

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

NAME OF COMMITTEE (In Full)

Transaction ID : CB221250A86AA439CBB4

Committee to Elect Alan Grayson

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

Election: 2024

☒ Primary☐ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

8419 Oak Park Rd

City

Orlando

State

FL

ZIP Code

32819-3240

☒ Personal Funds of the Candidate

Original Amount of Loan

546.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

546.00

**TERMS**

Date Incurred

Date Due

Interest Rate  
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y  
11 19 / 2023

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

None

12.00 % (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).....▶

546.00

**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 90 OF 410

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

NAME OF COMMITTEE (In Full)

Transaction ID : CE56EF99599A34EB4BEE

Committee to Elect Alan Grayson

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

Election: 2024

☒ Primary☐ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

8419 Oak Park Rd

City

Orlando

State

FL

ZIP Code

32819-3240

☒ Personal Funds of the Candidate

Original Amount of Loan

776.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

776.00

**TERMS**

Date Incurred

Date Due

Interest Rate  
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y  
11 11 / 2023

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

None

12.00 % (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).....▶

776.00

**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 91 OF 410

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

NAME OF COMMITTEE (In Full)

Transaction ID : C2FCA577EF0F7444F99D

Committee to Elect Alan Grayson

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

Election: 2024

☒ Primary☐ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

8419 Oak Park Rd

City

Orlando

State

FL

ZIP Code

32819-3240

☒ Personal Funds of the Candidate

Original Amount of Loan

1028.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

1028.00

**TERMS**

Date Incurred

Date Due

Interest Rate  
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y  
08 / 05 / 2023

M M / D D / Y Y Y Y

D D / Y Y Y Y

None

12.00

% (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).....▶

1028.00

**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 : CA741F3420125498E993

Committee to Elect Alan Grayson

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

Election: 2024

Grayson, Alan Mark, , ,

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

8419 Oak Park Rd

City

Orlando

State

FL

ZIP Code

32819-3240

☒ Personal Funds of the Candidate

Original Amount of Loan

1062.25

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

1062.25

**TERMS**

Date Incurred

Date Due

Interest Rate  
(If none, enter 0)

Secured:

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

M M / D D / Y Y Y Y

None

Y Y Y Y

12.00

% (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).....▶

1062.25

**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 93 OF 410

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

NAME OF COMMITTEE (In Full)

Transaction ID : CF5AC09DBA5984216B32

Committee to Elect Alan Grayson

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

Election: 2024

☒ Primary☐ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

8419 Oak Park Rd

City

Orlando

State

FL

ZIP Code

32819-3240

☒ Personal Funds of the Candidate

Original Amount of Loan

25000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

25000.00

**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

D D / Y Y Y Y

None

12.00

% (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).....▶

25000.00

**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 94 OF 410

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 : C0563CAD280CE4B3F9A8

Committee to Elect Alan Grayson

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

Election: 2024

☒ Primary☐ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

8419 Oak Park Rd

City

Orlando

State

FL

ZIP Code

32819-3240

☒ Personal Funds of the Candidate

Original Amount of Loan

541.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

541.00

**TERMS**

Date Incurred

Date Due

Interest Rate  
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y  
05 / 07 / 2023

M M / D D / Y Y Y Y

None

12.00

% (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).....▶

541.00

**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 95 OF 410

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

NAME OF COMMITTEE (In Full)

Transaction ID : C5202AFB840D24329A9D

Committee to Elect Alan Grayson

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

Election: 2024

☒ Primary☐ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

8419 Oak Park Rd

City

Orlando

State

FL

ZIP Code

32819-3240

☒ Personal Funds of the Candidate

Original Amount of Loan

377.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

377.00

**TERMS**

Date Incurred

Date Due

Interest Rate  
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y  
06 / 26 / 2023M M / D D / Y Y Y Y  
NoneY Y Y Y  
None

12.00

% (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).....▶

377.00

**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 96 OF 410

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

NAME OF COMMITTEE (In Full)

Transaction ID : CA0CC05A7F40145D28BC

Committee to Elect Alan Grayson

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

Election: 2024

☒ Primary☐ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

8419 Oak Park Rd

City

Orlando

State

FL

ZIP Code

32819-3240

☒ Personal Funds of the Candidate

Original Amount of Loan

9841.24

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

9841.24

**TERMS**

Date Incurred

Date Due

Interest Rate  
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y  
07 31 / 2024

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

None

12.00 % (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).....▶

9841.24

**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 97 OF 410

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

NAME OF COMMITTEE (In Full)

Transaction ID : C817DF0A5A24A4A2C9DF

Committee to Elect Alan Grayson

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

Election: 2024

☒ Primary☐ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

8419 Oak Park Rd

City

Orlando

State

FL

ZIP Code

32819-3240

☒ Personal Funds of the Candidate

Original Amount of Loan

523.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

523.00

**TERMS**

Date Incurred

Date Due

Interest Rate  
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y  
05 08 / 2023

M M / D D / Y Y Y Y

None

Y Y Y Y

12.00

% (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).....▶

523.00

**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 : C37589BB322F74C8689A

Committee to Elect Alan Grayson

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

Election: 2022

☐ Primary☒ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

8419 Oak Park Rd

City

Orlando

State

FL

ZIP Code

32819-3240

☒ Personal Funds of the Candidate

Original Amount of Loan

330.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

330.00

**TERMS**

Date Incurred

Date Due

Interest Rate  
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y  
12 28 / 2022

M M / D D / Y Y Y Y

None

Y Y Y Y

12.00

% (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).....▶

330.00

**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 99 OF 410

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 : CBD91D7C19B8E4F74823

Committee to Elect Alan Grayson

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

Election: 2022

☒ Primary☐ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

8419 Oak Park Rd

City

Orlando

State

FL

ZIP Code

32819-3240

☒ Personal Funds of the Candidate

Original Amount of Loan

804.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

804.00

**TERMS**

Date Incurred

Date Due

Interest Rate  
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y  
10 11 / 2022

M M / D D / Y Y Y Y

None

Y Y Y Y

12.00

% (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).....▶

804.00

**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 100 OF 410

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 : C04FC058BF25F404CB5B

Committee to Elect Alan Grayson

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

Election: 2024

☒ Primary☐ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

8419 Oak Park Rd

City

Orlando

State

FL

ZIP Code

32819-3240

☒ Personal Funds of the Candidate

Original Amount of Loan

218.51

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

218.51

**TERMS**

Date Incurred

Date Due

Interest Rate  
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y  
12 / 06 / 2023

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

None

12.00

% (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).....▶

218.51

**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 101 OF 410

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 : CBCFEAB1D4565452386D

Committee to Elect Alan Grayson

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

Election: 2024

☒ Primary☐ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

8419 Oak Park Rd

City

Orlando

State

FL

ZIP Code

32819-3240

☒ Personal Funds of the Candidate

Original Amount of Loan

246.90

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

246.90

**TERMS**

Date Incurred

Date Due

Interest Rate  
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y  
06 / 03 / 2023

M M / D D / Y Y Y Y

None

Y Y Y Y

12.00

% (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).....▶

246.90

**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 102 OF 410

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 : CA10AA42FB65E4D499E6

Committee to Elect Alan Grayson

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

Election: 2024

☒ Primary☐ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

8419 Oak Park Rd

City

Orlando

State

FL

ZIP Code

32819-3240

☒ 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  
06 13 / 2024

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

None

12.00

% (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)**  
**LOANS**

PAGE 103 OF 410

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 : C1A6DC30450744926B55

Committee to Elect Alan Grayson

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

Election: 2024

☒ Primary☐ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

8419 Oak Park Rd

City

Orlando

State

FL

ZIP Code

32819-3240

☒ Personal Funds of the Candidate

Original Amount of Loan

153.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

153.00

**TERMS**

Date Incurred

Date Due

Interest Rate  
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y  
10 03 / 2023

M M / D D / Y Y Y Y

None

Y Y Y Y

12.00

% (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).....▶

153.00

**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 104 OF 410

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 : C27F46D02F8864A92B8B

Committee to Elect Alan Grayson

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

Election: 2024

☒ Primary☐ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

8419 Oak Park Rd

City

Orlando

State

FL

ZIP Code

32819-3240

☒ Personal Funds of the Candidate

Original Amount of Loan

293.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

293.00

**TERMS**

Date Incurred

Date Due

Interest Rate  
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y  
06 / 29 / 2023

M M / D D / Y Y Y Y

None

Y Y Y Y

12.00

% (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).....▶

293.00

**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 : C73A95DAF960D479181F

Committee to Elect Alan Grayson

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

Election: 2024

☒ Primary☐ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

8419 Oak Park Rd

City

Orlando

State

FL

ZIP Code

32819-3240

☒ Personal Funds of the Candidate

Original Amount of Loan

17983.08

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

17983.08

**TERMS**

Date Incurred

Date Due

Interest Rate  
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y  
01 31 / 2024

M M / D D / Y Y Y Y

None

Y Y Y Y

12.00

% (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).....▶

17983.08

**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 106 OF 410

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

NAME OF COMMITTEE (In Full)

Transaction ID : C4DBEFEC2A436483186D

Committee to Elect Alan Grayson

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

Election: 2026

Grayson, Alan Mark, , ,

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

8419 Oak Park Rd

City

Orlando

State

FL

ZIP Code

32819-3240

☒ Personal Funds of the Candidate

Original Amount of Loan

9147.30

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

9147.30

**TERMS**

Date Incurred

Date Due

Interest Rate  
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y  
01 31 / 2025

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

None

12.00 % (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).....▶

9147.30

**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 : C5DD0BE8B822A42388FA

Committee to Elect Alan Grayson

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

Election: 2024

☒ Primary☐ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

8419 Oak Park Rd

City

Orlando

State

FL

ZIP Code

32819-3240

☒ Personal Funds of the Candidate

Original Amount of Loan

156.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

156.00

**TERMS**

Date Incurred

Date Due

Interest Rate  
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y  
11 10 / 2023

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

None

12.00 % (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).....▶

156.00

**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 108 OF 410

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 : C6D256DB27D89434DA11

Committee to Elect Alan Grayson

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

Election: 2008

☒ Primary☐ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

8419 Oak Park Rd

City

Orlando

State

FL

ZIP Code

32819-3240

☒ Personal Funds of the Candidate

Original Amount of Loan

25000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

25000.00

**TERMS**

Date Incurred

Date Due

Interest Rate  
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y  
02 / 28 / 2008

M M / D D / Y Y Y Y

D D / Y Y Y Y

None

12.00

% (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).....▶

25000.00

**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 109 OF 410

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 : C607210DB8D854325B6D

Committee to Elect Alan Grayson

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

Election: 2024

☒ Primary☐ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

8419 Oak Park Rd

City

Orlando

State

FL

ZIP Code

32819-3240

☒ Personal Funds of the Candidate

Original Amount of Loan

478.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

478.00

**TERMS**

Date Incurred

Date Due

Interest Rate  
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y  
11 / 09 / 2023

M M / D D / Y Y Y Y

None

Y Y Y Y

12.00

% (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).....▶

478.00

**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 110 OF 410

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

NAME OF COMMITTEE (In Full)

Transaction ID : CD8C692AD99D0469C898

Committee to Elect Alan Grayson

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

Election: 2024

☒ Primary☐ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

8419 Oak Park Rd

City

Orlando

State

FL

ZIP Code

32819-3240

☒ Personal Funds of the Candidate

Original Amount of Loan

174.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

174.00

**TERMS**

Date Incurred

Date Due

Interest Rate  
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y  
05 10 / 2023

M M / D D / Y Y Y Y

None

Y Y Y Y

12.00

% (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).....▶

174.00

**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 111 OF 410

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

NAME OF COMMITTEE (In Full)

Transaction ID : CB3E1F587B04E4AF0910

Committee to Elect Alan Grayson

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

Election: 2024

☒ Primary☐ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

8419 Oak Park Rd

City

Orlando

State

FL

ZIP Code

32819-3240

☒ Personal Funds of the Candidate

Original Amount of Loan

493.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

493.00

**TERMS**

Date Incurred

Date Due

Interest Rate  
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y  
07 23 / 2023M M / D D / Y Y Y Y  
NoneM M / D D / Y Y Y Y  
NoneM M / D D / Y Y Y Y  
None

12.00 % (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).....▶

493.00

**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 : C78CADF5BEB584DFEB4F

Committee to Elect Alan Grayson

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

Election: 2024

☒ Primary☐ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

8419 Oak Park Rd

City

Orlando

State

FL

ZIP Code

32819-3240

☒ Personal Funds of the Candidate

Original Amount of Loan

290.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

290.00

**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

None

12.00

% (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).....▶

290.00

**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 : C8D5536CC3AF44642BFC

Committee to Elect Alan Grayson

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

Election: 2024

☒ Primary☐ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

8419 Oak Park Rd

City

Orlando

State

FL

ZIP Code

32819-3240

☒ Personal Funds of the Candidate

Original Amount of Loan

1021.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

1021.00

**TERMS**

Date Incurred

Date Due

Interest Rate  
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y  
12 / 05 / 2023

M M / D D / Y Y Y Y

D D / Y Y Y Y

None

12.00

% (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).....▶

1021.00

**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 114 OF 410

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 : C7A815CD2A9094E539A1

Committee to Elect Alan Grayson

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

Election: 2024

☒ Primary☐ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

8419 Oak Park Rd

City

Orlando

State

FL

ZIP Code

32819-3240

☒ Personal Funds of the Candidate

Original Amount of Loan

1105.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

1105.00

**TERMS**

Date Incurred

Date Due

Interest Rate  
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y  
05 05 / 2023

M M / D D / Y Y Y Y

None

12.00 % (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).....▶

1105.00

**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 115 OF 410

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 : CD003FB2208B3479BB5B

Committee to Elect Alan Grayson

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

Election: 2006

Grayson, Alan Mark, , ,

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

8419 Oak Park Rd

City

Orlando

State

FL

ZIP Code

32819-3240

☒ Personal Funds of the Candidate

Original Amount of Loan

40000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

40000.00

**TERMS**

Date Incurred

Date Due

Interest Rate  
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y  
08 16 / 2006M M / D D / Y Y Y Y  
NoneY Y Y Y  
None

12.00 % (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).....▶

40000.00

**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 : C06D13156CA1F4EB9BFF

Committee to Elect Alan Grayson

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

Election: 2020

☒ Primary☐ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

8419 Oak Park Rd

City

Orlando

State

FL

ZIP Code

32819-3240

☒ Personal Funds of the Candidate

Original Amount of Loan

119.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

119.00

**TERMS**

Date Incurred

Date Due

Interest Rate  
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y  
12 / 02 / 2019M M / D D / Y Y Y Y  
NoneM M / D D / Y Y Y Y  
NoneM M / D D / Y Y Y Y  
None

12.00

% (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).....▶

119.00

**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 117 OF 410

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 : C75A01096B6DA4AE2B92

Committee to Elect Alan Grayson

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

Election: 2024

☒ Primary☐ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

8419 Oak Park Rd

City

Orlando

State

FL

ZIP Code

32819-3240

☒ Personal Funds of the Candidate

Original Amount of Loan

888.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

888.00

**TERMS**

Date Incurred

Date Due

Interest Rate  
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y  
11 18 / 2023

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

None

12.00 % (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).....▶

888.00

**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 118 OF 410

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

NAME OF COMMITTEE (In Full)

Transaction ID : C59652372A251491CA16

Committee to Elect Alan Grayson

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

Election: 2024

☒ Primary☐ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

8419 Oak Park Rd

City

Orlando

State

FL

ZIP Code

32819-3240

☒ Personal Funds of the Candidate

Original Amount of Loan

143.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

143.00

**TERMS**

Date Incurred

Date Due

Interest Rate  
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y  
06 03 / 2023

M M / D D / Y Y Y Y

None

Y Y Y Y

12.00

% (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).....▶

143.00

**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 : C14D594BFA8474D6A9E7

Committee to Elect Alan Grayson

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

Election: 2024

☒ Primary☐ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

8419 Oak Park Rd

City

Orlando

State

FL

ZIP Code

32819-3240

☒ Personal Funds of the Candidate

Original Amount of Loan

181.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

181.00

**TERMS**

Date Incurred

Date Due

Interest Rate  
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y  
04 10 / 2023

M M / D D / Y Y Y Y

None

12.00 % (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).....▶

181.00

**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 : C1DB0E21287F84CDE86C

Committee to Elect Alan Grayson

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

Election: 2024

☒ Primary☐ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

8419 Oak Park Rd

City

Orlando

State

FL

ZIP Code

32819-3240

☒ Personal Funds of the Candidate

Original Amount of Loan

1739.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

1739.00

**TERMS**

Date Incurred

Date Due

Interest Rate  
(If none, enter 0)

Secured:

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

M M / D D / Y Y Y Y

None

12.00 % (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).....▶

1739.00

**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 121 OF 410

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 : CFAD21C211C124E63B0C

Committee to Elect Alan Grayson

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

Election: 2024

☒ Primary☐ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

8419 Oak Park Rd

City

Orlando

State

FL

ZIP Code

32819-3240

☒ Personal Funds of the Candidate

Original Amount of Loan

1013.57

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

1013.57

**TERMS**

Date Incurred

Date Due

Interest Rate  
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y  
11 / 09 / 2023

M M / D D / Y Y Y Y

None

Y Y Y Y

12.00

% (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).....▶

1013.57

**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 122 OF 410

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 : CEB9304A6CB0845F9A25

Committee to Elect Alan Grayson

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

Election: 2024

☒ Primary☐ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

8419 Oak Park Rd

City

Orlando

State

FL

ZIP Code

32819-3240

☒ Personal Funds of the Candidate

Original Amount of Loan

902.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

902.00

**TERMS**

Date Incurred

Date Due

Interest Rate  
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y  
09 15 / 2023

M M / D D / Y Y Y Y

None

Y Y Y Y

12.00

% (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).....▶

902.00

**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 123 OF 410

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 : CC59006E2EDBB4D8D89C

Committee to Elect Alan Grayson

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

Election: 2024

☒ Primary☐ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

8419 Oak Park Rd

City

Orlando

State

FL

ZIP Code

32819-3240

☒ Personal Funds of the Candidate

Original Amount of Loan

159.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

159.00

**TERMS**

Date Incurred

Date Due

Interest Rate  
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y  
08 10 / 2023

M M / D D / Y Y Y Y

None

12.00

% (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).....▶

159.00

**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 : C475E3D1EC9244A56A84

Committee to Elect Alan Grayson

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

Election: 2024

☒ Primary☐ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

8419 Oak Park Rd

City

Orlando

State

FL

ZIP Code

32819-3240

☒ Personal Funds of the Candidate

Original Amount of Loan

12223.74

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

12223.74

**TERMS**

Date Incurred

Date Due

Interest Rate  
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y  
04 30 / 2024

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

None

12.00 % (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).....▶

12223.74

**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 : CB8215DE928824C03AEA

Committee to Elect Alan Grayson

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

Election: 2024

☒ Primary☐ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

8419 Oak Park Rd

City

Orlando

State

FL

ZIP Code

32819-3240

☒ Personal Funds of the Candidate

Original Amount of Loan

801.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

801.00

**TERMS**

Date Incurred

Date Due

Interest Rate  
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y  
09 11 / 2023

M M / D D / Y Y Y Y

None

Y Y Y Y

12.00

% (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).....▶

801.00

**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 : C8B70A85473D34004A8E

Committee to Elect Alan Grayson

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

Election: 2008

☒ Primary☐ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

8419 Oak Park Rd

City

Orlando

State

FL

ZIP Code

32819-3240

☒ Personal Funds of the Candidate

Original Amount of Loan

25000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

25000.00

**TERMS**

Date Incurred

Date Due

Interest Rate  
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y  
04 17 / 2008

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

None

0.12 % (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).....▶

25000.00

**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 127 OF 410

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 : CB813C76252194745AA2

Committee to Elect Alan Grayson

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

Election: 2016

☒ Primary☐ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

8419 Oak Park Rd

City

Orlando

State

FL

ZIP Code

32819-3240

☒ Personal Funds of the Candidate

Original Amount of Loan

50000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

50000.00

**TERMS**

Date Incurred

Date Due

Interest Rate  
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y  
11 12 / 2014M M / D D / Y Y Y Y  
NoneM M / D D / Y Y Y Y  
NoneM M / D D / Y Y Y Y  
None

12.00

% (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).....▶

50000.00

**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 128 OF 410

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

NAME OF COMMITTEE (In Full)

Transaction ID : CA85709EC94B74C2C887

Committee to Elect Alan Grayson

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

Election: 2024

☒ Primary☐ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

8419 Oak Park Rd

City

Orlando

State

FL

ZIP Code

32819-3240

☒ Personal Funds of the Candidate

Original Amount of Loan

13241.20

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

13241.20

**TERMS**

Date Incurred

Date Due

Interest Rate  
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y  
02 29 / 2024

M M / D D / Y Y Y Y

None

12.00 % (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).....▶

13241.20

**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 : CEA5991F231C74039B6A

Committee to Elect Alan Grayson

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

Election: 2008

☐ Primary☒ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

8419 Oak Park Rd

City

Orlando

State

FL

ZIP Code

32819-3240

☒ Personal Funds of the Candidate

Original Amount of Loan

50000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

50000.00

**TERMS**

Date Incurred

Date Due

Interest Rate  
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y  
09 12 / 2008M M / D D / Y Y Y Y  
NoneM M / D D / Y Y Y Y  
NoneY Y Y Y  
None

12.00 % (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).....▶

50000.00

**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

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

NAME OF COMMITTEE (In Full)

Transaction ID : C021809124FB5462B9FF

Committee to Elect Alan Grayson

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

Election: 2024

☒ Primary☐ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

8419 Oak Park Rd

City

Orlando

State

FL

ZIP Code

32819-3240

☒ Personal Funds of the Candidate

Original Amount of Loan

1794.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

1794.00

**TERMS**

Date Incurred

Date Due

Interest Rate  
(If none, enter 0)

Secured:

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

M M / D D / Y Y Y Y

None

Y Y Y Y

12.00 % (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).....▶

1794.00

**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 : C317A4D9EEA264DE4AAC

Committee to Elect Alan Grayson

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

Election: 2014

☒ Primary☐ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

8419 Oak Park Rd

City

Orlando

State

FL

ZIP Code

32819-3240

☒ Personal Funds of the Candidate

Original Amount of Loan

75000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

75000.00

**TERMS**

Date Incurred

Date Due

Interest Rate  
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y  
12 / 07 / 2012M M / D D / Y Y Y Y  
NoneM M / D D / Y Y Y Y  
NoneM M / D D / Y Y Y Y  
None

12.00

% (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).....▶

75000.00

**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 : C55CFA46792F9478C9E1

Committee to Elect Alan Grayson

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

Election: 2024

☒ Primary☐ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

8419 Oak Park Rd

City

Orlando

State

FL

ZIP Code

32819-3240

☒ Personal Funds of the Candidate

Original Amount of Loan

53.93

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

53.93

**TERMS**

Date Incurred

Date Due

Interest Rate  
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y  
10 17 / 2023M M / D D / Y Y Y Y  
NoneM M / D D / Y Y Y Y  
NoneM M / D D / Y Y Y Y  
None

12.00

% (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).....▶

53.93

**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 : C6C0F4670E4BE44039F4

Committee to Elect Alan Grayson

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

Election: 2024

☒ Primary☐ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

8419 Oak Park Rd

City

Orlando

State

FL

ZIP Code

32819-3240

☒ Personal Funds of the Candidate

Original Amount of Loan

159.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

159.00

**TERMS**

Date Incurred

Date Due

Interest Rate  
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y  
09 10 2023

M M / D D / Y Y Y Y

None

12.00

% (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).....▶

159.00

**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 134 OF 410

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 : CB81C3BF73E1D46AD95F

Committee to Elect Alan Grayson

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

Election: 2020

☒ Primary☐ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

8419 Oak Park Rd

City

Orlando

State

FL

ZIP Code

32819-3240

☒ Personal Funds of the Candidate

Original Amount of Loan

200.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

200.00

**TERMS**

Date Incurred

Date Due

Interest Rate  
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y  
11 / 04 / 2019M M / D D / Y Y Y Y  
NoneM M / D D / Y Y Y Y  
NoneM M / D D / Y Y Y Y  
None

12.00

% (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).....▶

200.00

**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 : C97DACACB8AFB490CB9F

Committee to Elect Alan Grayson

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

Election: 2024

☒ Primary☐ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

8419 Oak Park Rd

City

Orlando

State

FL

ZIP Code

32819-3240

☒ Personal Funds of the Candidate

Original Amount of Loan

870.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

870.00

**TERMS**

Date Incurred

Date Due

Interest Rate  
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y  
08 / 15 / 2023

M M / D D / Y Y Y Y

D D / Y Y Y Y

None

12.00 % (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).....▶

870.00

**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 136 OF 410

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

NAME OF COMMITTEE (In Full)

Transaction ID : CD01DD4B54C7749E1857

Committee to Elect Alan Grayson

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

Election: 2024

☒ Primary☐ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

8419 Oak Park Rd

City

Orlando

State

FL

ZIP Code

32819-3240

☒ Personal Funds of the Candidate

Original Amount of Loan

367.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

367.00

**TERMS**

Date Incurred

Date Due

Interest Rate  
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y  
07 27 / 2023

M M / D D / Y Y Y Y

None

Y Y Y Y

12.00

% (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).....▶

367.00

**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 : C23F888F25D66402F82A

Committee to Elect Alan Grayson

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

Election: 2022

☒ Primary☐ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

8419 Oak Park Rd

City

Orlando

State

FL

ZIP Code

32819-3240

☒ 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  
08 / 26 / 2022M M / D D / Y Y Y Y  
NoneY Y Y Y  
None

12.00

% (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)**  
**LOANS**

PAGE 138 OF 410

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 : CCDA01D45BB8B4601B34

Committee to Elect Alan Grayson

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

Election: 2024

☒ Primary☐ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

8419 Oak Park Rd

City

Orlando

State

FL

ZIP Code

32819-3240

☒ Personal Funds of the Candidate

Original Amount of Loan

187.96

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

187.96

**TERMS**

Date Incurred

Date Due

Interest Rate  
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y  
11 / 02 / 2023

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

None

12.00 % (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).....▶

187.96

**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 139 OF 410

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 : C68BD79E8854A4537BA0

Committee to Elect Alan Grayson

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

Election: 2024

☒ Primary☐ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

8419 Oak Park Rd

City

Orlando

State

FL

ZIP Code

32819-3240

☒ Personal Funds of the Candidate

Original Amount of Loan

884.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

884.00

**TERMS**

Date Incurred

Date Due

Interest Rate  
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y  
05 15 / 2023

M M / D D / Y Y Y Y

None

12.00 % (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).....▶

884.00

**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 140 OF 410

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 : C849EDA61D3414F748B1

Committee to Elect Alan Grayson

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

Election: 2024

☒ Primary☐ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

8419 Oak Park Rd

City

Orlando

State

FL

ZIP Code

32819-3240

☒ Personal Funds of the Candidate

Original Amount of Loan

1669.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

1669.00

**TERMS**

Date Incurred

Date Due

Interest Rate  
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y  
12 / 08 / 2023M M / D D / Y Y Y Y  
NoneY Y Y Y  
None

12.00 % (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).....▶

1669.00

**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 141 OF 410

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

NAME OF COMMITTEE (In Full)

Transaction ID : C13D6ED7FB8034243B1B

Committee to Elect Alan Grayson

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

Election: 2024

☒ Primary☐ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

8419 Oak Park Rd

City

Orlando

State

FL

ZIP Code

32819-3240

☒ Personal Funds of the Candidate

Original Amount of Loan

863.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

863.00

**TERMS**

Date Incurred

Date Due

Interest Rate  
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y  
11 13 / 2023M M / D D / Y Y Y Y  
NoneM M / D D / Y Y Y Y  
NoneY Y Y Y  
None

12.00

% (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).....▶

863.00

**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 : C238F5E4F4A4C42369FA

Committee to Elect Alan Grayson

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

Election: 2024

☒ Primary☐ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

8419 Oak Park Rd

City

Orlando

State

FL

ZIP Code

32819-3240

☒ Personal Funds of the Candidate

Original Amount of Loan

803.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

803.00

**TERMS**

Date Incurred

Date Due

Interest Rate  
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y  
06 11 / 2023

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

None

12.00

% (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).....▶

803.00

**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 143 OF 410

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

NAME OF COMMITTEE (In Full)

Transaction ID : C39A7E018C0C34629A43

Committee to Elect Alan Grayson

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

Election: 2024

☒ Primary☐ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

8419 Oak Park Rd

City

Orlando

State

FL

ZIP Code

32819-3240

☒ Personal Funds of the Candidate

Original Amount of Loan

558.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

558.00

**TERMS**

Date Incurred

Date Due

Interest Rate  
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y  
08 18 / 2023

M M / D D / Y Y Y Y

None

12.00

% (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).....▶

558.00

**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 144 OF 410

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 : CA19D7733BB3E44B9AE3

Committee to Elect Alan Grayson

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

Election: 2012

☒ Primary☐ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

8419 Oak Park Rd

City

Orlando

State

FL

ZIP Code

32819-3240

☒ Personal Funds of the Candidate

Original Amount of Loan

20000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

20000.00

**TERMS**

Date Incurred

Date Due

Interest Rate  
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y  
12 12 / 2010M M / D D / Y Y Y Y  
NoneM M / D D / Y Y Y Y  
None

12.00 % (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).....▶

20000.00

**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 : C279175611CC341E286F

Committee to Elect Alan Grayson

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

Election: 2024

Grayson, Alan Mark, , ,

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

8419 Oak Park Rd

City

Orlando

State

FL

ZIP Code

32819-3240

☒ Personal Funds of the Candidate

Original Amount of Loan

341.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

341.00

**TERMS**

Date Incurred

Date Due

Interest Rate  
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y  
04 27 / 2023

M M / D D / Y Y Y Y

None

Y Y Y Y

12.00 % (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).....▶

341.00

**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

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

NAME OF COMMITTEE (In Full)

Transaction ID : CD9C67427B39348A3B84

Committee to Elect Alan Grayson

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

Election: 2024

☒ Primary☐ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

8419 Oak Park Rd

City

Orlando

State

FL

ZIP Code

32819-3240

☒ Personal Funds of the Candidate

Original Amount of Loan

2030.16

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

2030.16

**TERMS**

Date Incurred

Date Due

Interest Rate  
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y  
06 18 / 2023

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

None

12.00 % (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).....▶

2030.16

**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 147 OF 410

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 : CA3E7616DFE4B413A9F7

Committee to Elect Alan Grayson

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

Election: 2024

☒ Primary☐ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

8419 Oak Park Rd

City

Orlando

State

FL

ZIP Code

32819-3240

☒ Personal Funds of the Candidate

Original Amount of Loan

923.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

923.00

**TERMS**

Date Incurred

Date Due

Interest Rate  
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y  
06 / 20 / 2023M M / D D / Y Y Y Y  
NoneM M / D D / Y Y Y Y  
NoneM M / D D / Y Y Y Y  
None

12.00

% (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).....▶

923.00

**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 148 OF 410

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 : C445E385938BC4296AF7

Committee to Elect Alan Grayson

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

Election: 2026

☒ Primary☐ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

8419 Oak Park Rd

City

Orlando

State

FL

ZIP Code

32819-3240

☒ Personal Funds of the Candidate

Original Amount of Loan

9706.46

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

9706.46

**TERMS**

Date Incurred

Date Due

Interest Rate  
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y  
05 30 / 2025

M M / D D / Y Y Y Y

None

Y Y Y Y

12.00

% (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).....▶

9706.46

**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 149 OF 410

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 : C62101E7925C04C4A872

Committee to Elect Alan Grayson

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

Election: 2024

☒ Primary☐ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

8419 Oak Park Rd

City

Orlando

State

FL

ZIP Code

32819-3240

☒ Personal Funds of the Candidate

Original Amount of Loan

316.62

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

316.62

**TERMS**

Date Incurred

Date Due

Interest Rate  
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y  
12 / 08 / 2023

M M / D D / Y Y Y Y

None

12.00 % (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).....▶

316.62

**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 150 OF 410

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 : CA06FC2081F3A4E8496A

Committee to Elect Alan Grayson

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

Election: 2024

☒ Primary☐ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

8419 Oak Park Rd

City

Orlando

State

FL

ZIP Code

32819-3240

☒ Personal Funds of the Candidate

Original Amount of Loan

291.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

291.00

**TERMS**

Date Incurred

Date Due

Interest Rate  
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y  
10 / 28 / 2023M M / D D / Y Y Y Y  
NoneM M / D D / Y Y Y Y  
NoneM M / D D / Y Y Y Y  
None

12.00 % (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).....▶

291.00

**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 : C2DD86356C99C446A971

Committee to Elect Alan Grayson

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

Election: 2008

☒ Primary☐ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

8419 Oak Park Rd

City

Orlando

State

FL

ZIP Code

32819-3240

☒ Personal Funds of the Candidate

Original Amount of Loan

25000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

25000.00

**TERMS**

Date Incurred

Date Due

Interest Rate  
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y  
05 21 / 2008M M / D D / Y Y Y Y  
NoneM M / D D / Y Y Y Y  
NoneM M / D D / Y Y Y Y  
None

12.00

% (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).....▶

25000.00

**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 : C07DDFC3AC0FC423780C

Committee to Elect Alan Grayson

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

Election: 2010

☒ Primary☐ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

8419 Oak Park Rd

City

Orlando

State

FL

ZIP Code

32819-3240

☒ Personal Funds of the Candidate

Original Amount of Loan

30000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

30000.00

**TERMS**

Date Incurred

Date Due

Interest Rate  
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y  
11 / 05 / 2008

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

None

12.00

% (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).....▶

30000.00

**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 153 OF 410

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 : CF8A82C569A55480F807

Committee to Elect Alan Grayson

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

Election: 2024

☒ Primary☐ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

8419 Oak Park Rd

City

Orlando

State

FL

ZIP Code

32819-3240

☒ Personal Funds of the Candidate

Original Amount of Loan

506.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

506.00

**TERMS**

Date Incurred

Date Due

Interest Rate  
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y  
06 / 23 / 2023

M M / D D / Y Y Y Y

D D / Y Y Y Y

None

12.00

% (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).....▶

506.00

**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 154 OF 410

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 : CE0AC714B81DB434DB8B

Committee to Elect Alan Grayson

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

Election: 2026

☒ Primary☐ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

8419 Oak Park Rd

City

Orlando

State

FL

ZIP Code

32819-3240

☒ Personal Funds of the Candidate

Original Amount of Loan

25000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

25000.00

**TERMS**

Date Incurred

Date Due

Interest Rate  
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y  
07 17 / 2026

M M / D D / Y Y Y Y

None

12.00

% (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).....▶

25000.00

**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 : C82445E4CAF414DD284E

Committee to Elect Alan Grayson

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

Election: 2024

☒ Primary☐ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

8419 Oak Park Rd

City

Orlando

State

FL

ZIP Code

32819-3240

☒ Personal Funds of the Candidate

Original Amount of Loan

1081.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

1081.00

**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

None

Y Y Y Y

12.00

% (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).....▶

1081.00

**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 156 OF 410

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 : CFFC8F67D0BD94F48AA3

Committee to Elect Alan Grayson

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

Election: 2024

☒ Primary☐ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

8419 Oak Park Rd

City

Orlando

State

FL

ZIP Code

32819-3240

☒ Personal Funds of the Candidate

Original Amount of Loan

1774.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

1774.00

**TERMS**

Date Incurred

Date Due

Interest Rate  
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y  
06 07 / 2023

M M / D D / Y Y Y Y

None

12.00

% (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).....▶

1774.00

**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

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

NAME OF COMMITTEE (In Full)

Transaction ID : CF3C0954D651D496A89D

Committee to Elect Alan Grayson

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

Election: 2026

☒ Primary☐ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

8419 Oak Park Rd

City

Orlando

State

FL

ZIP Code

32819-3240

☒ Personal Funds of the Candidate

Original Amount of Loan

10453.41

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

10453.41

**TERMS**

Date Incurred

Date Due

Interest Rate  
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y  
11 30 / 2025

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

None

12.00

% (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).....▶

10453.41

**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 158 OF 410

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 : CB8BE660E859346C38AF

Committee to Elect Alan Grayson

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

Election: 2024

Grayson, Alan Mark, , ,

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

8419 Oak Park Rd

City

Orlando

State

FL

ZIP Code

32819-3240

☒ Personal Funds of the Candidate

Original Amount of Loan

987.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

987.00

**TERMS**

Date Incurred

Date Due

Interest Rate  
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y  
06 / 11 / 2023

M M / D D / Y Y Y Y

D D / Y Y Y Y

None

12.00 % (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).....▶

987.00

**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 159 OF 410

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 : C5529D7DE8833414ABFE

Committee to Elect Alan Grayson

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

Election: 2024

☒ Primary☐ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

8419 Oak Park Rd

City

Orlando

State

FL

ZIP Code

32819-3240

☒ Personal Funds of the Candidate

Original Amount of Loan

967.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

967.00

**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

None

Y Y Y Y

12.00 % (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).....▶

967.00

**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 160 OF 410

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 : C095689C2163E4D75813

Committee to Elect Alan Grayson

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

Election: 2026

☒ Primary☐ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

8419 Oak Park Rd

City

Orlando

State

FL

ZIP Code

32819-3240

☒ Personal Funds of the Candidate

Original Amount of Loan

10217.90

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

10217.90

**TERMS**

Date Incurred

Date Due

Interest Rate  
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y  
10 31 / 2025

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

None

12.00

% (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).....▶

10217.90

**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 : C41CAFA3724A14781845

Committee to Elect Alan Grayson

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

Election: 2024

☒ Primary☐ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

8419 Oak Park Rd

City

Orlando

State

FL

ZIP Code

32819-3240

☒ Personal Funds of the Candidate

Original Amount of Loan

149.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

149.00

**TERMS**

Date Incurred

Date Due

Interest Rate  
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y  
12 10 / 2023

M M / D D / Y Y Y Y

None

12.00

% (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).....▶

149.00

**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 162 OF 410

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 : C9FE0F35AD1AC456C8E0

Committee to Elect Alan Grayson

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

Election: 2024

☒ Primary☐ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

8419 Oak Park Rd

City

Orlando

State

FL

ZIP Code

32819-3240

☒ Personal Funds of the Candidate

Original Amount of Loan

296.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

296.00

**TERMS**

Date Incurred

Date Due

Interest Rate  
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y  
04 / 27 / 2023

M M / D D / Y Y Y Y

D D / Y Y Y Y

None

12.00 % (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).....▶

296.00

**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 163 OF 410

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 : CD50876AC1ED94164A42

Committee to Elect Alan Grayson

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

Election: 2024

☒ Primary☐ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

8419 Oak Park Rd

City

Orlando

State

FL

ZIP Code

32819-3240

☒ Personal Funds of the Candidate

Original Amount of Loan

907.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

907.00

**TERMS**

Date Incurred

Date Due

Interest Rate  
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y  
04 18 / 2023

M M / D D / Y Y Y Y

None

12.00 % (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).....▶

907.00

**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 : C62F4584414B44397BCA

Committee to Elect Alan Grayson

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

Election: 2024

☒ Primary☐ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

8419 Oak Park Rd

City

Orlando

State

FL

ZIP Code

32819-3240

☒ Personal Funds of the Candidate

Original Amount of Loan

713.11

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

713.11

**TERMS**

Date Incurred

Date Due

Interest Rate  
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y  
11 23 / 2023M M / D D / Y Y Y Y  
NoneY Y Y Y  
None

12.00

% (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).....▶

713.11

**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 : C713FBB0300424813ACC

Committee to Elect Alan Grayson

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

Election: 2024

☒ Primary☐ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

8419 Oak Park Rd

City

Orlando

State

FL

ZIP Code

32819-3240

☒ Personal Funds of the Candidate

Original Amount of Loan

65000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

65000.00

**TERMS**

Date Incurred

Date Due

Interest Rate  
(If none, enter 0)

Secured:

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

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

None

12.00

% (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).....▶

65000.00

**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 166 OF 410

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

NAME OF COMMITTEE (In Full)

Transaction ID : CCB8EEBB09AC9471896B

Committee to Elect Alan Grayson

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

Election: 2024

☒ Primary☐ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

8419 Oak Park Rd

City

Orlando

State

FL

ZIP Code

32819-3240

☒ Personal Funds of the Candidate

Original Amount of Loan

20000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

20000.00

**TERMS**

Date Incurred

Date Due

Interest Rate  
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y  
07 05 / 2023M M / D D / Y Y Y Y  
NoneM M / D D / Y Y Y Y  
NoneM M / D D / Y Y Y Y  
None

12.00

% (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).....▶

20000.00

**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 : C2564954A08C84100971

Committee to Elect Alan Grayson

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

Election: 2026

☒ Primary☐ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

8419 Oak Park Rd

City

Orlando

State

FL

ZIP Code

32819-3240

☒ Personal Funds of the Candidate

Original Amount of Loan

20594.96

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

20594.96

**TERMS**

Date Incurred

Date Due

Interest Rate  
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y  
12 31 / 2024

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

None

12.00

% (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).....▶

20594.96

**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 168 OF 410

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 : CCF734B31EA4C45358B7

Committee to Elect Alan Grayson

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

Election: 2024

☒ Primary☐ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

8419 Oak Park Rd

City

Orlando

State

FL

ZIP Code

32819-3240

☒ Personal Funds of the Candidate

Original Amount of Loan

514.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

514.00

**TERMS**

Date Incurred

Date Due

Interest Rate  
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y  
09 08 / 2023

M M / D D / Y Y Y Y

None

12.00 % (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).....▶

514.00

**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 169 OF 410

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 : CD58DE85CC31B4334875

Committee to Elect Alan Grayson

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

Election: 2008

Grayson, Alan Mark, , ,

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

8419 Oak Park Rd

City

Orlando

State

FL

ZIP Code

32819-3240

☒ 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  
05 05 / 2008

M M / D D / Y Y Y Y

None

Y Y Y Y

12.00

% (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)**  
**LOANS**

PAGE 170 OF 410

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 : CCA732BDA49034BA6978

Committee to Elect Alan Grayson

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

Election: 2024

☒ Primary☐ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

8419 Oak Park Rd

City

Orlando

State

FL

ZIP Code

32819-3240

☒ Personal Funds of the Candidate

Original Amount of Loan

506.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

506.00

**TERMS**

Date Incurred

Date Due

Interest Rate  
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y  
05 20 2023

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

None

12.00 % (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).....▶

506.00

**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 171 OF 410

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 : C8B90B12A7F4D485E8F3

Committee to Elect Alan Grayson

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

Election: 2024

☒ Primary☐ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

8419 Oak Park Rd

City

Orlando

State

FL

ZIP Code

32819-3240

☒ Personal Funds of the Candidate

Original Amount of Loan

12837.91

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

12837.91

**TERMS**

Date Incurred

Date Due

Interest Rate  
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y  
05 31 / 2024

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

None

12.00 % (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).....▶

12837.91

**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 : C82275F0405344EE9BC7

Committee to Elect Alan Grayson

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

Election: 2024

☒ Primary☐ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

8419 Oak Park Rd

City

Orlando

State

FL

ZIP Code

32819-3240

☒ Personal Funds of the Candidate

Original Amount of Loan

872.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

872.00

**TERMS**

Date Incurred

Date Due

Interest Rate  
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y  
06 15 / 2023

M M / D D / Y Y Y Y

None

Y Y Y Y

12.00 % (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).....▶

872.00

**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 : CF6D82234033C44BC95D

Committee to Elect Alan Grayson

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

Election: 2024

☒ Primary☐ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

8419 Oak Park Rd

City

Orlando

State

FL

ZIP Code

32819-3240

☒ Personal Funds of the Candidate

Original Amount of Loan

1076.56

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

1076.56

**TERMS**

Date Incurred

Date Due

Interest Rate  
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y  
12 09 / 2023

M M / D D / Y Y Y Y

None

12.00

% (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).....▶

1076.56

**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 174 OF 410

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

NAME OF COMMITTEE (In Full)

Transaction ID : C74D8813D23E44744B25

Committee to Elect Alan Grayson

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

Election: 2024

☒ Primary☐ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

8419 Oak Park Rd

City

Orlando

State

FL

ZIP Code

32819-3240

☒ Personal Funds of the Candidate

Original Amount of Loan

2557.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

2557.00

**TERMS**

Date Incurred

Date Due

Interest Rate  
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y  
10 / 27 / 2023

M M / D D / Y Y Y Y

None

Y Y Y Y

12.00

% (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).....▶

2557.00

**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 175 OF 410

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

NAME OF COMMITTEE (In Full)

Transaction ID : CE80ACB70352F4DB39EE

Committee to Elect Alan Grayson

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

Election: 2024

☒ Primary☐ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

8419 Oak Park Rd

City

Orlando

State

FL

ZIP Code

32819-3240

☒ Personal Funds of the Candidate

Original Amount of Loan

1035.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

1035.00

**TERMS**

Date Incurred

Date Due

Interest Rate  
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y  
10 05 / 2023

M M / D D / Y Y Y Y

None

Y Y Y Y

12.00

% (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).....▶

1035.00

**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 176 OF 410

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 : C7EF343C556E04FD4950

Committee to Elect Alan Grayson

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

Election: 2024

☒ Primary☐ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

8419 Oak Park Rd

City

Orlando

State

FL

ZIP Code

32819-3240

☒ Personal Funds of the Candidate

Original Amount of Loan

527.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

527.00

**TERMS**

Date Incurred

Date Due

Interest Rate  
(If none, enter 0)

Secured:

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

M M / D D / Y Y Y Y

None

Y Y Y Y

12.00

% (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).....▶

527.00

**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 : C1DD22A20EFBD4E6BADF

Committee to Elect Alan Grayson

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

Election: 2024

☒ Primary☐ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

8419 Oak Park Rd

City

Orlando

State

FL

ZIP Code

32819-3240

☒ Personal Funds of the Candidate

Original Amount of Loan

30000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

30000.00

**TERMS**

Date Incurred

Date Due

Interest Rate  
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y  
06 / 21 / 2024

M M / D D / Y Y Y Y

D D / Y Y Y Y

None

12.00

% (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).....▶

30000.00

**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 : C9F0ABF62E00C41BDBE5

Committee to Elect Alan Grayson

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

Election: 2024

☒ Primary☐ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

8419 Oak Park Rd

City

Orlando

State

FL

ZIP Code

32819-3240

☒ Personal Funds of the Candidate

Original Amount of Loan

330.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

330.00

**TERMS**

Date Incurred

Date Due

Interest Rate  
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y  
05 / 29 / 2023

M M / D D / Y Y Y Y

None

12.00

% (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).....▶

330.00

**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 179 OF 410

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 : CFC92DD91AE314787826

Committee to Elect Alan Grayson

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

Election: 2008

☒ Primary☐ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

8419 Oak Park Rd

City

Orlando

State

FL

ZIP Code

32819-3240

☒ 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  
05 05 / 2008M M / D D / Y Y Y Y  
NoneM M / D D / Y Y Y Y  
None

12.00 % (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)**  
**LOANS**

PAGE 180 OF 410

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 : CE9B6B0499A364D1C9D9

Committee to Elect Alan Grayson

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

Election: 2024

☒ Primary☐ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

8419 Oak Park Rd

City

Orlando

State

FL

ZIP Code

32819-3240

☒ Personal Funds of the Candidate

Original Amount of Loan

126.12

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

126.12

**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

None

12.00 % (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).....▶

126.12

**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 181 OF 410

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 : CE7C0F49D745848E5B27

Committee to Elect Alan Grayson

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

Election: 2020

☒ Primary☐ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

8419 Oak Park Rd

City

Orlando

State

FL

ZIP Code

32819-3240

☒ 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  
10 08 / 2019M M / D D / Y Y Y Y  
NoneM M / D D / Y Y Y Y  
NoneM M / D D / Y Y Y Y  
None

12.00

% (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)**  
**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 : C731210C039584AD5AA9

Committee to Elect Alan Grayson

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

Election: 2018

☒ Primary☐ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

8419 Oak Park Rd

City

Orlando

State

FL

ZIP Code

32819-3240

☒ Personal Funds of the Candidate

Original Amount of Loan

19000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

19000.00

**TERMS**

Date Incurred

Date Due

Interest Rate  
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y  
08 09 / 2018

M M / D D / Y Y Y Y

None

Y Y Y Y

12.00

% (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).....▶

19000.00

**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 : CE07D4F96F3D34173914

Committee to Elect Alan Grayson

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

Election: 2010

☒ Primary☐ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

8419 Oak Park Rd

City

Orlando

State

FL

ZIP Code

32819-3240

☒ Personal Funds of the Candidate

Original Amount of Loan

135000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

135000.00

**TERMS**

Date Incurred

Date Due

Interest Rate  
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y  
08 / 23 / 2010

M M / D D / Y Y Y Y

None

12.00

% (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).....▶

135000.00

**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 : C5FE94889C82346DEA9E

Committee to Elect Alan Grayson

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

Election: 2024

☒ Primary☐ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

8419 Oak Park Rd

City

Orlando

State

FL

ZIP Code

32819-3240

☒ Personal Funds of the Candidate

Original Amount of Loan

1016.07

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

1016.07

**TERMS**

Date Incurred

Date Due

Interest Rate  
(If none, enter 0)

Secured:

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

M M / D D / Y Y Y Y

None

Y Y Y Y

12.00

% (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).....▶

1016.07

**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 : CCC3A14C7F5FC4597A05

Committee to Elect Alan Grayson

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

Election: 2024

☒ Primary☐ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

8419 Oak Park Rd

City

Orlando

State

FL

ZIP Code

32819-3240

☒ Personal Funds of the Candidate

Original Amount of Loan

7500.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

7500.00

**TERMS**

Date Incurred

Date Due

Interest Rate  
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y  
07 03 / 2023

M M / D D / Y Y Y Y

None

Y Y Y Y

12.00 % (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).....▶

7500.00

**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 : C94A6CCDB521A4DB6BE9

Committee to Elect Alan Grayson

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

Election: 2024

☒ Primary☐ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

8419 Oak Park Rd

City

Orlando

State

FL

ZIP Code

32819-3240

☒ Personal Funds of the Candidate

Original Amount of Loan

707.32

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

707.32

**TERMS**

Date Incurred

Date Due

Interest Rate  
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y  
09 22 / 2023

M M / D D / Y Y Y Y

None

12.00 % (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).....▶

707.32

**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 : CEE0D50DA6B074E55916

Committee to Elect Alan Grayson

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

Election: 2024

☒ Primary☐ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

8419 Oak Park Rd

City

Orlando

State

FL

ZIP Code

32819-3240

☒ Personal Funds of the Candidate

Original Amount of Loan

294.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

294.00

**TERMS**

Date Incurred

Date Due

Interest Rate  
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y  
05 / 28 / 2023

M M / D D / Y Y Y Y

None

Y Y Y Y

12.00

% (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).....▶

294.00

**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 : CAE6C48784DE74E70952

Committee to Elect Alan Grayson

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

Election: 2024

☒ Primary☐ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

8419 Oak Park Rd

City

Orlando

State

FL

ZIP Code

32819-3240

☒ Personal Funds of the Candidate

Original Amount of Loan

2584.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

2584.00

**TERMS**

Date Incurred

Date Due

Interest Rate  
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y  
11 / 27 / 2023

M M / D D / Y Y Y Y

D D / Y Y Y Y

None

12.00 % (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).....▶

2584.00

**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 : C9E58D062C0F345E6977

Committee to Elect Alan Grayson

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

Election: 2024

☒ Primary☐ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

8419 Oak Park Rd

City

Orlando

State

FL

ZIP Code

32819-3240

☒ Personal Funds of the Candidate

Original Amount of Loan

614.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

614.00

**TERMS**

Date Incurred

Date Due

Interest Rate  
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y  
07 19 / 2023M M / D D / Y Y Y Y  
NoneM M / D D / Y Y Y Y  
NoneM M / D D / Y Y Y Y  
None

12.00 % (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).....▶

614.00

**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

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

NAME OF COMMITTEE (In Full)

Transaction ID : C97006B38AA014747935

Committee to Elect Alan Grayson

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

Election: 2014

☒ Primary☐ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

8419 Oak Park Rd

City

Orlando

State

FL

ZIP Code

32819-3240

☒ Personal Funds of the Candidate

Original Amount of Loan

75000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

75000.00

**TERMS**

Date Incurred

Date Due

Interest Rate  
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y  
11 21 / 2012M M / D D / Y Y Y Y  
NoneY Y Y Y  
None

12.00 % (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).....▶

75000.00

**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 : CD6D22CCA63FA46DF915

Committee to Elect Alan Grayson

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

Election: 2024

☒ Primary☐ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

8419 Oak Park Rd

City

Orlando

State

FL

ZIP Code

32819-3240

☒ Personal Funds of the Candidate

Original Amount of Loan

296.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

296.00

**TERMS**

Date Incurred

Date Due

Interest Rate  
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y  
04 27 / 2023

M M / D D / Y Y Y Y

None

12.00 % (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).....▶

296.00

**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 : CA651077E775F4717805

Committee to Elect Alan Grayson

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

Election: 2024

Grayson, Alan Mark, , ,

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

8419 Oak Park Rd

City

Orlando

State

FL

ZIP Code

32819-3240

☒ Personal Funds of the Candidate

Original Amount of Loan

508.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

508.00

**TERMS**

Date Incurred

Date Due

Interest Rate  
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y  
10 08 / 2023M M / D D / Y Y Y Y  
NoneM M / D D / Y Y Y Y  
NoneM M / D D / Y Y Y Y  
None

12.00

% (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).....▶

508.00

**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 : C96F2B41BD5584965BBD

Committee to Elect Alan Grayson

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

Election: 2024

☒ Primary☐ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

8419 Oak Park Rd

City

Orlando

State

FL

ZIP Code

32819-3240

☒ Personal Funds of the Candidate

Original Amount of Loan

584.99

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

584.99

**TERMS**

Date Incurred

Date Due

Interest Rate  
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y  
12 18 / 2023M M / D D / Y Y Y Y  
NoneM M / D D / Y Y Y Y  
NoneY Y Y Y  
None

12.00 % (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).....▶

584.99

**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 : CDC2BC21FD2E44DCC940

Committee to Elect Alan Grayson

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

Election: 2024

☒ Primary☐ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

8419 Oak Park Rd

City

Orlando

State

FL

ZIP Code

32819-3240

☒ Personal Funds of the Candidate

Original Amount of Loan

1014.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

1014.00

**TERMS**

Date Incurred

Date Due

Interest Rate  
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y  
11 16 / 2023

M M / D D / Y Y Y Y

None

Y Y Y Y

12.00

% (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).....▶

1014.00

**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 : C212139688D85452EB93

Committee to Elect Alan Grayson

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

Election: 2024

☒ Primary☐ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

8419 Oak Park Rd

City

Orlando

State

FL

ZIP Code

32819-3240

☒ Personal Funds of the Candidate

Original Amount of Loan

1735.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

1735.00

**TERMS**

Date Incurred

Date Due

Interest Rate  
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y  
10 08 / 2023

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

None

12.00 % (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).....▶

1735.00

**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 : C4C76429167AF491C893

Committee to Elect Alan Grayson

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

Election: 2024

☒ Primary☐ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

8419 Oak Park Rd

City

Orlando

State

FL

ZIP Code

32819-3240

☒ 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  
12 / 06 / 2023M M / D D / Y Y Y Y  
NoneM M / D D / Y Y Y Y  
NoneM M / D D / Y Y Y Y  
None

12.00

% (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**

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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 : CB0AADFB08BC04DE79FC

Committee to Elect Alan Grayson

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

Election: 2006

☒ Primary☐ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

8419 Oak Park Rd

City

Orlando

State

FL

ZIP Code

32819-3240

☒ 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  
09 30 / 2006

M M / D D / Y Y Y Y

None

12.00

% (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)**  
**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 : C9A1619180B6F4ECB8CD

Committee to Elect Alan Grayson

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

Election: 2024

☒ Primary☐ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

8419 Oak Park Rd

City

Orlando

State

FL

ZIP Code

32819-3240

☒ Personal Funds of the Candidate

Original Amount of Loan

507.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

507.00

**TERMS**

Date Incurred

Date Due

Interest Rate  
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y  
06 / 08 / 2023

M M / D D / Y Y Y Y

None

Y Y Y Y

12.00

% (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).....▶

507.00

**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 199 OF 410

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 : C01E013AB4AC54AE19AD

Committee to Elect Alan Grayson

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

Election: 2010

☒ Primary☐ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

8419 Oak Park Rd

City

Orlando

State

FL

ZIP Code

32819-3240

☒ Personal Funds of the Candidate

Original Amount of Loan

25000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

25000.00

**TERMS**

Date Incurred

Date Due

Interest Rate  
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y  
11 10 / 2008

M M / D D / Y Y Y Y

None

Y Y Y Y

12.00

% (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).....▶

25000.00

**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 200 OF 410

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

NAME OF COMMITTEE (In Full)

Transaction ID : C338FB5F0A3174BBCAC7

Committee to Elect Alan Grayson

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

Election: 2010

☐ Primary☒ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

8419 Oak Park Rd

City

Orlando

State

FL

ZIP Code

32819-3240

☒ Personal Funds of the Candidate

Original Amount of Loan

50000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

50000.00

**TERMS**

Date Incurred

Date Due

Interest Rate  
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y  
10 30 / 2010M M / D D / Y Y Y Y  
NoneM M / D D / Y Y Y Y  
NoneM M / D D / Y Y Y Y  
None

12.00 % (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).....▶

50000.00

**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 201 OF 410

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 : CAE9FEE7CD2184278B08

Committee to Elect Alan Grayson

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

Election: 2024

☒ Primary☐ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

8419 Oak Park Rd

City

Orlando

State

FL

ZIP Code

32819-3240

☒ Personal Funds of the Candidate

Original Amount of Loan

819.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

819.00

**TERMS**

Date Incurred

Date Due

Interest Rate  
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y  
05 11 / 2023

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

None

12.00 % (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).....▶

819.00

**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 202 OF 410

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

NAME OF COMMITTEE (In Full)

Transaction ID : CB27F73EA11D1482980A

Committee to Elect Alan Grayson

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

Election: 2024

☒ Primary☐ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

8419 Oak Park Rd

City

Orlando

State

FL

ZIP Code

32819-3240

☒ Personal Funds of the Candidate

Original Amount of Loan

551.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

551.00

**TERMS**

Date Incurred

Date Due

Interest Rate  
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y  
12 19 / 2023M M / D D / Y Y Y Y  
NoneM M / D D / Y Y Y Y  
None

12.00 % (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).....▶

551.00

**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 203 OF 410

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 : C055ACC3CA40A4363941

Committee to Elect Alan Grayson

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

Election: 2024

☒ Primary☐ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

8419 Oak Park Rd

City

Orlando

State

FL

ZIP Code

32819-3240

☒ Personal Funds of the Candidate

Original Amount of Loan

483.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

483.00

**TERMS**

Date Incurred

Date Due

Interest Rate  
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y  
12 09 / 2023

M M / D D / Y Y Y Y

None

12.00 % (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).....▶

483.00

**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 204 OF 410

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

NAME OF COMMITTEE (In Full)

Transaction ID : C511E9327729441DA89F

Committee to Elect Alan Grayson

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

Election: 2024

☒ Primary☐ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

8419 Oak Park Rd

City

Orlando

State

FL

ZIP Code

32819-3240

☒ Personal Funds of the Candidate

Original Amount of Loan

818.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

818.00

**TERMS**

Date Incurred

Date Due

Interest Rate  
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y  
07 11 / 2023

M M / D D / Y Y Y Y

None

Y Y Y Y

12.00

% (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).....▶

818.00

**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 205 OF 410

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

NAME OF COMMITTEE (In Full)

Transaction ID : C8F871FA60FD04C14A9C

Committee to Elect Alan Grayson

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

Election: 2024

☒ Primary☐ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

8419 Oak Park Rd

City

Orlando

State

FL

ZIP Code

32819-3240

☒ Personal Funds of the Candidate

Original Amount of Loan

506.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

506.00

**TERMS**

Date Incurred

Date Due

Interest Rate  
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y  
08 / 22 / 2023M M / D D / Y Y Y Y  
NoneM M / D D / Y Y Y Y  
NoneY Y Y Y  
None

12.00

% (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).....▶

506.00

**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 206 OF 410

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 : C8A5E109E4D9448FAB68

Committee to Elect Alan Grayson

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

Election: 2024

☒ Primary☐ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

8419 Oak Park Rd

City

Orlando

State

FL

ZIP Code

32819-3240

☒ Personal Funds of the Candidate

Original Amount of Loan

488.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

488.00

**TERMS**

Date Incurred

Date Due

Interest Rate  
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y  
09 23 / 2023

M M / D D / Y Y Y Y

None

Y Y Y Y

12.00

% (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).....▶

488.00

**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 207 OF 410

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 : C85296F96708C4696A68

Committee to Elect Alan Grayson

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

Election: 2024

☒ Primary☐ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

8419 Oak Park Rd

City

Orlando

State

FL

ZIP Code

32819-3240

☒ Personal Funds of the Candidate

Original Amount of Loan

1029.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

1029.00

**TERMS**

Date Incurred

Date Due

Interest Rate  
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y  
11 / 06 / 2023

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

None

12.00

% (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).....▶

1029.00

**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 208 OF 410

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 : CBB2D1E04D4C049B8BA2

Committee to Elect Alan Grayson

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

Election: 2010

☒ Primary☐ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

8419 Oak Park Rd

City

Orlando

State

FL

ZIP Code

32819-3240

☒ Personal Funds of the Candidate

Original Amount of Loan

20000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

20000.00

**TERMS**

Date Incurred

Date Due

Interest Rate  
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y  
11 17 / 2008M M / D D / Y Y Y Y  
NoneM M / D D / Y Y Y Y  
NoneY Y Y Y  
None

12.00

% (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).....▶

20000.00

**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 209 OF 410

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 : CB712F337A7D74E75B46

Committee to Elect Alan Grayson

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

Election: 2024

☒ Primary☐ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

8419 Oak Park Rd

City

Orlando

State

FL

ZIP Code

32819-3240

☒ Personal Funds of the Candidate

Original Amount of Loan

888.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

888.00

**TERMS**

Date Incurred

Date Due

Interest Rate  
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y  
07 15 / 2023M M / D D / Y Y Y Y  
NoneY Y Y Y  
None

12.00 % (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).....▶

888.00

**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 210 OF 410

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

NAME OF COMMITTEE (In Full)

Transaction ID : CFB7B251FEC4449A5895

Committee to Elect Alan Grayson

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

Election: 2010

☐ Primary☒ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

8419 Oak Park Rd

City

Orlando

State

FL

ZIP Code

32819-3240

☒ Personal Funds of the Candidate

Original Amount of Loan

50000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

50000.00

**TERMS**

Date Incurred

Date Due

Interest Rate  
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y  
10 19 / 2010M M / D D / Y Y Y Y  
NoneM M / D D / Y Y Y Y  
NoneM M / D D / Y Y Y Y  
None

12.00

% (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).....▶

50000.00

**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 211 OF 410

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

NAME OF COMMITTEE (In Full)

Transaction ID : C0E095A6FB0704E7A807

Committee to Elect Alan Grayson

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

Election: 2024

☒ Primary☐ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

8419 Oak Park Rd

City

Orlando

State

FL

ZIP Code

32819-3240

☒ Personal Funds of the Candidate

Original Amount of Loan

511.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

511.00

**TERMS**

Date Incurred

Date Due

Interest Rate  
(If none, enter 0)

Secured:

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

M M / D D / Y Y Y Y

None

Y Y Y Y

12.00

% (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).....▶

511.00

**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 212 OF 410

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 : CF1E403A9615B45E2B68

Committee to Elect Alan Grayson

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

Election: 2024

☒ Primary☐ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

8419 Oak Park Rd

City

Orlando

State

FL

ZIP Code

32819-3240

☒ Personal Funds of the Candidate

Original Amount of Loan

501.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

501.00

**TERMS**

Date Incurred

Date Due

Interest Rate  
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y  
04 23 / 2023

M M / D D / Y Y Y Y

None

Y Y Y Y

12.00

% (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).....▶

501.00

**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 : C83C79A08454D418DB86

Committee to Elect Alan Grayson

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

Election: 2024

☒ Primary☐ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

8419 Oak Park Rd

City

Orlando

State

FL

ZIP Code

32819-3240

☒ Personal Funds of the Candidate

Original Amount of Loan

291.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

291.00

**TERMS**

Date Incurred

Date Due

Interest Rate  
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y  
08 / 28 / 2023

M M / D D / Y Y Y Y

None

Y Y Y Y

12.00

% (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).....▶

291.00

**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 214 OF 410

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 : C1A136ABC9A5F44FB92E

Committee to Elect Alan Grayson

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

Election: 2024

☒ Primary☐ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

8419 Oak Park Rd

City

Orlando

State

FL

ZIP Code

32819-3240

☒ Personal Funds of the Candidate

Original Amount of Loan

770.66

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

770.66

**TERMS**

Date Incurred

Date Due

Interest Rate  
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y  
10 / 22 / 2023

M M / D D / Y Y Y Y

None

Y Y Y Y

12.00

% (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).....▶

770.66

**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 : CBB75DBFF89AB4A7AA64

Committee to Elect Alan Grayson

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

Election: 2020

☒ Primary☐ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

8419 Oak Park Rd

City

Orlando

State

FL

ZIP Code

32819-3240

☒ Personal Funds of the Candidate

Original Amount of Loan

1241.94

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

1241.94

**TERMS**

Date Incurred

Date Due

Interest Rate  
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y  
10 15 / 2019

M M / D D / Y Y Y Y

None

12.00 % (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).....▶

1241.94

**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 : C12ADE71689974F30868

Committee to Elect Alan Grayson

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

Election: 2024

☒ Primary☐ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

8419 Oak Park Rd

City

Orlando

State

FL

ZIP Code

32819-3240

☒ Personal Funds of the Candidate

Original Amount of Loan

2505.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

2505.00

**TERMS**

Date Incurred

Date Due

Interest Rate  
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y  
12 / 27 / 2023M M / D D / Y Y Y Y  
NoneM M / D D / Y Y Y Y  
NoneY Y Y Y  
None

12.00

% (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).....▶

2505.00

**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 : C9E4BA056363441DEB87

Committee to Elect Alan Grayson

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

Election: 2026

☒ Primary☐ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

8419 Oak Park Rd

City

Orlando

State

FL

ZIP Code

32819-3240

☒ Personal Funds of the Candidate

Original Amount of Loan

50000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

50000.00

**TERMS**

Date Incurred

Date Due

Interest Rate  
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y  
07 22 / 2026M M / D D / Y Y Y Y  
NoneM M / D D / Y Y Y Y  
NoneM M / D D / Y Y Y Y  
None

12.00

% (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).....▶

50000.00

**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

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

NAME OF COMMITTEE (In Full)

Transaction ID : C194CED4B646C41AA87A

Committee to Elect Alan Grayson

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

Election: 2024

☒ Primary☐ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

8419 Oak Park Rd

City

Orlando

State

FL

ZIP Code

32819-3240

☒ Personal Funds of the Candidate

Original Amount of Loan

562.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

562.00

**TERMS**

Date Incurred

Date Due

Interest Rate  
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y  
10 19 / 2023

M M / D D / Y Y Y Y

None

12.00 % (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).....▶

562.00

**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 : CC8CCAF600699480F865

Committee to Elect Alan Grayson

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

Election: 2024

☒ Primary☐ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

8419 Oak Park Rd

City

Orlando

State

FL

ZIP Code

32819-3240

☒ Personal Funds of the Candidate

Original Amount of Loan

291.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

291.00

**TERMS**

Date Incurred

Date Due

Interest Rate  
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y  
11 / 28 / 2023

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

None

12.00

% (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).....▶

291.00

**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 220 OF 410

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 : C851B413DBE174AFFA35

Committee to Elect Alan Grayson

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

Election: 2006

☒ Primary☐ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

8419 Oak Park Rd

City

Orlando

State

FL

ZIP Code

32819-3240

☒ Personal Funds of the Candidate

Original Amount of Loan

25000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

25000.00

**TERMS**

Date Incurred

Date Due

Interest Rate  
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y  
09 07 / 2006M M / D D / Y Y Y Y  
NoneY Y Y Y  
None

12.00 % (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).....▶

25000.00

**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 : CD5A4F62292B24B28B20

Committee to Elect Alan Grayson

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

Election: 2024

☒ Primary☐ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

8419 Oak Park Rd

City

Orlando

State

FL

ZIP Code

32819-3240

☒ Personal Funds of the Candidate

Original Amount of Loan

784.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

784.00

**TERMS**

Date Incurred

Date Due

Interest Rate  
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y  
12 11 / 2023

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

None

12.00

% (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).....▶

784.00

**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 : C0C772C00B032471E8D1

Committee to Elect Alan Grayson

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

Election: 2022

☒ Primary☐ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

8419 Oak Park Rd

City

Orlando

State

FL

ZIP Code

32819-3240

☒ Personal Funds of the Candidate

Original Amount of Loan

1171.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

1171.00

**TERMS**

Date Incurred

Date Due

Interest Rate  
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y  
11 23 / 2022M M / D D / Y Y Y Y  
NoneM M / D D / Y Y Y Y  
NoneM M / D D / Y Y Y Y  
None

12.00

% (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).....▶

1171.00

**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 : CD6C044952BA8484D964

Committee to Elect Alan Grayson

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

Election: 2024

☒ Primary☐ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

8419 Oak Park Rd

City

Orlando

State

FL

ZIP Code

32819-3240

☒ Personal Funds of the Candidate

Original Amount of Loan

1420.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

1420.00

**TERMS**

Date Incurred

Date Due

Interest Rate  
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y  
06 / 05 / 2023

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

None

12.00

% (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).....▶

1420.00

**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 224 OF 410

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

NAME OF COMMITTEE (In Full)

Transaction ID : C5359D21E2E7E4929B09

Committee to Elect Alan Grayson

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

Election: 2024

☒ Primary☐ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

8419 Oak Park Rd

City

Orlando

State

FL

ZIP Code

32819-3240

☒ Personal Funds of the Candidate

Original Amount of Loan

7500.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

7500.00

**TERMS**

Date Incurred

Date Due

Interest Rate  
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y  
07 06 / 2023

M M / D D / Y Y Y Y

None

12.00 % (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).....▶

7500.00

**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 225 OF 410

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

NAME OF COMMITTEE (In Full)

Transaction ID : C74F62F5BE1BB4AD09FD

Committee to Elect Alan Grayson

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

Election: 2024

☒ Primary☐ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

8419 Oak Park Rd

City

Orlando

State

FL

ZIP Code

32819-3240

☒ Personal Funds of the Candidate

Original Amount of Loan

530.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

530.00

**TERMS**

Date Incurred

Date Due

Interest Rate  
(If none, enter 0)

Secured:

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

M M / D D / Y Y Y Y

None

12.00 % (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).....▶

530.00

**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 : CEA0D2DF879DE4CDF929

Committee to Elect Alan Grayson

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

Election: 2024

☒ Primary☐ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

8419 Oak Park Rd

City

Orlando

State

FL

ZIP Code

32819-3240

☒ Personal Funds of the Candidate

Original Amount of Loan

1651.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

1651.00

**TERMS**

Date Incurred

Date Due

Interest Rate  
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y  
11 / 08 / 2023M M / D D / Y Y Y Y  
NoneM M / D D / Y Y Y Y  
NoneY Y Y Y  
None

12.00

% (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).....▶

1651.00

**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 227 OF 410

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 : CF69B182C82D340BC87C

Committee to Elect Alan Grayson

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

Election: 2024

☒ Primary☐ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

8419 Oak Park Rd

City

Orlando

State

FL

ZIP Code

32819-3240

☒ Personal Funds of the Candidate

Original Amount of Loan

2730.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

2730.00

**TERMS**

Date Incurred

Date Due

Interest Rate  
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y  
04 27 / 2023

M M / D D / Y Y Y Y

None

12.00

% (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).....▶

2730.00

**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 228 OF 410

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

NAME OF COMMITTEE (In Full)

Transaction ID : CA67C2994F2704A4D9C6

Committee to Elect Alan Grayson

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

Election: 2024

☒ Primary☐ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

8419 Oak Park Rd

City

Orlando

State

FL

ZIP Code

32819-3240

☒ Personal Funds of the Candidate

Original Amount of Loan

2030.16

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

2030.16

**TERMS**

Date Incurred

Date Due

Interest Rate  
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y  
05 18 / 2023

M M / D D / Y Y Y Y

None

12.00 % (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).....▶

2030.16

**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 229 OF 410

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 : C99F7EF059B274BB99D5

Committee to Elect Alan Grayson

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

Election: 2020

☒ Primary☐ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

8419 Oak Park Rd

City

Orlando

State

FL

ZIP Code

32819-3240

☒ Personal Funds of the Candidate

Original Amount of Loan

100.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

100.00

**TERMS**

Date Incurred

Date Due

Interest Rate  
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y  
10 02 / 2019M M / D D / Y Y Y Y  
NoneM M / D D / Y Y Y Y  
NoneY Y Y Y  
None

12.00

% (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).....▶

100.00

**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

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

NAME OF COMMITTEE (In Full)

Transaction ID : C494702F0A0834D2D8A0

Committee to Elect Alan Grayson

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

Election: 2024

☒ Primary☐ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

8419 Oak Park Rd

City

Orlando

State

FL

ZIP Code

32819-3240

☒ Personal Funds of the Candidate

Original Amount of Loan

964.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

964.00

**TERMS**

Date Incurred

Date Due

Interest Rate  
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y  
08 18 / 2023

M M / D D / Y Y Y Y

None

12.00 % (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).....▶

964.00

**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 231 OF 410

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

NAME OF COMMITTEE (In Full)

Transaction ID : C9BB4A6E0EE6743158AE

Committee to Elect Alan Grayson

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

Election: 2024

☒ Primary☐ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

8419 Oak Park Rd

City

Orlando

State

FL

ZIP Code

32819-3240

☒ Personal Funds of the Candidate

Original Amount of Loan

521.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

521.00

**TERMS**

Date Incurred

Date Due

Interest Rate  
(If none, enter 0)

Secured:

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

M M / D D / Y Y Y Y

None

12.00

% (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).....▶

521.00

**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 232 OF 410

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

NAME OF COMMITTEE (In Full)

Transaction ID : C616EE49144B844AFBF1

Committee to Elect Alan Grayson

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

Election: 2008

☒ Primary☐ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

8419 Oak Park Rd

City

Orlando

State

FL

ZIP Code

32819-3240

☒ Personal Funds of the Candidate

Original Amount of Loan

50000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

50000.00

**TERMS**

Date Incurred

Date Due

Interest Rate  
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y  
05 09 / 2008

M M / D D / Y Y Y Y

None

12.00

% (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).....▶

50000.00

**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 : C1FDEA6B8DBB346D7A2A

Committee to Elect Alan Grayson

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

Election: 2010

☒ Primary☐ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

8419 Oak Park Rd

City

Orlando

State

FL

ZIP Code

32819-3240

☒ 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  
12 / 01 / 2008

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

None

12.00

% (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)**  
**LOANS**

PAGE 234 OF 410

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 : C1C9AA64AFE647578DE

Committee to Elect Alan Grayson

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

Election: 2024

☒ Primary☐ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

8419 Oak Park Rd

City

Orlando

State

FL

ZIP Code

32819-3240

☒ Personal Funds of the Candidate

Original Amount of Loan

204.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

204.00

**TERMS**

Date Incurred

Date Due

Interest Rate  
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y  
12 / 03 / 2023

M M / D D / Y Y Y Y

None

Y Y Y Y

12.00

% (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).....▶

204.00

**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 235 OF 410

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 : CE7E088FAE5CF4416A01

Committee to Elect Alan Grayson

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

Election: 2026

☒ Primary☐ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

8419 Oak Park Rd

City

Orlando

State

FL

ZIP Code

32819-3240

☒ Personal Funds of the Candidate

Original Amount of Loan

9414.18

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

9414.18

**TERMS**

Date Incurred

Date Due

Interest Rate  
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y  
01 31 / 2026

M M / D D / Y Y Y Y

None

Y Y Y Y

12.00

% (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).....▶

9414.18

**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 236 OF 410

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 : C51B09747CDAE45A5BE9

Committee to Elect Alan Grayson

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

Election: 2024

☒ Primary☐ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

8419 Oak Park Rd

City

Orlando

State

FL

ZIP Code

32819-3240

☒ Personal Funds of the Candidate

Original Amount of Loan

794.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

794.00

**TERMS**

Date Incurred

Date Due

Interest Rate  
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y  
08 11 / 2023

M M / D D / Y Y Y Y

None

Y Y Y Y

12.00

% (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).....▶

794.00

**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 237 OF 410

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 : C8C063E518A2C4A6F941

Committee to Elect Alan Grayson

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

Election: 2006

Grayson, Alan Mark, , ,

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

8419 Oak Park Rd

City

Orlando

State

FL

ZIP Code

32819-3240

☒ Personal Funds of the Candidate

Original Amount of Loan

30000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

30000.00

**TERMS**

Date Incurred

Date Due

Interest Rate  
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y  
09 20 2006

M M / D D / Y Y Y Y

None

12.00

% (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).....▶

30000.00

**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 : C47360E6B4AAB4DE7A0B

Committee to Elect Alan Grayson

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

Election: 2024

☒ Primary☐ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

8419 Oak Park Rd

City

Orlando

State

FL

ZIP Code

32819-3240

☒ Personal Funds of the Candidate

Original Amount of Loan

534.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

534.00

**TERMS**

Date Incurred

Date Due

Interest Rate  
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y  
06 07 / 2023

M M / D D / Y Y Y Y

None

Y Y Y Y

12.00

% (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).....▶

534.00

**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 239 OF 410

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

NAME OF COMMITTEE (In Full)

Transaction ID : C999089F924F44B6CB5C

Committee to Elect Alan Grayson

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

Election: 2022

☒ Primary☐ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

8419 Oak Park Rd

City

Orlando

State

FL

ZIP Code

32819-3240

☒ Personal Funds of the Candidate

Original Amount of Loan

1796.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

1796.00

**TERMS**

Date Incurred

Date Due

Interest Rate  
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y  
10 08 / 2022

M M / D D / Y Y Y Y

None

12.00 % (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).....▶

1796.00

**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 240 OF 410

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 : CE496C1BE01DD4A31A74

Committee to Elect Alan Grayson

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

Election: 2014

☐ Primary☒ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

8419 Oak Park Rd

City

Orlando

State

FL

ZIP Code

32819-3240

☒ Personal Funds of the Candidate

Original Amount of Loan

74193.28

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

74193.28

**TERMS**

Date Incurred

Date Due

Interest Rate  
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y  
10 14 / 2014M M / D D / Y Y Y Y  
NoneM M / D D / Y Y Y Y  
NoneM M / D D / Y Y Y Y  
None

12.00

% (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).....▶

74193.28

**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 241 OF 410

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 : C1B993C799BD1471F8C8

Committee to Elect Alan Grayson

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

Election: 2024

☒ Primary☐ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

8419 Oak Park Rd

City

Orlando

State

FL

ZIP Code

32819-3240

☒ Personal Funds of the Candidate

Original Amount of Loan

711.19

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

711.19

**TERMS**

Date Incurred

Date Due

Interest Rate  
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y  
04 23 / 2023

M M / D D / Y Y Y Y

None

Y Y Y Y

12.00 % (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).....▶

711.19

**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 242 OF 410

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 : C78FF664A672A4429B79

Committee to Elect Alan Grayson

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

Election: 2024

☒ Primary☐ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

8419 Oak Park Rd

City

Orlando

State

FL

ZIP Code

32819-3240

☒ Personal Funds of the Candidate

Original Amount of Loan

2698.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

2698.00

**TERMS**

Date Incurred

Date Due

Interest Rate  
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y  
06 / 27 / 2023

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

None

12.00

% (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).....▶

2698.00

**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 243 OF 410

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 : C74B69D6BF83F4C0BAAB

Committee to Elect Alan Grayson

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

Election: 2024

☒ Primary☐ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

8419 Oak Park Rd

City

Orlando

State

FL

ZIP Code

32819-3240

☒ Personal Funds of the Candidate

Original Amount of Loan

564.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

564.00

**TERMS**

Date Incurred

Date Due

Interest Rate  
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y  
06 20 2023

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

None

12.00 % (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).....▶

564.00

**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 244 OF 410

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 : C9E7EB957C9D74D80A6D

Committee to Elect Alan Grayson

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

Election: 2016

☒ Primary☐ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

8419 Oak Park Rd

City

Orlando

State

FL

ZIP Code

32819-3240

☒ Personal Funds of the Candidate

Original Amount of Loan

100000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

100000.00

**TERMS**

Date Incurred

Date Due

Interest Rate  
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y  
07 10 / 2015M M / D D / Y Y Y Y  
NoneY Y Y Y  
None

12.00 % (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).....▶

100000.00

**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 245 OF 410

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 : CA63A16085F7D4B8AB6D

Committee to Elect Alan Grayson

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

Election: 2006

☒ Primary☐ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

8419 Oak Park Rd

City

Orlando

State

FL

ZIP Code

32819-3240

☒ Personal Funds of the Candidate

Original Amount of Loan

40000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

40000.00

**TERMS**

Date Incurred

Date Due

Interest Rate  
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y  
08 / 27 / 2006

M M / D D / Y Y Y Y

None

12.00

% (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).....▶

40000.00

**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 : C58F4406FDCD148C8A32

Committee to Elect Alan Grayson

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

Election: 2026

☒ Primary☐ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

8419 Oak Park Rd

City

Orlando

State

FL

ZIP Code

32819-3240

☒ Personal Funds of the Candidate

Original Amount of Loan

11137.83

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

11137.83

**TERMS**

Date Incurred

Date Due

Interest Rate  
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y  
12 31 / 2025

M M / D D / Y Y Y Y

None

12.00 % (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).....▶

11137.83

**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 247 OF 410

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 : C537E838462844CED9E3

Committee to Elect Alan Grayson

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

Election: 2024

☒ Primary☐ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

8419 Oak Park Rd

City

Orlando

State

FL

ZIP Code

32819-3240

☒ Personal Funds of the Candidate

Original Amount of Loan

154.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

154.00

**TERMS**

Date Incurred

Date Due

Interest Rate  
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y  
10 10 2023M M / D D / Y Y Y Y  
NoneY Y Y Y  
None

12.00 % (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).....▶

154.00

**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 248 OF 410

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 : CCF21C0D4579E4CA28FF

Committee to Elect Alan Grayson

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

Election: 2024

☒ Primary☐ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

8419 Oak Park Rd

City

Orlando

State

FL

ZIP Code

32819-3240

☒ Personal Funds of the Candidate

Original Amount of Loan

140.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

140.00

**TERMS**

Date Incurred

Date Due

Interest Rate  
(If none, enter 0)

Secured:

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

M M / D D / Y Y Y Y

None

12.00 % (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).....▶

140.00

**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 249 OF 410

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 : C921118EF8E734C08BD6

Committee to Elect Alan Grayson

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

Election: 2026

☒ Primary☐ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

8419 Oak Park Rd

City

Orlando

State

FL

ZIP Code

32819-3240

☒ Personal Funds of the Candidate

Original Amount of Loan

7321.61

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

7321.61

**TERMS**

Date Incurred

Date Due

Interest Rate  
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y  
06 30 / 2025

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

None

12.00

% (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).....▶

7321.61

**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 250 OF 410

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 : C71A73A28A8594E2BB58

Committee to Elect Alan Grayson

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

Election: 2024

☒ Primary☐ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

8419 Oak Park Rd

City

Orlando

State

FL

ZIP Code

32819-3240

☒ Personal Funds of the Candidate

Original Amount of Loan

1846.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

1846.00

**TERMS**

Date Incurred

Date Due

Interest Rate  
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y  
04 22 / 2023

M M / D D / Y Y Y Y

None

12.00 % (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).....▶

1846.00

**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 251 OF 410

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 : CC1ACDA7C09D94282A41

Committee to Elect Alan Grayson

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

Election: 2024

☒ Primary☐ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

8419 Oak Park Rd

City

Orlando

State

FL

ZIP Code

32819-3240

☒ Personal Funds of the Candidate

Original Amount of Loan

782.58

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

782.58

**TERMS**

Date Incurred

Date Due

Interest Rate  
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y  
07 22 / 2023

M M / D D / Y Y Y Y

None

12.00 % (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).....▶

782.58

**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 : C917EEE1423DF426582C

Committee to Elect Alan Grayson

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

Election: 2006

Grayson, Alan Mark, , ,

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

8419 Oak Park Rd

City

Orlando

State

FL

ZIP Code

32819-3240

☒ 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  
09 28 / 2006

M M / D D / Y Y Y Y

None

12.00 % (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)**  
**LOANS**Use 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 : C5158D20820114645A96

Committee to Elect Alan Grayson

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

Election: 2024

☒ Primary☐ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

8419 Oak Park Rd

City

Orlando

State

FL

ZIP Code

32819-3240

☒ Personal Funds of the Candidate

Original Amount of Loan

923.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

923.00

**TERMS**

Date Incurred

Date Due

Interest Rate  
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y  
09 18 / 2023M M / D D / Y Y Y Y  
NoneY Y Y Y  
None

12.00

% (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).....▶

923.00

**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 254 OF 410

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 : CFCF8D804721240DD892

Committee to Elect Alan Grayson

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

Election: 2026

☒ Primary☐ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

8419 Oak Park Rd

City

Orlando

State

FL

ZIP Code

32819-3240

☒ Personal Funds of the Candidate

Original Amount of Loan

15568.60

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

15568.60

**TERMS**

Date Incurred

Date Due

Interest Rate  
(If none, enter 0)

Secured:

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

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

None

12.00

% (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).....▶

15568.60

**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 255 OF 410

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

NAME OF COMMITTEE (In Full)

Transaction ID : C0669489DCBB54D189C5

Committee to Elect Alan Grayson

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

Election: 2024

☒ Primary☐ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

8419 Oak Park Rd

City

Orlando

State

FL

ZIP Code

32819-3240

☒ Personal Funds of the Candidate

Original Amount of Loan

130.30

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

130.30

**TERMS**

Date Incurred

Date Due

Interest Rate  
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y  
11 12 / 2023

M M / D D / Y Y Y Y

None

Y Y Y Y

12.00

% (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).....▶

130.30

**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

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

NAME OF COMMITTEE (In Full)

Transaction ID : CF143B96D8BEF42859D2

Committee to Elect Alan Grayson

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

Election: 2024

☒ Primary☐ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

8419 Oak Park Rd

City

Orlando

State

FL

ZIP Code

32819-3240

☒ Personal Funds of the Candidate

Original Amount of Loan

987.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

987.00

**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

None

12.00 % (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).....▶

987.00

**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 : C62ABFA7A3C3145AAAFB

Committee to Elect Alan Grayson

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

Election: 2024

☒ Primary☐ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

8419 Oak Park Rd

City

Orlando

State

FL

ZIP Code

32819-3240

☒ Personal Funds of the Candidate

Original Amount of Loan

20000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

20000.00

**TERMS**

Date Incurred

Date Due

Interest Rate  
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y  
07 01 / 2023

M M / D D / Y Y Y Y

None

Y Y Y Y

12.00

% (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).....▶

20000.00

**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 258 OF 410

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

NAME OF COMMITTEE (In Full)

Transaction ID : C2F3C8D3D8C49411FACA

Committee to Elect Alan Grayson

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

Election: 2008

☒ Primary☐ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

8419 Oak Park Rd

City

Orlando

State

FL

ZIP Code

32819-3240

☒ Personal Funds of the Candidate

Original Amount of Loan

25000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

25000.00

**TERMS**

Date Incurred

Date Due

Interest Rate  
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y  
05 16 / 2008

M M / D D / Y Y Y Y

None

Y Y Y Y

12.00

% (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).....▶

25000.00

**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 : C0B13B7670C794D87822

Committee to Elect Alan Grayson

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

Election: 2024

Grayson, Alan Mark, , ,

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

8419 Oak Park Rd

City

Orlando

State

FL

ZIP Code

32819-3240

☒ Personal Funds of the Candidate

Original Amount of Loan

964.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

964.00

**TERMS**

Date Incurred

Date Due

Interest Rate  
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y  
05 18 / 2023

M M / D D / Y Y Y Y

None

Y Y Y Y

12.00

% (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).....▶

964.00

**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 260 OF 410

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 : C850F389755F34900A3A

Committee to Elect Alan Grayson

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

Election: 2024

☒ Primary☐ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

8419 Oak Park Rd

City

Orlando

State

FL

ZIP Code

32819-3240

☒ Personal Funds of the Candidate

Original Amount of Loan

483.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

483.00

**TERMS**

Date Incurred

Date Due

Interest Rate  
(If none, enter 0)

Secured:

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

M M / D D / Y Y Y Y

None

12.00

% (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).....▶

483.00

**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 261 OF 410

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 : CDD40F10D240C4B6D91D

Committee to Elect Alan Grayson

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

Election: 2022

☒ Primary☐ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

8419 Oak Park Rd

City

Orlando

State

FL

ZIP Code

32819-3240

☒ Personal Funds of the Candidate

Original Amount of Loan

1854.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

1854.00

**TERMS**

Date Incurred

Date Due

Interest Rate  
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y  
12 / 08 / 2022M M / D D / Y Y Y Y  
NoneM M / D D / Y Y Y Y  
NoneM M / D D / Y Y Y Y  
None

12.00

% (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).....▶

1854.00

**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 : C7D99C8C30CE04E258C3

Committee to Elect Alan Grayson

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

Election: 2024

☒ Primary☐ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

8419 Oak Park Rd

City

Orlando

State

FL

ZIP Code

32819-3240

☒ Personal Funds of the Candidate

Original Amount of Loan

316.62

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

316.62

**TERMS**

Date Incurred

Date Due

Interest Rate  
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y  
11 / 08 / 2023

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

None

12.00 % (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).....▶

316.62

**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 : C92DBE48D77DB4D2A805

Committee to Elect Alan Grayson

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

Election: 2024

☒ Primary☐ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

8419 Oak Park Rd

City

Orlando

State

FL

ZIP Code

32819-3240

☒ Personal Funds of the Candidate

Original Amount of Loan

575.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

575.00

**TERMS**

Date Incurred

Date Due

Interest Rate  
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y  
04 19 / 2023

M M / D D / Y Y Y Y

None

Y Y Y Y

12.00

% (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).....▶

575.00

**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 : C2917D0B17B054C7C83D

Committee to Elect Alan Grayson

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

Election: 2024

☒ Primary☐ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

8419 Oak Park Rd

City

Orlando

State

FL

ZIP Code

32819-3240

☒ Personal Funds of the Candidate

Original Amount of Loan

3500.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

3500.00

**TERMS**

Date Incurred

Date Due

Interest Rate  
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y  
10 02 / 2023M M / D D / Y Y Y Y  
NoneM M / D D / Y Y Y Y  
NoneM M / D D / Y Y Y Y  
None

12.00

% (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).....▶

3500.00

**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 : C914C9868299346FABA2

Committee to Elect Alan Grayson

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

Election: 2024

☒ Primary☐ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

8419 Oak Park Rd

City

Orlando

State

FL

ZIP Code

32819-3240

☒ Personal Funds of the Candidate

Original Amount of Loan

53.93

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

53.93

**TERMS**

Date Incurred

Date Due

Interest Rate  
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y  
11 17 / 2023

M M / D D / Y Y Y Y

None

Y Y Y Y

12.00

% (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).....▶

53.93

**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 266 OF 410

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

NAME OF COMMITTEE (In Full)

Transaction ID : C13A0C39A1F98402D803

Committee to Elect Alan Grayson

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

Election: 2024

☒ Primary☐ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

8419 Oak Park Rd

City

Orlando

State

FL

ZIP Code

32819-3240

☒ Personal Funds of the Candidate

Original Amount of Loan

726.73

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

726.73

**TERMS**

Date Incurred

Date Due

Interest Rate  
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y  
08 / 22 / 2023

M M / D D / Y Y Y Y

D D / Y Y Y Y

None

12.00

% (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).....▶

726.73

**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 267 OF 410

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 : C33367EC4FF8046E8A41

Committee to Elect Alan Grayson

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

Election: 2024

☒ Primary☐ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

8419 Oak Park Rd

City

Orlando

State

FL

ZIP Code

32819-3240

☒ Personal Funds of the Candidate

Original Amount of Loan

332.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

332.00

**TERMS**

Date Incurred

Date Due

Interest Rate  
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y  
08 / 28 / 2023

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

None

12.00

% (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).....▶

332.00

**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 268 OF 410

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 : CBF173F2D12DD4C7F90C

Committee to Elect Alan Grayson

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

Election: 2024

☒ Primary☐ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

8419 Oak Park Rd

City

Orlando

State

FL

ZIP Code

32819-3240

☒ Personal Funds of the Candidate

Original Amount of Loan

148.93

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

148.93

**TERMS**

Date Incurred

Date Due

Interest Rate  
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y  
12 17 / 2023M M / D D / Y Y Y Y  
NoneY Y Y Y  
None

12.00 % (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).....▶

148.93

**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 269 OF 410

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

NAME OF COMMITTEE (In Full)

Transaction ID : CBB356A566D6B44E38F3

Committee to Elect Alan Grayson

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

Election: 2008

☐ Primary☒ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

8419 Oak Park Rd

City

Orlando

State

FL

ZIP Code

32819-3240

☒ Personal Funds of the Candidate

Original Amount of Loan

50000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

50000.00

**TERMS**

Date Incurred

Date Due

Interest Rate  
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y  
09 11 / 2008

M M / D D / Y Y Y Y

None

Y Y Y Y

12.00

% (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).....▶

50000.00

**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 270 OF 410

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

NAME OF COMMITTEE (In Full)

Transaction ID : CAE419D4F9A13464E96E

Committee to Elect Alan Grayson

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

Election: 2024

☒ Primary☐ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

8419 Oak Park Rd

City

Orlando

State

FL

ZIP Code

32819-3240

☒ Personal Funds of the Candidate

Original Amount of Loan

1115.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

1115.00

**TERMS**

Date Incurred

Date Due

Interest Rate  
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y  
07 05 / 2023

M M / D D / Y Y Y Y

None

12.00 % (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).....▶

1115.00

**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 271 OF 410

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 : CEC225F5B6B8549FA8F4

Committee to Elect Alan Grayson

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

Election: 2024

☒ Primary☐ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

8419 Oak Park Rd

City

Orlando

State

FL

ZIP Code

32819-3240

☒ Personal Funds of the Candidate

Original Amount of Loan

494.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

494.00

**TERMS**

Date Incurred

Date Due

Interest Rate  
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y  
10 09 / 2023M M / D D / Y Y Y Y  
NoneM M / D D / Y Y Y Y  
None

12.00 % (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).....▶

494.00

**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 272 OF 410

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 : CD5554762C84A4A82811

Committee to Elect Alan Grayson

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

Election: 2024

☒ Primary☐ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

8419 Oak Park Rd

City

Orlando

State

FL

ZIP Code

32819-3240

☒ Personal Funds of the Candidate

Original Amount of Loan

751.31

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

751.31

**TERMS**

Date Incurred

Date Due

Interest Rate  
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y  
12 22 / 2023M M / D D / Y Y Y Y  
NoneM M / D D / Y Y Y Y  
None

12.00 % (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).....▶

751.31

**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 273 OF 410

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

NAME OF COMMITTEE (In Full)

Transaction ID : C2295AC9FF6904277B9A

Committee to Elect Alan Grayson

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

Election: 2024

☒ Primary☐ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

8419 Oak Park Rd

City

Orlando

State

FL

ZIP Code

32819-3240

☒ Personal Funds of the Candidate

Original Amount of Loan

3478.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

3478.00

**TERMS**

Date Incurred

Date Due

Interest Rate  
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y  
09 10 2023

M M / D D / Y Y Y Y

None

12.00 % (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).....▶

3478.00

**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 274 OF 410

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 : C9C0B8270307E4CBB851

Committee to Elect Alan Grayson

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

Election: 2022

☒ Primary☐ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

8419 Oak Park Rd

City

Orlando

State

FL

ZIP Code

32819-3240

☒ Personal Funds of the Candidate

Original Amount of Loan

28517.38

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

28517.38

**TERMS**

Date Incurred

Date Due

Interest Rate  
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y  
10 / 03 / 2022

M M / D D / Y Y Y Y

D D / Y Y Y Y

None

12.00

% (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).....▶

28517.38

**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 : C14CF321B8F264A69873

Committee to Elect Alan Grayson

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

Election: 2026

☒ Primary☐ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

8419 Oak Park Rd

City

Orlando

State

FL

ZIP Code

32819-3240

☒ Personal Funds of the Candidate

Original Amount of Loan

9662.76

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

9662.76

**TERMS**

Date Incurred

Date Due

Interest Rate  
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y  
03 31 / 2025

M M / D D / Y Y Y Y

None

Y Y Y Y

12.00

% (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).....▶

9662.76

**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 276 OF 410

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 : CC5B6160C3097470B9F1

Committee to Elect Alan Grayson

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

Election: 2024

☒ Primary☐ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

8419 Oak Park Rd

City

Orlando

State

FL

ZIP Code

32819-3240

☒ Personal Funds of the Candidate

Original Amount of Loan

987.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

987.00

**TERMS**

Date Incurred

Date Due

Interest Rate  
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y  
06 11 / 2023

M M / D D / Y Y Y Y

None

12.00

% (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).....▶

987.00

**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 277 OF 410

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 : CB43EEFAF328148F0B0E

Committee to Elect Alan Grayson

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

Election: 2026

☒ Primary☐ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

8419 Oak Park Rd

City

Orlando

State

FL

ZIP Code

32819-3240

☒ Personal Funds of the Candidate

Original Amount of Loan

15255.39

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

15255.39

**TERMS**

Date Incurred

Date Due

Interest Rate  
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y  
02 28 / 2026

M M / D D / Y Y Y Y

None

Y Y Y Y

12.00

% (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).....▶

15255.39

**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 278 OF 410

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

NAME OF COMMITTEE (In Full)

Transaction ID : C5EEA6DDDCD474875BD0

Committee to Elect Alan Grayson

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

Election: 2026

☒ Primary☐ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

8419 Oak Park Rd

City

Orlando

State

FL

ZIP Code

32819-3240

☒ Personal Funds of the Candidate

Original Amount of Loan

11502.48

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

11502.48

**TERMS**

Date Incurred

Date Due

Interest Rate  
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y  
03 31 / 2026

M M / D D / Y Y Y Y

None

Y Y Y Y

12.00

% (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).....▶

11502.48

**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 279 OF 410

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 : C365D5A3C91754187B53

Committee to Elect Alan Grayson

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

Election: 2024

Grayson, Alan Mark, , ,

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

8419 Oak Park Rd

City

Orlando

State

FL

ZIP Code

32819-3240

☒ Personal Funds of the Candidate

Original Amount of Loan

329.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

329.00

**TERMS**

Date Incurred

Date Due

Interest Rate  
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y  
09 / 26 / 2023M M / D D / Y Y Y Y  
NoneY Y Y Y  
None

12.00 % (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).....▶

329.00

**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 280 OF 410

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

NAME OF COMMITTEE (In Full)

Transaction ID : C5CD7D7AE76334020906

Committee to Elect Alan Grayson

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

Election: 2026

☒ Primary☐ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

8419 Oak Park Rd

City

Orlando

State

FL

ZIP Code

32819-3240

☒ Personal Funds of the Candidate

Original Amount of Loan

40000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

40000.00

**TERMS**

Date Incurred

Date Due

Interest Rate  
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y  
07 01 / 2026

M M / D D / Y Y Y Y

None

Y Y Y Y

12.00

% (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).....▶

40000.00

**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 281 OF 410

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

NAME OF COMMITTEE (In Full)

Transaction ID : CB9ACCA4C1B264664856

Committee to Elect Alan Grayson

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

Election: 2026

☒ Primary☐ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

8419 Oak Park Rd

City

Orlando

State

FL

ZIP Code

32819-3240

☒ Personal Funds of the Candidate

Original Amount of Loan

3000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

3000.00

**TERMS**

Date Incurred

Date Due

Interest Rate  
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y  
06 / 05 / 2026

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

None

12.00

% (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).....▶

3000.00

**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 282 OF 410

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 : CAECD6326556A4A33916

Committee to Elect Alan Grayson

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

Election: 2026

☒ Primary☐ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

8419 Oak Park Rd

City

Orlando

State

FL

ZIP Code

32819-3240

☒ Personal Funds of the Candidate

Original Amount of Loan

20000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

20000.00

**TERMS**

Date Incurred

Date Due

Interest Rate  
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y  
07 10 / 2026

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

None

12.00

% (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).....▶

20000.00

**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 283 OF 410

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 : C0B1792F78EE64B22816

Committee to Elect Alan Grayson

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

Election: 2024

☒ Primary☐ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

8419 Oak Park Rd

City

Orlando

State

FL

ZIP Code

32819-3240

☒ Personal Funds of the Candidate

Original Amount of Loan

2649.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

2649.00

**TERMS**

Date Incurred

Date Due

Interest Rate  
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y  
05 / 27 / 2023

M M / D D / Y Y Y Y

None

Y Y Y Y

12.00

% (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).....▶

2649.00

**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 284 OF 410

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 : C6A8376A4A8024771B1C

Committee to Elect Alan Grayson

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

Election: 2026

☒ Primary☐ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

8419 Oak Park Rd

City

Orlando

State

FL

ZIP Code

32819-3240

☒ Personal Funds of the Candidate

Original Amount of Loan

9949.47

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

9949.47

**TERMS**

Date Incurred

Date Due

Interest Rate  
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y  
07 28 / 2026M M / D D / Y Y Y Y  
NoneY Y Y Y  
None

12.00 % (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).....▶

9949.47

**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 285 OF 410

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

NAME OF COMMITTEE (In Full)

Transaction ID : C9F9B0A0D4EA948D186D

Committee to Elect Alan Grayson

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

Election: 2024

☒ Primary☐ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

8419 Oak Park Rd

City

Orlando

State

FL

ZIP Code

32819-3240

☒ Personal Funds of the Candidate

Original Amount of Loan

207.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

207.00

**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

None

12.00 % (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).....▶

207.00

**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 286 OF 410

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

NAME OF COMMITTEE (In Full)

Transaction ID : CC4088984538740E2855

Committee to Elect Alan Grayson

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

Election: 2024

☒ Primary☐ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

8419 Oak Park Rd

City

Orlando

State

FL

ZIP Code

32819-3240

☒ Personal Funds of the Candidate

Original Amount of Loan

1061.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

1061.00

**TERMS**

Date Incurred

Date Due

Interest Rate  
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y  
04 10 / 2023

M M / D D / Y Y Y Y

None

Y Y Y Y

12.00

% (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).....▶

1061.00

**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 : CD21FA4E52BFF4B2FA06

Committee to Elect Alan Grayson

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

Election: 2026

☒ Primary☐ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

8419 Oak Park Rd

City

Orlando

State

FL

ZIP Code

32819-3240

☒ Personal Funds of the Candidate

Original Amount of Loan

10337.50

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

10337.50

**TERMS**

Date Incurred

Date Due

Interest Rate  
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y  
07 31 / 2025

M M / D D / Y Y Y Y

None

Y Y Y Y

12.00

% (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).....▶

10337.50

**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 288 OF 410

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

NAME OF COMMITTEE (In Full)

Transaction ID : CC2C84444B6984696A62

Committee to Elect Alan Grayson

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

Election: 2026

☒ Primary☐ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

8419 Oak Park Rd

City

Orlando

State

FL

ZIP Code

32819-3240

☒ Personal Funds of the Candidate

Original Amount of Loan

9273.98

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

9273.98

**TERMS**

Date Incurred

Date Due

Interest Rate  
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y  
09 30 / 2025

M M / D D / Y Y Y Y

None

Y Y Y Y

12.00

% (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).....▶

9273.98

**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 : CE98639277A8C47049F5

Committee to Elect Alan Grayson

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

Election: 2016

☒ Primary☐ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

8419 Oak Park Rd

City

Orlando

State

FL

ZIP Code

32819-3240

☒ 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  
11 / 07 / 2014M M / D D / Y Y Y Y  
NoneM M / D D / Y Y Y Y  
NoneM M / D D / Y Y Y Y  
None

12.00

% (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)**  
**LOANS**

PAGE 290 OF 410

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 : CAB17359C10E6458499A

Committee to Elect Alan Grayson

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

Election: 2024

☒ Primary☐ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

8419 Oak Park Rd

City

Orlando

State

FL

ZIP Code

32819-3240

☒ Personal Funds of the Candidate

Original Amount of Loan

126.25

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

126.25

**TERMS**

Date Incurred

Date Due

Interest Rate  
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y  
12 10 / 2023

M M / D D / Y Y Y Y

None

Y Y Y Y

12.00

% (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).....▶

126.25

**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 : C28078C0014DA459093E

Committee to Elect Alan Grayson

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

Election: 2024

☒ Primary☐ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

8419 Oak Park Rd

City

Orlando

State

FL

ZIP Code

32819-3240

☒ Personal Funds of the Candidate

Original Amount of Loan

584.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

584.00

**TERMS**

Date Incurred

Date Due

Interest Rate  
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y  
03 20 / 2023

M M / D D / Y Y Y Y

None

Y Y Y Y

12.00

% (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).....▶

584.00

**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 292 OF 410

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 : CA9E8A74C30A546FF835

Committee to Elect Alan Grayson

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

Election: 2022

☒ Primary☐ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

8419 Oak Park Rd

City

Orlando

State

FL

ZIP Code

32819-3240

☒ Personal Funds of the Candidate

Original Amount of Loan

2715.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

2715.00

**TERMS**

Date Incurred

Date Due

Interest Rate  
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y  
11 / 27 / 2022M M / D D / Y Y Y Y  
NoneM M / D D / Y Y Y Y  
NoneM M / D D / Y Y Y Y  
None

12.00

% (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).....▶

2715.00

**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 293 OF 410

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 : C435974EE6A6F4E2EB32

Committee to Elect Alan Grayson

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

Election: 2024

☒ Primary☐ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

8419 Oak Park Rd

City

Orlando

State

FL

ZIP Code

32819-3240

☒ Personal Funds of the Candidate

Original Amount of Loan

2772.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

2772.00

**TERMS**

Date Incurred

Date Due

Interest Rate  
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y  
01 27 / 2023

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

None

12.00

% (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).....▶

2772.00

**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 294 OF 410

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

NAME OF COMMITTEE (In Full)

Transaction ID : C86C0CBF48EF0445198A

Committee to Elect Alan Grayson

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

Election: 2024

☒ Primary☐ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

8419 Oak Park Rd

City

Orlando

State

FL

ZIP Code

32819-3240

☒ Personal Funds of the Candidate

Original Amount of Loan

412.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

412.00

**TERMS**

Date Incurred

Date Due

Interest Rate  
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y  
10 03 / 2023

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

None

12.00 % (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).....▶

412.00

**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 : CFB74B5665DCB4FD1975

Committee to Elect Alan Grayson

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

Election: 2022

☒ Primary☐ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

8419 Oak Park Rd

City

Orlando

State

FL

ZIP Code

32819-3240

☒ Personal Funds of the Candidate

Original Amount of Loan

816.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

816.00

**TERMS**

Date Incurred

Date Due

Interest Rate  
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y  
12 11 / 2022M M / D D / Y Y Y Y  
NoneM M / D D / Y Y Y Y  
NoneM M / D D / Y Y Y Y  
None

12.00

% (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).....▶

816.00

**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 : CC986090CEAAA448AB8B

Committee to Elect Alan Grayson

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

Election: 2022

☐ Primary☒ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

8419 Oak Park Rd

City

Orlando

State

FL

ZIP Code

32819-3240

☒ Personal Funds of the Candidate

Original Amount of Loan

507.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

507.00

**TERMS**

Date Incurred

Date Due

Interest Rate  
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y  
12 13 / 2022M M / D D / Y Y Y Y  
NoneM M / D D / Y Y Y Y  
NoneM M / D D / Y Y Y Y  
None

12.00

% (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).....▶

507.00

**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 297 OF 410

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

NAME OF COMMITTEE (In Full)

Transaction ID : C4AF4CAA35CE74AEDB09

Committee to Elect Alan Grayson

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

Election: 2022

☒ Primary☐ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

8419 Oak Park Rd

City

Orlando

State

FL

ZIP Code

32819-3240

☒ Personal Funds of the Candidate

Original Amount of Loan

517.00

Cumulative Payment To Date

6097.51

Balance Outstanding at Close of This Period

- 5580.51

**TERMS**

Date Incurred

Date Due

Interest Rate  
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y  
11 / 09 / 2022

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

None

12.00

% (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).....▶

- 5580.51

**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 298 OF 410

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 : C9417C65EBD6E458F85F

Committee to Elect Alan Grayson

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

Election: 2024

Grayson, Alan Mark, , ,

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

8419 Oak Park Rd

City

Orlando

State

FL

ZIP Code

32819-3240

☒ Personal Funds of the Candidate

Original Amount of Loan

910.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

910.00

**TERMS**

Date Incurred

Date Due

Interest Rate  
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y  
10 15 / 2023M M / D D / Y Y Y Y  
NoneM M / D D / Y Y Y Y  
NoneY Y Y Y  
None

12.00 % (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).....▶

910.00

**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 : CFD0E16CF535E4237870

Committee to Elect Alan Grayson

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

Election: 2024

☒ Primary☐ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

8419 Oak Park Rd

City

Orlando

State

FL

ZIP Code

32819-3240

☒ Personal Funds of the Candidate

Original Amount of Loan

1065.39

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

1065.39

**TERMS**

Date Incurred

Date Due

Interest Rate  
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y  
03 09 / 2023

M M / D D / Y Y Y Y

None

12.00

% (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).....▶

1065.39

**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 300 OF 410

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

NAME OF COMMITTEE (In Full)

Transaction ID : CC6C4BA059E9147FB9D8

Committee to Elect Alan Grayson

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

Election: 2016

☒ Primary☐ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

8419 Oak Park Rd

City

Orlando

State

FL

ZIP Code

32819-3240

☒ Personal Funds of the Candidate

Original Amount of Loan

150000.00

Cumulative Payment To Date

9000.00

Balance Outstanding at Close of This Period

141000.00

**TERMS**

Date Incurred

Date Due

Interest Rate  
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y  
09 01 / 2016

M M / D D / Y Y Y Y

None

12.00 % (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).....▶

141000.00

**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 : C0F697F98CC014720A24

Committee to Elect Alan Grayson

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

Election: 2024

Grayson, Alan Mark, , ,

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

8419 Oak Park Rd

City

Orlando

State

FL

ZIP Code

32819-3240

☒ Personal Funds of the Candidate

Original Amount of Loan

158.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

158.00

**TERMS**

Date Incurred

Date Due

Interest Rate  
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y  
02 10 / 2023

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

None

12.00

% (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).....▶

158.00

**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 302 OF 410

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 : C0B85A1366F3B4C63B23

Committee to Elect Alan Grayson

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

Election: 2016

☒ Primary☐ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

8419 Oak Park Rd

City

Orlando

State

FL

ZIP Code

32819-3240

☒ Personal Funds of the Candidate

Original Amount of Loan

100000.00

Cumulative Payment To Date

12400.00

Balance Outstanding at Close of This Period

87600.00

**TERMS**

Date Incurred

Date Due

Interest Rate  
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y  
11 17 / 2015M M / D D / Y Y Y Y  
NoneM M / D D / Y Y Y Y  
NoneM M / D D / Y Y Y Y  
None

12.00

% (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).....▶

87600.00

**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

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

NAME OF COMMITTEE (In Full)

Transaction ID : C2F8BAC7014F04284B25

Committee to Elect Alan Grayson

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

Election: 2024

☒ Primary☐ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

8419 Oak Park Rd

City

Orlando

State

FL

ZIP Code

32819-3240

☒ Personal Funds of the Candidate

Original Amount of Loan

837.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

837.00

**TERMS**

Date Incurred

Date Due

Interest Rate  
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y  
02 10 / 2023

M M / D D / Y Y Y Y

None

Y Y Y Y

12.00

% (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).....▶

837.00

**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 304 OF 410

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 : C33C30FC818A94C54960

Committee to Elect Alan Grayson

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

Election: 2024

☒ Primary☐ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

8419 Oak Park Rd

City

Orlando

State

FL

ZIP Code

32819-3240

☒ Personal Funds of the Candidate

Original Amount of Loan

608.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

608.00

**TERMS**

Date Incurred

Date Due

Interest Rate  
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y  
01 05 / 2023

M M / D D / Y Y Y Y

None

Y Y Y Y

12.00 % (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).....▶

608.00

**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 305 OF 410

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 : CA923FB1141764C8C881

Committee to Elect Alan Grayson

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

Election: 2022

☒ Primary☐ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

8419 Oak Park Rd

City

Orlando

State

FL

ZIP Code

32819-3240

☒ Personal Funds of the Candidate

Original Amount of Loan

26.75

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

26.75

**TERMS**

Date Incurred

Date Due

Interest Rate  
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y  
10 02 / 2022

M M / D D / Y Y Y Y

D D / Y Y Y Y

None

12.00

% (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).....▶

26.75

**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 306 OF 410

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

NAME OF COMMITTEE (In Full)

Transaction ID : CC36A8B046F064F72818

Committee to Elect Alan Grayson

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

Election: 2022

☒ Primary☐ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

8419 Oak Park Rd

City

Orlando

State

FL

ZIP Code

32819-3240

☒ Personal Funds of the Candidate

Original Amount of Loan

1725.15

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

1725.15

**TERMS**

Date Incurred

Date Due

Interest Rate  
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y  
11 / 08 / 2022M M / D D / Y Y Y Y  
NoneY Y Y Y  
None

12.00 % (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).....▶

1725.15

**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 : CD3D9A5FBF79C4172B55

Committee to Elect Alan Grayson

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

Election: 2022

☒ Primary☐ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

8419 Oak Park Rd

City

Orlando

State

FL

ZIP Code

32819-3240

☒ Personal Funds of the Candidate

Original Amount of Loan

1535.98

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

1535.98

**TERMS**

Date Incurred

Date Due

Interest Rate  
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y  
12 / 08 / 2022M M / D D / Y Y Y Y  
NoneM M / D D / Y Y Y Y  
NoneM M / D D / Y Y Y Y  
None

12.00

% (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).....▶

1535.98

**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 308 OF 410

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 : C9F0492F51B1E44E7B07

Committee to Elect Alan Grayson

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

Election: 2024

☒ Primary☐ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

8419 Oak Park Rd

City

Orlando

State

FL

ZIP Code

32819-3240

☒ Personal Funds of the Candidate

Original Amount of Loan

574.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

574.00

**TERMS**

Date Incurred

Date Due

Interest Rate  
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y  
01 15 / 2023

M M / D D / Y Y Y Y

None

Y Y Y Y

12.00

% (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).....▶

574.00

**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 309 OF 410

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 : C5FEA2E5FA90541648E7

Committee to Elect Alan Grayson

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

Election: 2022

☒ Primary☐ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

8419 Oak Park Rd

City

Orlando

State

FL

ZIP Code

32819-3240

☒ Personal Funds of the Candidate

Original Amount of Loan

150000.00

Cumulative Payment To Date

58000.00

Balance Outstanding at Close of This Period

92000.00

**TERMS**

Date Incurred

Date Due

Interest Rate  
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y  
06 / 30 / 2022

None

12.00

% (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).....▶

92000.00

**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 310 OF 410

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 : C2C53CE65578747AB809

Committee to Elect Alan Grayson

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

Election: 2024

☒ Primary☐ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

8419 Oak Park Rd

City

Orlando

State

FL

ZIP Code

32819-3240

☒ Personal Funds of the Candidate

Original Amount of Loan

222.06

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

222.06

**TERMS**

Date Incurred

Date Due

Interest Rate  
(If none, enter 0)

Secured:

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

M M / D D / Y Y Y Y

None

Y Y Y Y

12.00

% (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).....▶

222.06

**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 311 OF 410

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 : CD1C1E03537B141C48AA

Committee to Elect Alan Grayson

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

Election: 2022

☒ Primary☐ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

8419 Oak Park Rd

City

Orlando

State

FL

ZIP Code

32819-3240

☒ Personal Funds of the Candidate

Original Amount of Loan

5813.25

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

5813.25

**TERMS**

Date Incurred

Date Due

Interest Rate  
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y  
11 / 09 / 2022

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

None

12.00

% (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).....▶

5813.25

**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 312 OF 410

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

NAME OF COMMITTEE (In Full)

Transaction ID : C296CBC9EAAAD43E5853

Committee to Elect Alan Grayson

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

Election: 2022

☒ Primary☐ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

8419 Oak Park Rd

City

Orlando

State

FL

ZIP Code

32819-3240

☒ Personal Funds of the Candidate

Original Amount of Loan

510.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

510.00

**TERMS**

Date Incurred

Date Due

Interest Rate  
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y  
10 14 / 2022

M M / D D / Y Y Y Y

None

Y Y Y Y

12.00

% (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).....▶

510.00

**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 : CFDA920512C944098815

Committee to Elect Alan Grayson

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

Election: 2022

☒ Primary☐ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

8419 Oak Park Rd

City

Orlando

State

FL

ZIP Code

32819-3240

☒ Personal Funds of the Candidate

Original Amount of Loan

661.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

661.00

**TERMS**

Date Incurred

Date Due

Interest Rate  
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y  
11 / 05 / 2022M M / D D / Y Y Y Y  
NoneM M / D D / Y Y Y Y  
NoneM M / D D / Y Y Y Y  
None

12.00

% (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).....▶

661.00

**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 314 OF 410

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 : C7DF6427BE9DD411793F

Committee to Elect Alan Grayson

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

Election: 2024

Grayson, Alan Mark, , ,

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

8419 Oak Park Rd

City

Orlando

State

FL

ZIP Code

32819-3240

☒ Personal Funds of the Candidate

Original Amount of Loan

341.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

341.00

**TERMS**

Date Incurred

Date Due

Interest Rate  
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y  
03 01 / 2023

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

None

12.00

% (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).....▶

341.00

**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

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

NAME OF COMMITTEE (In Full)

Transaction ID : C9E440899B1AF4FAEA8D

Committee to Elect Alan Grayson

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

Election: 2024

☒ Primary☐ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

8419 Oak Park Rd

City

Orlando

State

FL

ZIP Code

32819-3240

☒ Personal Funds of the Candidate

Original Amount of Loan

1792.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

1792.00

**TERMS**

Date Incurred

Date Due

Interest Rate  
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y  
01 08 / 2023

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

None

12.00

% (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).....▶

1792.00

**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 : C541BBEA839854BC488B

Committee to Elect Alan Grayson

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

Election: 2022

☒ Primary☐ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

8419 Oak Park Rd

City

Orlando

State

FL

ZIP Code

32819-3240

☒ Personal Funds of the Candidate

Original Amount of Loan

171.07

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

171.07

**TERMS**

Date Incurred

Date Due

Interest Rate  
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y  
11 / 02 / 2022

M M / D D / Y Y Y Y

None

Y Y Y Y

12.00

% (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).....▶

171.07

**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 317 OF 410

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

NAME OF COMMITTEE (In Full)

Transaction ID : CFBDC7DBE24D4FA58B5

Committee to Elect Alan Grayson

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

Election: 2010

☐ Primary☒ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

8419 Oak Park Rd

City

Orlando

State

FL

ZIP Code

32819-3240

☒ Personal Funds of the Candidate

Original Amount of Loan

95000.00

Cumulative Payment To Date

28059.00

Balance Outstanding at Close of This Period

66941.00

**TERMS**

Date Incurred

Date Due

Interest Rate  
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y  
10 13 / 2010M M / D D / Y Y Y Y  
NoneM M / D D / Y Y Y Y  
NoneM M / D D / Y Y Y Y  
None

12.00

% (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).....▶

66941.00

**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 : C4C6281CD992741AA941

Committee to Elect Alan Grayson

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

Election: 2024

☒ Primary☐ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

8419 Oak Park Rd

City

Orlando

State

FL

ZIP Code

32819-3240

☒ Personal Funds of the Candidate

Original Amount of Loan

170.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

170.00

**TERMS**

Date Incurred

Date Due

Interest Rate  
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y  
03 10 / 2023

M M / D D / Y Y Y Y

None

Y Y Y Y

12.00

% (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).....▶

170.00

**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 319 OF 410

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 : CBD5C19AA2E324384A6B

Committee to Elect Alan Grayson

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

Election: 2024

☒ Primary☐ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

8419 Oak Park Rd

City

Orlando

State

FL

ZIP Code

32819-3240

☒ Personal Funds of the Candidate

Original Amount of Loan

300.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

300.00

**TERMS**

Date Incurred

Date Due

Interest Rate  
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y  
02 / 28 / 2023

M M / D D / Y Y Y Y

None

Y Y Y Y

12.00

% (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).....▶

300.00

**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 : CEFD202B1531744B2990

Committee to Elect Alan Grayson

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

Election: 2022

☒ Primary☐ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

8419 Oak Park Rd

City

Orlando

State

FL

ZIP Code

32819-3240

☒ Personal Funds of the Candidate

Original Amount of Loan

250000.00

Cumulative Payment To Date

17400.00

Balance Outstanding at Close of This Period

232600.00

**TERMS**

Date Incurred

Date Due

Interest Rate  
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y  
06 / 25 / 2021M M / D D / Y Y Y Y  
NoneM M / D D / Y Y Y Y  
NoneM M / D D / Y Y Y Y  
None

12.00

% (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).....▶

232600.00

**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 : CD189837E5FEB4B7AB47

Committee to Elect Alan Grayson

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

Election: 2024

☒ Primary☐ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

8419 Oak Park Rd

City

Orlando

State

FL

ZIP Code

32819-3240

☒ Personal Funds of the Candidate

Original Amount of Loan

5224.01

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

5224.01

**TERMS**

Date Incurred

Date Due

Interest Rate  
(If none, enter 0)

Secured:

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

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

None

12.00

% (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).....▶

5224.01

**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

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

NAME OF COMMITTEE (In Full)

Transaction ID : C0A50BD35A1FE4B64B33

Committee to Elect Alan Grayson

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

Election: 2024

☒ Primary☐ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

8419 Oak Park Rd

City

Orlando

State

FL

ZIP Code

32819-3240

☒ Personal Funds of the Candidate

Original Amount of Loan

262.55

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

262.55

**TERMS**

Date Incurred

Date Due

Interest Rate  
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y  
07 02 / 2023

M M / D D / Y Y Y Y

None

12.00

% (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).....▶

262.55

**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)**  
**LOANS**Use 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 : C196D124019C641F5AD3

Committee to Elect Alan Grayson

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

Election: 2024

☒ Primary☐ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

8419 Oak Park Rd

City

Orlando

State

FL

ZIP Code

32819-3240

☒ Personal Funds of the Candidate

Original Amount of Loan

529.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

529.00

**TERMS**

Date Incurred

Date Due

Interest Rate  
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y  
02 09 / 2023

M M / D D / Y Y Y Y

None

Y Y Y Y

12.00

% (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).....▶

529.00

**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 : C0F3671D46E954C539EC

Committee to Elect Alan Grayson

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

Election: 2024

☒ Primary☐ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

8419 Oak Park Rd

City

Orlando

State

FL

ZIP Code

32819-3240

☒ Personal Funds of the Candidate

Original Amount of Loan

665.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

665.00

**TERMS**

Date Incurred

Date Due

Interest Rate  
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y  
02 10 / 2023

M M / D D / Y Y Y Y

None

Y Y Y Y

12.00

% (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).....▶

665.00

**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 : C76B293BE998943498FF

Committee to Elect Alan Grayson

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

Election: 2008

☒ Primary☐ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

8419 Oak Park Rd

City

Orlando

State

FL

ZIP Code

32819-3240

☒ Personal Funds of the Candidate

Original Amount of Loan

25000.00

Cumulative Payment To Date

15760.00

Balance Outstanding at Close of This Period

9240.00

**TERMS**

Date Incurred

Date Due

Interest Rate  
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y  
02 12 / 2008M M / D D / Y Y Y Y  
NoneM M / D D / Y Y Y Y  
NoneM M / D D / Y Y Y Y  
None

12.00

% (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).....▶

9240.00

**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

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

NAME OF COMMITTEE (In Full)

Transaction ID : CCD5A567702224FE2A97

Committee to Elect Alan Grayson

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

Election: 2024

☒ Primary☐ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

8419 Oak Park Rd

City

Orlando

State

FL

ZIP Code

32819-3240

☒ Personal Funds of the Candidate

Original Amount of Loan

1842.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

1842.00

**TERMS**

Date Incurred

Date Due

Interest Rate  
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y  
02 08 / 2023M M / D D / Y Y Y Y  
NoneY Y Y Y  
None

12.00 % (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).....▶

1842.00

**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

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

NAME OF COMMITTEE (In Full)

Transaction ID : C8AC7CC05DC014347B8C

Committee to Elect Alan Grayson

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

Election: 2024

☒ Primary☐ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

8419 Oak Park Rd

City

Orlando

State

FL

ZIP Code

32819-3240

☒ Personal Funds of the Candidate

Original Amount of Loan

1139.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

1139.00

**TERMS**

Date Incurred

Date Due

Interest Rate  
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y  
02 14 / 2023

M M / D D / Y Y Y Y

None

Y Y Y Y

12.00 % (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).....▶

1139.00

**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 : CBCBAE172661F41739D3

Committee to Elect Alan Grayson

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

Election: 2024

☒ Primary☐ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

8419 Oak Park Rd

City

Orlando

State

FL

ZIP Code

32819-3240

☒ Personal Funds of the Candidate

Original Amount of Loan

750.40

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

750.40

**TERMS**

Date Incurred

Date Due

Interest Rate  
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y  
02 22 / 2023M M / D D / Y Y Y Y  
NoneM M / D D / Y Y Y Y  
NoneY Y Y Y  
None

12.00

% (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).....▶

750.40

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

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



**SCHEDULE C (FEC Form 3)**  
**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 : C94B280A7778C42F094B

Committee to Elect Alan Grayson

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

Election: 2022

☒ Primary☐ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

8419 Oak Park Rd

City

Orlando

State

FL

ZIP Code

32819-3240

☒ Personal Funds of the Candidate

Original Amount of Loan

45.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

45.00

**TERMS**

Date Incurred

Date Due

Interest Rate  
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y  
12 / 03 / 2022M M / D D / Y Y Y Y  
NoneM M / D D / Y Y Y Y  
NoneM M / D D / Y Y Y Y  
None

12.00

% (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).....▶

45.00

**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 : C97DEAF8AB1E547A5860

Committee to Elect Alan Grayson

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

Election: 2014

☒ Primary☐ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

8419 Oak Park Rd

City

Orlando

State

FL

ZIP Code

32819-3240

☒ Personal Funds of the Candidate

Original Amount of Loan

150000.00

Cumulative Payment To Date

50000.00

Balance Outstanding at Close of This Period

100000.00

**TERMS**

Date Incurred

Date Due

Interest Rate  
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y  
11 / 08 / 2012M M / D D / Y Y Y Y  
NoneM M / D D / Y Y Y Y  
NoneM M / D D / Y Y Y Y  
None

12.00

% (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).....▶

100000.00

**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 : C1D062E09457443F8A63

Committee to Elect Alan Grayson

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

Election: 2024

☒ Primary☐ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

8419 Oak Park Rd

City

Orlando

State

FL

ZIP Code

32819-3240

☒ Personal Funds of the Candidate

Original Amount of Loan

234.62

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

234.62

**TERMS**

Date Incurred

Date Due

Interest Rate  
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y  
03 02 / 2023

M M / D D / Y Y Y Y

None

Y Y Y Y

12.00

% (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).....▶

234.62

**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 : C2FF24543ED0947E3AA5

Committee to Elect Alan Grayson

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

Election: 2024

☒ Primary☐ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

8419 Oak Park Rd

City

Orlando

State

FL

ZIP Code

32819-3240

☒ Personal Funds of the Candidate

Original Amount of Loan

298.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

298.00

**TERMS**

Date Incurred

Date Due

Interest Rate  
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y  
03 / 28 / 2023

M M / D D / Y Y Y Y

None

12.00

% (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).....▶

298.00

**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 : C5286A9823C7F4C3DADE

Committee to Elect Alan Grayson

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

Election: 2024

☒ Primary☐ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

8419 Oak Park Rd

City

Orlando

State

FL

ZIP Code

32819-3240

☒ Personal Funds of the Candidate

Original Amount of Loan

302.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

302.00

**TERMS**

Date Incurred

Date Due

Interest Rate  
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y  
01 27 / 2023

M M / D D / Y Y Y Y

None

Y Y Y Y

12.00

% (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).....▶

302.00

**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 334 OF 410

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 : C2B9171494D8B4148837

Committee to Elect Alan Grayson

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

Election: 2012

☒ Primary☐ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

8419 Oak Park Rd

City

Orlando

State

FL

ZIP Code

32819-3240

☒ Personal Funds of the Candidate

Original Amount of Loan

200000.00

Cumulative Payment To Date

15000.00

Balance Outstanding at Close of This Period

185000.00

**TERMS**

Date Incurred

Date Due

Interest Rate  
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y  
11 / 03 / 2010

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

None

12.00

% (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).....▶

185000.00

**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 335 OF 410

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 : CA350A3582D0A48BB9A3

Committee to Elect Alan Grayson

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

Election: 2024

☒ Primary☐ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

8419 Oak Park Rd

City

Orlando

State

FL

ZIP Code

32819-3240

☒ Personal Funds of the Candidate

Original Amount of Loan

184.39

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

184.39

**TERMS**

Date Incurred

Date Due

Interest Rate  
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y  
01 02 / 2023

M M / D D / Y Y Y Y

None

Y Y Y Y

12.00 % (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).....▶

184.39

**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 336 OF 410

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

NAME OF COMMITTEE (In Full)

Transaction ID : C26C22EDA2BAA45EF82F

Committee to Elect Alan Grayson

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

Election: 2024

☒ Primary☐ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

8419 Oak Park Rd

City

Orlando

State

FL

ZIP Code

32819-3240

☒ Personal Funds of the Candidate

Original Amount of Loan

508.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

508.00

**TERMS**

Date Incurred

Date Due

Interest Rate  
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y  
02 22 / 2023M M / D D / Y Y Y Y  
NoneM M / D D / Y Y Y Y  
NoneM M / D D / Y Y Y Y  
None

12.00

% (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).....▶

508.00

**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 : CE6DFD7EC0E4E4F5B80C

Committee to Elect Alan Grayson

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

Election: 2022

☒ Primary☐ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

8419 Oak Park Rd

City

Orlando

State

FL

ZIP Code

32819-3240

☒ Personal Funds of the Candidate

Original Amount of Loan

558.00

Cumulative Payment To Date

6252.99

Balance Outstanding at Close of This Period

- 5694.99

**TERMS**

Date Incurred

Date Due

Interest Rate  
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y  
09 18 / 2022

M M / D D / Y Y Y Y

None

Y Y Y Y

12.00

% (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).....▶

- 5694.99

**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

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

NAME OF COMMITTEE (In Full)

Transaction ID : C2EED3C11248B47DD930

Committee to Elect Alan Grayson

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

Election: 2022

☒ Primary☐ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

8419 Oak Park Rd

City

Orlando

State

FL

ZIP Code

32819-3240

☒ Personal Funds of the Candidate

Original Amount of Loan

559.00

Cumulative Payment To Date

6252.99

Balance Outstanding at Close of This Period

- 5693.99

**TERMS**

Date Incurred

Date Due

Interest Rate  
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y  
10 14 / 2022

M M / D D / Y Y Y Y

None

12.00

% (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).....▶

- 5693.99

**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 339 OF 410

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

NAME OF COMMITTEE (In Full)

Transaction ID : C62B0587BBD10418AA7B

Committee to Elect Alan Grayson

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

Election: 2022

☒ Primary☐ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

8419 Oak Park Rd

City

Orlando

State

FL

ZIP Code

32819-3240

☒ Personal Funds of the Candidate

Original Amount of Loan

356.00

Cumulative Payment To Date

11699.34

Balance Outstanding at Close of This Period

- 11343.34

**TERMS**

Date Incurred

Date Due

Interest Rate  
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y  
09 11 / 2022M M / D D / Y Y Y Y  
NoneM M / D D / Y Y Y Y  
NoneM M / D D / Y Y Y Y  
None

12.00 % (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).....▶

- 11343.34

**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 340 OF 410

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 : C9C733066071E4A8BA7A

Committee to Elect Alan Grayson

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

Election: 2022

☒ Primary☐ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

8419 Oak Park Rd

City

Orlando

State

FL

ZIP Code

32819-3240

☒ Personal Funds of the Candidate

Original Amount of Loan

788.00

Cumulative Payment To Date

11699.34

Balance Outstanding at Close of This Period

- 10911.34

**TERMS**

Date Incurred

Date Due

Interest Rate  
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y  
11 11 / 2022M M / D D / Y Y Y Y  
NoneM M / D D / Y Y Y Y  
NoneM M / D D / Y Y Y Y  
None

12.00

% (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).....▶

- 10911.34

**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 341 OF 410

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

NAME OF COMMITTEE (In Full)

Transaction ID : CBA90F0E35E01452B8F1

Committee to Elect Alan Grayson

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

Election: 2024

☒ Primary☐ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

8419 Oak Park Rd

City

Orlando

State

FL

ZIP Code

32819-3240

☒ Personal Funds of the Candidate

Original Amount of Loan

241.75

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

241.75

**TERMS**

Date Incurred

Date Due

Interest Rate  
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y  
04 01 / 2023

M M / D D / Y Y Y Y

None

Y Y Y Y

12.00

% (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).....▶

241.75

**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 342 OF 410

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 : CD8543DED0004485BBD9

Committee to Elect Alan Grayson

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

Election: 2018

☒ Primary☐ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

8419 Oak Park Rd

City

Orlando

State

FL

ZIP Code

32819-3240

☒ Personal Funds of the Candidate

Original Amount of Loan

33000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

33000.00

**TERMS**

Date Incurred

Date Due

Interest Rate  
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y  
09 08 / 2018M M / D D / Y Y Y Y  
NoneM M / D D / Y Y Y Y  
NoneM M / D D / Y Y Y Y  
None

12.00

% (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).....▶

33000.00

**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 343 OF 410

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 : CCBDE1938611044D4988

Committee to Elect Alan Grayson

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

Election: 2024

☒ Primary☐ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

8419 Oak Park Rd

City

Orlando

State

FL

ZIP Code

32819-3240

☒ Personal Funds of the Candidate

Original Amount of Loan

524.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

524.00

**TERMS**

Date Incurred

Date Due

Interest Rate  
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y  
03 09 / 2023

M M / D D / Y Y Y Y

None

12.00

% (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).....▶

524.00

**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 344 OF 410

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 : CA7E49336C6E74F38846

Committee to Elect Alan Grayson

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

Election: 2024

☒ Primary☐ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

8419 Oak Park Rd

City

Orlando

State

FL

ZIP Code

32819-3240

☒ Personal Funds of the Candidate

Original Amount of Loan

2111.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

2111.00

**TERMS**

Date Incurred

Date Due

Interest Rate  
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y  
01 10 / 2023

M M / D D / Y Y Y Y

None

Y Y Y Y

12.00

% (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).....▶

2111.00

**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 345 OF 410

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 : C8F9E3A1011424CFB84A

Committee to Elect Alan Grayson

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

Election: 2024

☒ Primary☐ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

8419 Oak Park Rd

City

Orlando

State

FL

ZIP Code

32819-3240

☒ Personal Funds of the Candidate

Original Amount of Loan

510.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

510.00

**TERMS**

Date Incurred

Date Due

Interest Rate  
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y  
01 24 / 2023

M M / D D / Y Y Y Y

None

Y Y Y Y

12.00

% (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).....▶

510.00

**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 346 OF 410

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 : C7FDAD4C10BD746B3A08

Committee to Elect Alan Grayson

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

Election: 2024

☒ Primary☐ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

8419 Oak Park Rd

City

Orlando

State

FL

ZIP Code

32819-3240

☒ Personal Funds of the Candidate

Original Amount of Loan

2570.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

2570.00

**TERMS**

Date Incurred

Date Due

Interest Rate  
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y  
03 / 27 / 2023

M M / D D / Y Y Y Y

D D / Y Y Y Y

None

12.00 % (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).....▶

2570.00

**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 347 OF 410

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 : CE2FDA287EB964088A5F

Committee to Elect Alan Grayson

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

Election: 2024

☒ Primary☐ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

8419 Oak Park Rd

City

Orlando

State

FL

ZIP Code

32819-3240

☒ Personal Funds of the Candidate

Original Amount of Loan

977.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

977.00

**TERMS**

Date Incurred

Date Due

Interest Rate  
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y  
02 18 / 2023

M M / D D / Y Y Y Y

None

Y Y Y Y

12.00 % (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).....▶

977.00

**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 348 OF 410

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 : CDE898B4807AF4BD2877

Committee to Elect Alan Grayson

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

Election: 2022

☒ Primary☐ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

8419 Oak Park Rd

City

Orlando

State

FL

ZIP Code

32819-3240

☒ Personal Funds of the Candidate

Original Amount of Loan

515.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

515.00

**TERMS**

Date Incurred

Date Due

Interest Rate  
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y  
12 / 08 / 2022M M / D D / Y Y Y Y  
NoneM M / D D / Y Y Y Y  
NoneM M / D D / Y Y Y Y  
None

12.00

% (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).....▶

515.00

**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 349 OF 410

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 : CAC38FE6575854FCCA5F

Committee to Elect Alan Grayson

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

Election: 2008

☐ Primary☒ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

8419 Oak Park Rd

City

Orlando

State

FL

ZIP Code

32819-3240

☒ Personal Funds of the Candidate

Original Amount of Loan

100000.00

Cumulative Payment To Date

48618.68

Balance Outstanding at Close of This Period

51381.32

**TERMS**

Date Incurred

Date Due

Interest Rate  
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y  
08 / 27 / 2008M M / D D / Y Y Y Y  
NoneM M / D D / Y Y Y Y  
NoneM M / D D / Y Y Y Y  
None

12.00 % (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).....▶

51381.32

**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 : CFADD764AE9974EBD9A2

Committee to Elect Alan Grayson

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

Election: 2022

☐ Primary☒ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

8419 Oak Park Rd

City

Orlando

State

FL

ZIP Code

32819-3240

☒ Personal Funds of the Candidate

Original Amount of Loan

996.21

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

996.21

**TERMS**

Date Incurred

Date Due

Interest Rate  
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y  
10 / 22 / 2022M M / D D / Y Y Y Y  
NoneM M / D D / Y Y Y Y  
NoneM M / D D / Y Y Y Y  
None

12.00

% (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).....▶

996.21

**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 : CC2BBC202874341C8988

Committee to Elect Alan Grayson

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

Election: 2022

☒ Primary☐ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

8419 Oak Park Rd

City

Orlando

State

FL

ZIP Code

32819-3240

☒ Personal Funds of the Candidate

Original Amount of Loan

114.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

114.00

**TERMS**

Date Incurred

Date Due

Interest Rate  
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y  
11 / 03 / 2022

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

None

12.00

% (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).....▶

114.00

**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 : CEFE1661220804B9E96E

Committee to Elect Alan Grayson

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

Election: 2008

☒ Primary☐ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

8419 Oak Park Rd

City

Orlando

State

FL

ZIP Code

32819-3240

☒ Personal Funds of the Candidate

Original Amount of Loan

25000.00

Cumulative Payment To Date

1358.33

Balance Outstanding at Close of This Period

23641.67

**TERMS**

Date Incurred

Date Due

Interest Rate  
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y  
12 12 / 2007M M / D D / Y Y Y Y  
NoneY Y Y Y  
None

12.00 % (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).....▶

23641.67

**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 353 OF 410

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 : CC28FDF7AA5594CB3968

Committee to Elect Alan Grayson

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

Election: 2022

☒ Primary☐ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

8419 Oak Park Rd

City

Orlando

State

FL

ZIP Code

32819-3240

☒ Personal Funds of the Candidate

Original Amount of Loan

58702.18

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

58702.18

**TERMS**

Date Incurred

Date Due

Interest Rate  
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y  
09 08 / 2022M M / D D / Y Y Y Y  
NoneM M / D D / Y Y Y Y  
NoneM M / D D / Y Y Y Y  
None

12.00

% (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).....▶

58702.18

**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 354 OF 410

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 : C413B086AB6AD4EA3B22

Committee to Elect Alan Grayson

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

Election: 2022

☒ Primary☐ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

8419 Oak Park Rd

City

Orlando

State

FL

ZIP Code

32819-3240

☒ Personal Funds of the Candidate

Original Amount of Loan

500.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

500.00

**TERMS**

Date Incurred

Date Due

Interest Rate  
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y  
09 02 / 2022M M / D D / Y Y Y Y  
NoneM M / D D / Y Y Y Y  
NoneY Y Y Y  
None

12.00

% (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).....▶

500.00

**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 355 OF 410

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 : CA6323F4B58E84BCA9AD

Committee to Elect Alan Grayson

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

Election: 2024

☒ Primary☐ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

8419 Oak Park Rd

City

Orlando

State

FL

ZIP Code

32819-3240

☒ Personal Funds of the Candidate

Original Amount of Loan

156.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

156.00

**TERMS**

Date Incurred

Date Due

Interest Rate  
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y  
11 / 04 / 2023

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

None

12.00

% (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).....▶

156.00

**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 356 OF 410

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

NAME OF COMMITTEE (In Full)

Transaction ID : CBE7046D8ADB64D0AAC8

Committee to Elect Alan Grayson

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

Election: 2022

☒ Primary☐ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

8419 Oak Park Rd

City

Orlando

State

FL

ZIP Code

32819-3240

☒ Personal Funds of the Candidate

Original Amount of Loan

8264.72

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

8264.72

**TERMS**

Date Incurred

Date Due

Interest Rate  
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y  
09 15 / 2022

M M / D D / Y Y Y Y

None

Y Y Y Y

12.00

% (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).....▶

8264.72

**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 357 OF 410

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 : C7A92243A4C1F4BDCAFB

Committee to Elect Alan Grayson

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

Election: 2024

☒ Primary☐ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

8419 Oak Park Rd

City

Orlando

State

FL

ZIP Code

32819-3240

☒ Personal Funds of the Candidate

Original Amount of Loan

371.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

371.00

**TERMS**

Date Incurred

Date Due

Interest Rate  
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y  
01 27 / 2023

M M / D D / Y Y Y Y

None

Y Y Y Y

12.00 % (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).....▶

371.00

**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 358 OF 410

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 : C97F3CA605C76407CA18

Committee to Elect Alan Grayson

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

Election: 2024

☒ Primary☐ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

8419 Oak Park Rd

City

Orlando

State

FL

ZIP Code

32819-3240

☒ Personal Funds of the Candidate

Original Amount of Loan

9262.90

Cumulative Payment To Date

4042.06

Balance Outstanding at Close of This Period

5220.84

**TERMS**

Date Incurred

Date Due

Interest Rate  
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y  
08 31 / 2024

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

None

12.00

% (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).....▶

5220.84

**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 359 OF 410

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 : C22D9E11609234B4AA35

Committee to Elect Alan Grayson

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

Election: 2024

☒ Primary☐ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

8419 Oak Park Rd

City

Orlando

State

FL

ZIP Code

32819-3240

☒ Personal Funds of the Candidate

Original Amount of Loan

70.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

70.00

**TERMS**

Date Incurred

Date Due

Interest Rate  
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y  
01 10 / 2023

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

None

12.00 % (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).....▶

70.00

**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 360 OF 410

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 : C19DAA36C62DE4283AA3

Committee to Elect Alan Grayson

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

Election: 2024

☒ Primary☐ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

8419 Oak Park Rd

City

Orlando

State

FL

ZIP Code

32819-3240

☒ Personal Funds of the Candidate

Original Amount of Loan

504.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

504.00

**TERMS**

Date Incurred

Date Due

Interest Rate  
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y  
03 23 / 2023

M M / D D / Y Y Y Y

None

Y Y Y Y

12.00

% (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).....▶

504.00

**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 361 OF 410

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 : CCB99CC631F6540C693E

Committee to Elect Alan Grayson

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

Election: 2024

☒ Primary☐ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

8419 Oak Park Rd

City

Orlando

State

FL

ZIP Code

32819-3240

☒ Personal Funds of the Candidate

Original Amount of Loan

954.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

954.00

**TERMS**

Date Incurred

Date Due

Interest Rate  
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y  
12 15 / 2023

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

None

12.00 % (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).....▶

954.00

**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 362 OF 410

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 : CD36488B89E0B4E2CBBA

Committee to Elect Alan Grayson

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

Election: 2024

☒ Primary☐ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

8419 Oak Park Rd

City

Orlando

State

FL

ZIP Code

32819-3240

☒ Personal Funds of the Candidate

Original Amount of Loan

897.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

897.00

**TERMS**

Date Incurred

Date Due

Interest Rate  
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y  
11 16 / 2023

M M / D D / Y Y Y Y

None

Y Y Y Y

12.00

% (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).....▶

897.00

**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 363 OF 410

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 : C28F4664E34CF49D69DE

Committee to Elect Alan Grayson

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

Election: 2024

☒ Primary☐ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

8419 Oak Park Rd

City

Orlando

State

FL

ZIP Code

32819-3240

☒ Personal Funds of the Candidate

Original Amount of Loan

270.08

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

270.08

**TERMS**

Date Incurred

Date Due

Interest Rate  
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y  
05 04 / 2023

M M / D D / Y Y Y Y

None

Y Y Y Y

12.00

% (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).....▶

270.08

**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 364 OF 410

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 : C35F50C929E8E471E96F

Committee to Elect Alan Grayson

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

Election: 2024

☒ Primary☐ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

8419 Oak Park Rd

City

Orlando

State

FL

ZIP Code

32819-3240

☒ Personal Funds of the Candidate

Original Amount of Loan

2745.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

2745.00

**TERMS**

Date Incurred

Date Due

Interest Rate  
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y  
02 27 / 2023M M / D D / Y Y Y Y  
NoneM M / D D / Y Y Y Y  
NoneY Y Y Y  
None

12.00

% (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).....▶

2745.00

**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 365 OF 410

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 : CB743224B93E7458299E

Committee to Elect Alan Grayson

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

Election: 2024

☒ Primary☐ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

8419 Oak Park Rd

City

Orlando

State

FL

ZIP Code

32819-3240

☒ Personal Funds of the Candidate

Original Amount of Loan

245.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

245.00

**TERMS**

Date Incurred

Date Due

Interest Rate  
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y  
03 / 10 / 2023

M M / D D / Y Y Y Y

None

Y Y Y Y

12.00

% (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).....▶

245.00

**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 366 OF 410

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 : C80BA492ABAB64D239B1

Committee to Elect Alan Grayson

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

Election: 2022

☒ Primary☐ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

8419 Oak Park Rd

City

Orlando

State

FL

ZIP Code

32819-3240

☒ Personal Funds of the Candidate

Original Amount of Loan

25246.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

25246.00

**TERMS**

Date Incurred

Date Due

Interest Rate  
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y  
09 02 / 2022M M / D D / Y Y Y Y  
NoneM M / D D / Y Y Y Y  
NoneM M / D D / Y Y Y Y  
None

12.00

% (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).....▶

25246.00

**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 367 OF 410

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

NAME OF COMMITTEE (In Full)

Transaction ID : CB4512CB3A7CD4900817

Committee to Elect Alan Grayson

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

Election: 2024

☒ Primary☐ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

8419 Oak Park Rd

City

Orlando

State

FL

ZIP Code

32819-3240

☒ Personal Funds of the Candidate

Original Amount of Loan

1196.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

1196.00

**TERMS**

Date Incurred

Date Due

Interest Rate  
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y  
02 05 / 2023

M M / D D / Y Y Y Y

None

Y Y Y Y

12.00

% (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).....▶

1196.00

**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 368 OF 410

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 : C44D43933008647099D2

Committee to Elect Alan Grayson

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

Election: 2022

☒ Primary☐ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

8419 Oak Park Rd

City

Orlando

State

FL

ZIP Code

32819-3240

☒ Personal Funds of the Candidate

Original Amount of Loan

244.00

Cumulative Payment To Date

14718.96

Balance Outstanding at Close of This Period

- 14474.96

**TERMS**

Date Incurred

Date Due

Interest Rate  
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y  
12 / 05 / 2022

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

None

12.00 % (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).....▶

- 14474.96

**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 : CD1402AA1B2734CFAB07

Committee to Elect Alan Grayson

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

Election: 2024

☒ Primary☐ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

8419 Oak Park Rd

City

Orlando

State

FL

ZIP Code

32819-3240

☒ Personal Funds of the Candidate

Original Amount of Loan

952.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

952.00

**TERMS**

Date Incurred

Date Due

Interest Rate  
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y  
01 15 / 2023

M M / D D / Y Y Y Y

None

Y Y Y Y

12.00

% (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).....▶

952.00

**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 370 OF 410

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

NAME OF COMMITTEE (In Full)

Transaction ID : CFA50A833E67B47F59F4

Committee to Elect Alan Grayson

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

Election: 2024

☒ Primary☐ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

8419 Oak Park Rd

City

Orlando

State

FL

ZIP Code

32819-3240

☒ Personal Funds of the Candidate

Original Amount of Loan

515.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

515.00

**TERMS**

Date Incurred

Date Due

Interest Rate  
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y  
01 09 / 2023

M M / D D / Y Y Y Y

None

12.00 % (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).....▶

515.00

**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 : C73459602E3E74AA19B9

Committee to Elect Alan Grayson

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

Election: 2024

Grayson, Alan Mark, , ,

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

8419 Oak Park Rd

City

Orlando

State

FL

ZIP Code

32819-3240

☒ Personal Funds of the Candidate

Original Amount of Loan

781.34

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

781.34

**TERMS**

Date Incurred

Date Due

Interest Rate  
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y  
03 / 22 / 2023M M / D D / Y Y Y Y  
NoneM M / D D / Y Y Y Y  
NoneY Y Y Y  
None

12.00 % (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).....▶

781.34

**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 : C28016265BDE74A4A8FB

Committee to Elect Alan Grayson

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

Election: 2022

☐ Primary☒ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

8419 Oak Park Rd

City

Orlando

State

FL

ZIP Code

32819-3240

☒ Personal Funds of the Candidate

Original Amount of Loan

303.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

303.00

**TERMS**

Date Incurred

Date Due

Interest Rate  
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y  
12 28 / 2022M M / D D / Y Y Y Y  
NoneM M / D D / Y Y Y Y  
NoneM M / D D / Y Y Y Y  
None

12.00

% (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).....▶

303.00

**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 : C9B144C421EA742299DB

Committee to Elect Alan Grayson

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

Election: 2018

☒ Primary☐ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

8419 Oak Park Rd

City

Orlando

State

FL

ZIP Code

32819-3240

☒ Personal Funds of the Candidate

Original Amount of Loan

35000.00

Cumulative Payment To Date

9000.00

Balance Outstanding at Close of This Period

26000.00

**TERMS**

Date Incurred

Date Due

Interest Rate  
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y  
07 17 / 2018M M / D D / Y Y Y Y  
NoneM M / D D / Y Y Y Y  
NoneM M / D D / Y Y Y Y  
None

12.00

% (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).....▶

26000.00

**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 : CD4B8A07637B346F280E

Committee to Elect Alan Grayson

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

Election: 2024

☒ Primary☐ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

8419 Oak Park Rd

City

Orlando

State

FL

ZIP Code

32819-3240

☒ Personal Funds of the Candidate

Original Amount of Loan

1840.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

1840.00

**TERMS**

Date Incurred

Date Due

Interest Rate  
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y  
03 08 / 2023

M M / D D / Y Y Y Y

None

12.00 % (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).....▶

1840.00

**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 : CD727287C2A644FC8AC3

Committee to Elect Alan Grayson

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

Election: 2024

☒ Primary☐ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

8419 Oak Park Rd

City

Orlando

State

FL

ZIP Code

32819-3240

☒ Personal Funds of the Candidate

Original Amount of Loan

1116.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

1116.00

**TERMS**

Date Incurred

Date Due

Interest Rate  
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y  
03 / 06 / 2023

M M / D D / Y Y Y Y

None

Y Y Y Y

12.00

% (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).....▶

1116.00

**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 : C7DA74433DD4E4476A50

Committee to Elect Alan Grayson

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

Election: 2016

☒ Primary☐ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

8419 Oak Park Rd

City

Orlando

State

FL

ZIP Code

32819-3240

☒ Personal Funds of the Candidate

Original Amount of Loan

60000.00

Cumulative Payment To Date

15120.16

Balance Outstanding at Close of This Period

44879.84

**TERMS**

Date Incurred

Date Due

Interest Rate  
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y  
11 / 05 / 2014

M M / D D / Y Y Y Y

D D / Y Y Y Y

None

12.00

% (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).....▶

44879.84

**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 : C892D4648D36949E5A4F

Committee to Elect Alan Grayson

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

Election: 2024

☒ Primary☐ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

8419 Oak Park Rd

City

Orlando

State

FL

ZIP Code

32819-3240

☒ Personal Funds of the Candidate

Original Amount of Loan

829.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

829.00

**TERMS**

Date Incurred

Date Due

Interest Rate  
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y  
03 11 / 2023

M M / D D / Y Y Y Y

None

Y Y Y Y

12.00

% (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).....▶

829.00

**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 : CE2633519C8EC4FC29E2

Committee to Elect Alan Grayson

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

Election: 2014

☐ Primary☒ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

8419 Oak Park Rd

City

Orlando

State

FL

ZIP Code

32819-3240

☒ Personal Funds of the Candidate

Original Amount of Loan

175806.72

Cumulative Payment To Date

52278.00

Balance Outstanding at Close of This Period

123528.72

**TERMS**

Date Incurred

Date Due

Interest Rate  
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y  
09 / 26 / 2014M M / D D / Y Y Y Y  
NoneM M / D D / Y Y Y Y  
NoneM M / D D / Y Y Y Y  
None

12.00

% (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).....▶

123528.72

**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 379 OF 410

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 : C94DF857BC0C14A4DA3C

Committee to Elect Alan Grayson

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

Election: 2022

☒ Primary☐ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

8419 Oak Park Rd

City

Orlando

State

FL

ZIP Code

32819-3240

☒ Personal Funds of the Candidate

Original Amount of Loan

955.03

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

955.03

**TERMS**

Date Incurred

Date Due

Interest Rate  
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y  
09 23 / 2022M M / D D / Y Y Y Y  
NoneM M / D D / Y Y Y Y  
NoneY Y Y Y  
None

12.00

% (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).....▶

955.03

**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 : CF2CAC005C4524EDCBAE

Committee to Elect Alan Grayson

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

Election: 2010

☒ Primary☐ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

8419 Oak Park Rd

City

Orlando

State

FL

ZIP Code

32819-3240

☒ Personal Funds of the Candidate

Original Amount of Loan

10000.00

Cumulative Payment To Date

4000.00

Balance Outstanding at Close of This Period

6000.00

**TERMS**

Date Incurred

Date Due

Interest Rate  
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y  
12 10 / 2008M M / D D / Y Y Y Y  
NoneM M / D D / Y Y Y Y  
NoneM M / D D / Y Y Y Y  
None

12.00 % (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).....▶

6000.00

**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 : CC33876662A094A59860

Committee to Elect Alan Grayson

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

Election: 2006

☒ Primary☐ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

8419 Oak Park Rd

City

Orlando

State

FL

ZIP Code

32819-3240

☒ Personal Funds of the Candidate

Original Amount of Loan

100000.00

Cumulative Payment To Date

39600.00

Balance Outstanding at Close of This Period

60400.00

**TERMS**

Date Incurred

Date Due

Interest Rate  
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y  
08 09 / 2006M M / D D / Y Y Y Y  
NoneY Y Y Y  
None

12.00

% (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).....▶

60400.00

**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 : CB9A1B81C3A1A452D858

Committee to Elect Alan Grayson

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

Election: 2022

☒ Primary☐ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

8419 Oak Park Rd

City

Orlando

State

FL

ZIP Code

32819-3240

☒ Personal Funds of the Candidate

Original Amount of Loan

2654.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

2654.00

**TERMS**

Date Incurred

Date Due

Interest Rate  
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y  
10 / 27 / 2022M M / D D / Y Y Y Y  
NoneM M / D D / Y Y Y Y  
NoneM M / D D / Y Y Y Y  
None

12.00

% (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).....▶

2654.00

**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

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

NAME OF COMMITTEE (In Full)

Transaction ID : CF92EE1474D6449A5982

Committee to Elect Alan Grayson

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

Election: 2024

☒ Primary☐ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

8419 Oak Park Rd

City

Orlando

State

FL

ZIP Code

32819-3240

☒ Personal Funds of the Candidate

Original Amount of Loan

969.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

969.00

**TERMS**

Date Incurred

Date Due

Interest Rate  
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y  
03 18 / 2023

M M / D D / Y Y Y Y

None

Y Y Y Y

12.00

% (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).....▶

969.00

**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 : C3AC4D85E5AC64BB88A0

Committee to Elect Alan Grayson

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

Election: 2018

☒ Primary☐ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

8419 Oak Park Rd

City

Orlando

State

FL

ZIP Code

32819-3240

☒ Personal Funds of the Candidate

Original Amount of Loan

40000.00

Cumulative Payment To Date

9000.00

Balance Outstanding at Close of This Period

31000.00

**TERMS**

Date Incurred

Date Due

Interest Rate  
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y  
08 14 / 2018

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

None

12.00

% (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).....▶

31000.00

**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 : C0FB43489C4104413820

Committee to Elect Alan Grayson

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

Election: 2022

☒ Primary☐ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

8419 Oak Park Rd

City

Orlando

State

FL

ZIP Code

32819-3240

☒ Personal Funds of the Candidate

Original Amount of Loan

299.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

299.00

**TERMS**

Date Incurred

Date Due

Interest Rate  
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y  
10 / 27 / 2022M M / D D / Y Y Y Y  
NoneM M / D D / Y Y Y Y  
NoneM M / D D / Y Y Y Y  
None

12.00

% (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).....▶

299.00

**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 : CD230EDB9C8CB40EB833

Committee to Elect Alan Grayson

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

Election: 2022

☒ Primary☐ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

8419 Oak Park Rd

City

Orlando

State

FL

ZIP Code

32819-3240

☒ Personal Funds of the Candidate

Original Amount of Loan

305.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

305.00

**TERMS**

Date Incurred

Date Due

Interest Rate  
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y  
11 / 28 / 2022M M / D D / Y Y Y Y  
NoneM M / D D / Y Y Y Y  
NoneY Y Y Y  
None

12.00

% (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).....▶

305.00

**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 : C34295D98163546FEAFF

Committee to Elect Alan Grayson

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

Election: 2024

☒ Primary☐ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

8419 Oak Park Rd

City

Orlando

State

FL

ZIP Code

32819-3240

☒ Personal Funds of the Candidate

Original Amount of Loan

1013.15

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

1013.15

**TERMS**

Date Incurred

Date Due

Interest Rate  
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y  
02 09 / 2023

M M / D D / Y Y Y Y

None

Y Y Y Y

12.00

% (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).....▶

1013.15

**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 388 OF 410

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 : CCD909BCEE0684A8BA43

Committee to Elect Alan Grayson

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

Election: 2024

☒ Primary☐ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

8419 Oak Park Rd

City

Orlando

State

FL

ZIP Code

32819-3240

☒ Personal Funds of the Candidate

Original Amount of Loan

815.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

815.00

**TERMS**

Date Incurred

Date Due

Interest Rate  
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y  
01 11 / 2023

M M / D D / Y Y Y Y

None

Y Y Y Y

12.00 % (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).....▶

815.00

**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 : CF55030E886354D1983A

Committee to Elect Alan Grayson

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

Election: 2022

☒ Primary☐ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

8419 Oak Park Rd

City

Orlando

State

FL

ZIP Code

32819-3240

☒ Personal Funds of the Candidate

Original Amount of Loan

514.00

Cumulative Payment To Date

3980.21

Balance Outstanding at Close of This Period

- 3466.21

**TERMS**

Date Incurred

Date Due

Interest Rate  
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y  
09 23 / 2022M M / D D / Y Y Y Y  
NoneM M / D D / Y Y Y Y  
NoneM M / D D / Y Y Y Y  
None

12.00

% (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).....▶

- 3466.21

**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 390 OF 410

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

NAME OF COMMITTEE (In Full)

Transaction ID : C9A85E7D9355645C790F

Committee to Elect Alan Grayson

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

Election: 2024

☒ Primary☐ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

8419 Oak Park Rd

City

Orlando

State

FL

ZIP Code

32819-3240

☒ Personal Funds of the Candidate

Original Amount of Loan

1047.31

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

1047.31

**TERMS**

Date Incurred

Date Due

Interest Rate  
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y  
01 09 / 2023

M M / D D / Y Y Y Y

None

Y Y Y Y

12.00

% (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).....▶

1047.31

**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 : CE4CF7F77B73D4924872

Committee to Elect Alan Grayson

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

Election: 2022

☒ Primary☐ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

8419 Oak Park Rd

City

Orlando

State

FL

ZIP Code

32819-3240

☒ Personal Funds of the Candidate

Original Amount of Loan

71.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

71.00

**TERMS**

Date Incurred

Date Due

Interest Rate  
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y  
12 10 / 2022M M / D D / Y Y Y Y  
NoneM M / D D / Y Y Y Y  
NoneM M / D D / Y Y Y Y  
None

12.00

% (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).....▶

71.00

**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 : C7D0F3053D73749CB815

Committee to Elect Alan Grayson

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

Election: 2012

☐ Primary☒ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

8419 Oak Park Rd

City

Orlando

State

FL

ZIP Code

32819-3240

☒ Personal Funds of the Candidate

Original Amount of Loan

667875.00

Cumulative Payment To Date

528545.77

Balance Outstanding at Close of This Period

139329.23

**TERMS**

Date Incurred

Date Due

Interest Rate  
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y  
09 27 / 2012M M / D D / Y Y Y Y  
NoneY Y Y Y  
None

12.00 % (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).....▶

139329.23

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

PAGE 393 OF 410

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

NAME OF COMMITTEE (In Full)

Transaction ID : C259D42E27E214FA0A51

Committee to Elect Alan Grayson

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

Election: 2024

☒ Primary☐ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

8419 Oak Park Rd

City

Orlando

State

FL

ZIP Code

32819-3240

☒ Personal Funds of the Candidate

Original Amount of Loan

943.41

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

943.41

**TERMS**

Date Incurred

Date Due

Interest Rate  
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y  
01 22 / 2023

M M / D D / Y Y Y Y

None

Y Y Y Y

12.00

% (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).....▶

943.41

**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 394 OF 410

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

NAME OF COMMITTEE (In Full)

Transaction ID : CEBF89C994D654850856

Committee to Elect Alan Grayson

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

Election: 2024

☒ Primary☐ General☐ Other (specify) ▼

Grayson, Alan Mark, , ,

Mailing Address

8419 Oak Park Rd

City

Orlando

State

FL

ZIP Code

32819-3240

☒ Personal Funds of the Candidate

Original Amount of Loan

589.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

589.00

**TERMS**

Date Incurred

Date Due

Interest Rate  
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y  
02 18 / 2023

M M / D D / Y Y Y Y

None

Y Y Y Y

12.00

% (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).....▶

589.00

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

3678238.29

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 395 OF 410

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

NAME OF COMMITTEE (In Full)

**Committee to Elect Alan Grayson**

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

**Alliant Visa**

Nature of Debt (Purpose):

Digital advertising

Mailing Address PO Box 1666

City

Des Plaines

State

IL

Zip Code

60017-1666

Outstanding Balance Beginning This Period

5001.81

Transaction ID : D6F28AF0ED76148F2B6D

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

5001.81

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

**Alliant Visa**

Nature of Debt (Purpose):

Outdoor Advertising

Mailing Address PO Box 1666

City

Des Plaines

State

IL

Zip Code

60017-1666

Outstanding Balance Beginning This Period

9085.66

Transaction ID : DE681A5C2256749DF86D

Amount Incurred This Period

0.00

Payment This Period

324.18

Outstanding Balance at Close of This Period

8761.48

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

**Alliant Visa**

Nature of Debt (Purpose):

Interest expense accrued

Mailing Address PO Box 1666

City

Des Plaines

State

IL

Zip Code

60017-1666

Outstanding Balance Beginning This Period

222.29

Transaction ID : D8F05603D1D354793987

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

222.29

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

13985.58

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 396 OF 410

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

NAME OF COMMITTEE (In Full)

**Committee to Elect Alan Grayson**

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

**Alliant Visa**

Nature of Debt (Purpose):

Compliance Software

Mailing Address PO Box 1666

City

Des Plaines

State

IL

Zip Code

60017-1666

Outstanding Balance Beginning This Period

2700.00

Transaction ID : DCA7642D19FE24B059A6

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2700.00

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

**Alliant Visa**

Nature of Debt (Purpose):

Software license

Mailing Address PO Box 1666

City

Des Plaines

State

IL

Zip Code

60017-1666

Outstanding Balance Beginning This Period

450.00

Transaction ID : DF18F88A6C4324793A73

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

450.00

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

**American Express Business Gold**

Nature of Debt (Purpose):

Credit Card: See Below

Mailing Address PO Box 650448

City

Dallas

State

TX

Zip Code

75265-0448

Outstanding Balance Beginning This Period

274.00

Transaction ID : D76FEB0C019394CC78CE

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

274.00

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

3424.00

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 397 OF 410

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

NAME OF COMMITTEE (In Full)

**Committee to Elect Alan Grayson**

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

**American Express Gold 2**

Nature of Debt (Purpose):

Internet Ads

Mailing Address PO Box 650448

City

Dallas

State

TX

Zip Code

75265-0448

Outstanding Balance Beginning This Period

13890.23

Transaction ID : D68BB431804974809A96

Amount Incurred This Period

0.00

Payment This Period

285.45

Outstanding Balance at Close of This Period

13604.78

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

**American Express Gold 2**

Nature of Debt (Purpose):

Digital Ads

Mailing Address PO Box 650448

City

Dallas

State

TX

Zip Code

75265-0448

Outstanding Balance Beginning This Period

0.00

Transaction ID : D2545BE441EC74FBF8F2

Amount Incurred This Period

425.10

Payment This Period

0.00

Outstanding Balance at Close of This Period

425.10

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

**American Express Green Rewards 01**

Nature of Debt (Purpose):

Streaming Communications

Mailing Address P.O. Box 650448

City

Dallas

State

TX

Zip Code

75265-0448

Outstanding Balance Beginning This Period

0.00

Transaction ID : D796C8E64A44F468F9D1

Amount Incurred This Period

4072.34

Payment This Period

0.00

Outstanding Balance at Close of This Period

4072.34

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

18102.22

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 398 OF 410

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

NAME OF COMMITTEE (In Full)

**Committee to Elect Alan Grayson**

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

**American Express**

Nature of Debt (Purpose):

CREDIT CARD: SEE BELOW

Mailing Address PO Box 360002

City

Ft Lauderdale

State

FL

Zip Code

33336-0002

Outstanding Balance Beginning This Period

2.00

Transaction ID : DC33DD38C800E4464BB9

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2.00

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

**American Express**

Nature of Debt (Purpose):

CREDIT CARD: SEE BELOW

Mailing Address PO Box 360002

City

Ft Lauderdale

State

FL

Zip Code

33336-0002

Outstanding Balance Beginning This Period

23987.09

Transaction ID : D6E53386C97364DAFB94

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

23987.09

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

**American Express**

Nature of Debt (Purpose):

CREDIT CARD: SEE BELOW

Mailing Address PO Box 360002

City

Ft Lauderdale

State

FL

Zip Code

33336-0002

Outstanding Balance Beginning This Period

1700.00

Transaction ID : DB1E0C34006574CEA899

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1700.00

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

25689.09

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 399 OF 410

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

NAME OF COMMITTEE (In Full)

**Committee to Elect Alan Grayson**

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

**American Express**

Nature of Debt (Purpose):

Old fees expense

Mailing Address PO Box 360002

City

Ft Lauderdale

State

FL

Zip Code

33336-0002

Outstanding Balance Beginning This Period

92.79

Transaction ID : D28EA0F6789C04614828

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

92.79

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

**Anderson Party Rentals**

Nature of Debt (Purpose):

CA Event Rentals

Mailing Address 115 W Ash Avenue

City

Burbank

State

CA

Zip Code

91502-2008

Outstanding Balance Beginning This Period

724.32

Transaction ID : DB390A497C7D64A51838

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

724.32

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

**Astoria Taxi Leasing**

Nature of Debt (Purpose):

Car service

Mailing Address 2102 23rd Street

City

Astoria

State

NY

Zip Code

11105-3625

Outstanding Balance Beginning This Period

50.06

Transaction ID : D7575D45F8BB54D779DC

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

50.06

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

867.17

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 400 OF 410

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

NAME OF COMMITTEE (In Full)

**Committee to Elect Alan Grayson**

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

**Bank of America Flying Blue**

Nature of Debt (Purpose):

Outdoor Advertising

Mailing Address PO Box 660710

City

Dallas

State

TX

Zip Code

75266-0710

Outstanding Balance Beginning This Period

90125.92

Transaction ID : DF73314FFC597443BA23

Amount Incurred This Period

0.00

Payment This Period

228.65

Outstanding Balance at Close of This Period

89897.27

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

**Bank Of America Free Spirit**

Nature of Debt (Purpose):

Credit Card Charges

Mailing Address PO Box 851001

City

Dallas

State

TX

Zip Code

75285-1001

Outstanding Balance Beginning This Period

15150.11

Transaction ID : D32FF2238DDE84A2FB98

Amount Incurred This Period

0.00

Payment This Period

143.50

Outstanding Balance at Close of This Period

15006.61

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

**Blue State Digital**

Nature of Debt (Purpose):

Fundraising

Mailing Address 101 Avenue of The Americas  
12th Floor

City

New York

State

NY

Zip Code

10013-1941

Outstanding Balance Beginning This Period

2500.00

Transaction ID : DE81960FB4DC94D39A1E

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2500.00

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

107403.88

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 401 OF 410

FOR LINE NUMBER:  
(check only one)

☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

Committee to Elect Alan Grayson

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

BofA Virgin Atlantic

Nature of Debt (Purpose):

Billboards

Mailing Address PO Box 660710

City  
Dallas

State  
TX

Zip Code  
75266-3240

Outstanding Balance Beginning This Period

11987.13

Transaction ID : D4F265D41C0B9428799C

Amount Incurred This Period

0.00

Payment This Period

139.62

Outstanding Balance at Close of This Period

11847.51

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

British Airways Chase

Nature of Debt (Purpose):

Campaign printing and Outdoor advertising

Mailing Address PO Box 6294

City  
Carol Stream

State  
IL

Zip Code  
60197-6294

Outstanding Balance Beginning This Period

46499.77

Transaction ID : D281C1614F1A8448DAA1

Amount Incurred This Period

0.00

Payment This Period

484.65

Outstanding Balance at Close of This Period

46015.12

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

British Airways Chase

Nature of Debt (Purpose):

Compliance services

Mailing Address PO Box 6294

City  
Carol Stream

State  
IL

Zip Code  
60197-6294

Outstanding Balance Beginning This Period

3000.00

Transaction ID : DBBC9E63071F048AD818

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

3000.00

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

60862.63

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 402 OF 410

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

NAME OF COMMITTEE (In Full)

**Committee to Elect Alan Grayson**

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

**CapitalOne Spark Card**

Nature of Debt (Purpose):

Printing / Mailing

Mailing Address PO Box 71083

City

Charlotte

State

NC

Zip Code

28272-1083

Outstanding Balance Beginning This Period

1750.00

Transaction ID : D21B093FE02A74627B87

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1750.00

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

**CapitalOne Spark Card**

Nature of Debt (Purpose):

Advertising - Streaming Comms

Mailing Address PO Box 71083

City

Charlotte

State

NC

Zip Code

28272-1083

Outstanding Balance Beginning This Period

0.00

Transaction ID : D50F46240B93741B2A3B

Amount Incurred This Period

29027.11

Payment This Period

0.00

Outstanding Balance at Close of This Period

29027.11

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

**Chase Amazon Visa**

Nature of Debt (Purpose):

Credit Card Transactions

Mailing Address PO Box 6294

City

Carol Stream

State

IL

Zip Code

60197-6294

Outstanding Balance Beginning This Period

22518.62

Transaction ID : DC2BC14AFAFD54E69B40

Amount Incurred This Period

0.00

Payment This Period

299.01

Outstanding Balance at Close of This Period

22219.61

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

52996.72

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 403 OF 410

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

NAME OF COMMITTEE (In Full)

**Committee to Elect Alan Grayson**

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

**Chase Amazon Visa**

Nature of Debt (Purpose):

Credit Card Transactions

Mailing Address PO Box 6294

City

Carol Stream

State

IL

Zip Code

60197-6294

Outstanding Balance Beginning This Period

4000.00

Transaction ID : DE62FFCC8DBBB4D79964

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

4000.00

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

**Chase BA Visa**

Nature of Debt (Purpose):

Polling

Mailing Address PO Box 1423

City

Charlotte

State

NC

Zip Code

28201-1423

Outstanding Balance Beginning This Period

2465.55

Transaction ID : D03614FA0D1C14E5A99E

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2465.55

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

**Chase Card Services**

Nature of Debt (Purpose):

CREDIT CARD PAYMENT: SEE BELOW

Mailing Address PO Box 94014

City

Palatine

State

IL

Zip Code

60094-4014

Outstanding Balance Beginning This Period

8745.83

Transaction ID : D61088B5EB0B14318900

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

8745.83

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

15211.38

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 404 OF 410

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

NAME OF COMMITTEE (In Full)

**Committee to Elect Alan Grayson**

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

**Chase United Mileage Plus**

Nature of Debt (Purpose):

Printing and Direct Mail

Mailing Address PO Box 6294

City

Carol Stream

State

IL

Zip Code

60197-6294

Outstanding Balance Beginning This Period

80709.57

Transaction ID : DDD487735FDB044DFAEE

Amount Incurred This Period

0.00

Payment This Period

657.87

Outstanding Balance at Close of This Period

80051.70

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

**Citi Bank Double Cash**

Nature of Debt (Purpose):

Outdoor Advertising

Mailing Address PO Box 6062

City

Sioux Falls

State

SD

Zip Code

57117

Outstanding Balance Beginning This Period

1208.00

Transaction ID : D3BE8D6166E734630A12

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1208.00

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

**Citi Bank Double Cash**

Nature of Debt (Purpose):

Billboards/Digital Marketing/Printing

Mailing Address PO Box 6062

City

Sioux Falls

State

SD

Zip Code

57117

Outstanding Balance Beginning This Period

8591.72

Transaction ID : DD397CA63340347118AA

Amount Incurred This Period

0.00

Payment This Period

306.00

Outstanding Balance at Close of This Period

8285.72

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

89545.42

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 405 OF 410

FOR LINE NUMBER:  
(check only one)

☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

Committee to Elect Alan Grayson

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

Citi Prestige

Nature of Debt (Purpose):  
Printing/Advertising/Signs

Mailing Address PO Box 6004

City  
Sioux Falls

State  
SD

Zip Code  
57117-6004

Outstanding Balance Beginning This Period

7103.92

Transaction ID : D6C56529812AC4CB0932

Amount Incurred This Period

0.00

Payment This Period

222.00

Outstanding Balance at Close of This Period

6881.92

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

Citi Prestige

Nature of Debt (Purpose):  
Credit Card Transactions

Mailing Address PO Box 6004

City  
Sioux Falls

State  
SD

Zip Code  
57117-6004

Outstanding Balance Beginning This Period

1837.21

Transaction ID : DDC544F89363F41A4A0F

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1837.21

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

Citi Prestige

Nature of Debt (Purpose):  
Compliance Software

Mailing Address PO Box 6004

City  
Sioux Falls

State  
SD

Zip Code  
57117-6004

Outstanding Balance Beginning This Period

3050.00

Transaction ID : DB8E1906D880443C3ABE

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

3050.00

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

11769.13

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)

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

NAME OF COMMITTEE (In Full)

**Committee to Elect Alan Grayson**

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

**Citi Prestige**

Nature of Debt (Purpose):

Compliance software

Mailing Address PO Box 6004

City

Sioux Falls

State

SD

Zip Code

57117-6004

Outstanding Balance Beginning This Period

1050.00

Transaction ID : DDAFF585C83A149CDB82

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1050.00

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

**Coastal Community X1 Card**

Nature of Debt (Purpose):

Outdoor Advertising

Mailing Address Credit Card Division  
PO Box 12220

City

Everett

State

WA

Zip Code

98206-2220

Outstanding Balance Beginning This Period

28836.58

Transaction ID : D301D2E1EA7A84BC09B4

Amount Incurred This Period

0.00

Payment This Period

374.15

Outstanding Balance at Close of This Period

28462.43

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

**Coastal Community X1 Card**

Nature of Debt (Purpose):

Compliance Services

Mailing Address Credit Card Division  
PO Box 12220

City

Everett

State

WA

Zip Code

98206-2220

Outstanding Balance Beginning This Period

3000.00

Transaction ID : D668A93B9ED4148C7ADD

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

3000.00

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

32512.43

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  
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numbered line)

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(check only one)☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

**Committee to Elect Alan Grayson**

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

**Coastal Community X1 Card**

Nature of Debt (Purpose):

Compliance services

Mailing Address Credit Card Division  
PO Box 12220City  
EverettState  
WAZip Code  
98206-2220

Outstanding Balance Beginning This Period

12000.00

Transaction ID : DE8D09412C4124A5FB71

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

12000.00

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

**Delta Airlines**

Nature of Debt (Purpose):

Airfare

Mailing Address PO Box 20706

City  
AtlantaState  
GAZip Code  
30320-6001

Outstanding Balance Beginning This Period

365.20

Transaction ID : DEF65104597DA4A1DA47

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

365.20

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

**Dimelo USA LLC**

Nature of Debt (Purpose):

Radio Spots

Mailing Address 3218 E Colonial Drive  
Suite GCity  
OrlandoState  
FLZip Code  
32803-5125

Outstanding Balance Beginning This Period

1000.00

Transaction ID : D4F075FB772C8451B8C5

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1000.00

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

13365.20

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  
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NAME OF COMMITTEE (In Full)

**Committee to Elect Alan Grayson**

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

**Discover It Card**

Nature of Debt (Purpose):

Credit card transactions

Mailing Address PO Box 6103

City

Carol Stream

State

IL

Zip Code

60197-6103

Outstanding Balance Beginning This Period

1737.01

Transaction ID : D225EF162024D49EB988

Amount Incurred This Period

0.00

Payment This Period

99.56

Outstanding Balance at Close of This Period

1637.45

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

**NGPVAN, Inc. - Everyaction**

Nature of Debt (Purpose):

Email distribution Services

Mailing Address 1445 New York Ave NW  
Suite 200

City

Washington

State

DC

Zip Code

20005-2158

Outstanding Balance Beginning This Period

1250.00

Transaction ID : D230D86B6C70D4BE884B

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1250.00

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

**Rape Abuse & Incest National Network**

Nature of Debt (Purpose):

Charitable Donation

Mailing Address 1220 L Street, NW, S505

City

Washington

State

DC

Zip Code

20005-4018

Outstanding Balance Beginning This Period

2000.00

Transaction ID : D1C37E4BA65914FCDA9E

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2000.00

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

4887.45

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  
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☒ 10

NAME OF COMMITTEE (In Full)

**Committee to Elect Alan Grayson**

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

**Spirit Airlines**

Nature of Debt (Purpose):

Airfare

Mailing Address 2800 Executive Way

City  
MiramarState  
FLZip Code  
33025-6542

Outstanding Balance Beginning This Period

155.60

Transaction ID : D50CB2FBDED464F9DAF2

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

155.60

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

**The UPS Store**

Nature of Debt (Purpose):

Postage and Mailing

Mailing Address 424 E Central Boulevard

City  
OrlandoState  
FLZip Code  
32801-1923

Outstanding Balance Beginning This Period

19.25

Transaction ID : D7E8CD0A159074F3AB53

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

19.25

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

**Tribune Publishing Company**

Nature of Debt (Purpose):

Subscription

Mailing Address 633 North Orange Ave

City  
OrlandoState  
FLZip Code  
32801-1325

Outstanding Balance Beginning This Period

9.58

Transaction ID : D62A54C4B9B694856B86

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

9.58

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

184.43

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  
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☒ 10

NAME OF COMMITTEE (In Full)

**Committee to Elect Alan Grayson**

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

**Uber Technologies**

Nature of Debt (Purpose):

Car service

Mailing Address 182 Howard Street  
# 8City  
San FranciscoState  
CAZip Code  
94105-1611

Outstanding Balance Beginning This Period

20.05

Transaction ID : D9B8FEF8E34894E849EA

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

20.05

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

**USAlliance Visa**

Nature of Debt (Purpose):

Outdoor Advertising - Billboards/Signs

Mailing Address PO Box 4517

City  
Carol StreamState  
ILZip Code  
60197-4517

Outstanding Balance Beginning This Period

21033.25

Transaction ID : D4A133307CC82485095E

Amount Incurred This Period

0.00

Payment This Period

122.91

Outstanding Balance at Close of This Period

20910.34

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

**Weaver, Benjamin, , ,**

Nature of Debt (Purpose):

Field Work

Mailing Address 2532 Park Street  
BACKHOUSECity  
JacksonvilleState  
FLZip Code  
32204-4518

Outstanding Balance Beginning This Period

3601.80

Transaction ID : D4D18A8B99C1E4637981

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

3601.80

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

24532.19

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

475338.92

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

3678238.29

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

4153577.21