

**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

Vote Swaffar

ADDRESS (number and street)

10 Fairway Dr

Check if different
than previously
reported. (ACC)

Deerfield Beach

FL

33441

CITY ▲

STATE ▲

ZIP CODE ▲

2. **FEC IDENTIFICATION NUMBER ▼**

C C00871186

3. IS THIS
REPORTNEW
(N)

OR

AMENDED
(A)

STATE ▼ DISTRICT

FL

23

4. **TYPE OF REPORT** (Choose One)

(a) Quarterly Reports:



April 15 Quarterly Report (Q1)



July 15 Quarterly Report (Q2)



October 15 Quarterly Report (Q3)



January 31 Year-End Report (YE)



Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:

Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M /

D D /

Y Y Y Y

in the
State of(c) 30-Day **POST**-Election Report for the:

General (30G)



Runoff (30R)



Special (30S)

Election on

M M /

D D /

Y Y Y Y

in the
State of

5. Covering Period

M M /

07

D D /

01

Y Y Y Y

2025

through

M M /

07

D D /

22

Y Y Y Y

2025

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 Kiger, Robert, Scott, ,

Signature of Treasurer

Kiger, Robert, Scott, ,

Date

M M /

07

D D /

22

Y Y Y Y

2025

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

Vote Swaffar

Report Covering the Period:

From:

MM / DD / YYYY
07 / 01 / 2025

To:

MM / DD / YYYY
07 / 22 / 2025

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))	0.00	4550.42
(b) Total Contribution Refunds (from Line 20(d))	0.00	2300.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	0.00	2250.42
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	234.74	4117.44
(b) Total Offsets to Operating Expenditures (from Line 14)	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))	234.74	4117.44
8. Cash on Hand at Close of Reporting Period (from Line 27)	0.00	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

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

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 05/2016)

Write or Type Committee Name

Vote Swaffar

Report Covering the Period:

From:

MM / DD / YYYY
07 / 01 / 2025

To:

MM / DD / YYYY
07 / 22 / 2025**I. RECEIPTS****COLUMN A**
Total This Period**COLUMN B**
Election Cycle-to-Date

11. CONTRIBUTIONS (other than loans) FROM:

(a) Individuals/Persons Other Than
Political Committees

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

0.00

2750.00

(ii) Unitemized

0.00

1800.42

(iii) TOTAL of contributions
from individuals ▶

0.00

4550.42

(b) Political Party Committees.....

0.00

0.00

(c) Other Political Committees
(such as PACs)

0.00

0.00

(d) The Candidate

0.00

0.00

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

0.00

4550.42

12. TRANSFERS FROM OTHER
AUTHORIZED COMMITTEES

0.00

0.00

13. LOANS:

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

0.00

1867.02

(b) All Other Loans.....

0.00

0.00

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

0.00

1867.02

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

0.00

0.00

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

0.00

0.00

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

0.00

6417.44

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3 (Revised 05/2016)

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	234.74	4117.44
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	25.00	25.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	25.00	25.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	0.00	2300.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	2300.00
21. OTHER DISBURSEMENTS	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	259.74	6442.44

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	259.74
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	0.00
25. SUBTOTAL (add Line 23 and Line 24).....	259.74
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	259.74
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	0.00

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

PAGE 5 OF 19

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

Vote Swaffar

Full Name (Last, First, Middle Initial)

A. FEC Infusion LLC

Mailing Address PO Box 3495

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		07		2025

City
Palm BeachState
FLZip Code
33480

FEC Identification Number

C	H0FL22100
---	-----------

Purpose of Disbursement
Accounting Consulting

001

Amount of Each Disbursement this Period

125.00

Candidate Name

SWAFFAR, Darlene, Cerezo, ,

Category/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2026

☒ Primary	☐ General
☐ Other (specify) ▼	

Transaction ID : SB17.6972

☐ Memo Item

State: FL

District: 23

Full Name (Last, First, Middle Initial)

B. FEC Infusion LLC

Mailing Address PO Box 3495

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		11		2025

City
Palm BeachState
FLZip Code
33480

FEC Identification Number

C	H0FL22100
---	-----------

Purpose of Disbursement
Accounting Consulting

001

Amount of Each Disbursement this Period

109.74

Candidate Name

SWAFFAR, Darlene, Cerezo, ,

Category/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2026

☒ Primary	☐ General
☐ Other (specify) ▼	

Transaction ID : SB17.6973

☐ Memo Item

State: FL

District: 23

Full Name (Last, First, Middle Initial)

C.

Mailing Address

Date of Disbursement

M M	/	D D	/	Y Y Y Y

City

State

Zip Code

FEC Identification Number

C	
---	--

Purpose of Disbursement

Category/
Type

Amount of Each Disbursement this Period

--

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary	☐ General
☐ Other (specify) ▼	

☐ Memo Item

State:

District:

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

234.74

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

234.74

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

PAGE 6 OF 19

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

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NAME OF COMMITTEE (In Full)

Vote Swaffar

Full Name (Last, First, Middle Initial)

A. Kiger, Robert, Scott, ,

Mailing Address PO Box 3475

City
Palm BeachState
FLZip Code
33480Purpose of Disbursement
Repayment of Loan

009

Candidate Name
Vote SwaffarCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2026
☒ Primary ☐ General
☐ Other (specify) ▼

State: FL District: 23

Date of Disbursement

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

FEC Identification Number

C C00871186

Amount of Each Disbursement this Period

25.00

Transaction ID : SB19A.6970

☐ Memo Item

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y

FEC Identification Number

C

Amount of Each Disbursement this Period

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

25.00

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

25.00

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

PAGE 7 OF 19

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

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.6821

Vote Swaffar

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

Election: 2026

☒ Primary☐ General☐ Other (specify) ▼

Kiger, Robert, Scott, ,

Mailing Address

PO Box 3475

City

Palm Beach

State

FL

ZIP Code

33480

☒ Personal Funds of the Candidate

Original Amount of Loan

25.00

Cumulative Payment To Date

25.00

Balance Outstanding at Close of This Period

0.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
10 / 25 / 2024M M / D D / Y Y Y Y
NoneM M / D D / Y Y Y Y
NoneY Y Y Y
None

0.00 % (apr)

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

0.00

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

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

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

PAGE 8 OF 19

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

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.5413

Vote Swaffar

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

Election: 2024

☒ Primary☐ General☐ Other (specify) ▼

SWAFFAR, Darlene, Cerezo, ,

Mailing Address

10 FAIRWAY DRIVE
SUITE 118

City

DEERFIELD BEACH

State

FL

ZIP Code

33441

☒ Personal Funds of the Candidate

Original Amount of Loan

1000.00

Cumulative Payment To Date

167.02

Balance Outstanding at Close of This Period

0.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
02 26 / 2024M M / D D / Y Y Y Y
NoneY Y Y Y
None

0.00 % (apr)

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

0.00

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

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

FEC MISCELLANEOUS TEXT RELATED TO A REPORT, SCHEDULE OR ITEMIZATION

Form/Schedule: SC/10

Transaction ID : SC/10.5413

(Current loan amount of 832.98 from a balance of 832.98 has been forgiven)

Form/Schedule:

Transaction ID:

SCHEDULE C (FEC Form 3)
LOANS

PAGE 10 OF 19

Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.6214

Vote Swaffar

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

Election: 2024

☒ Primary☐ General☐ Other (specify) ▼

SWAFFAR, Darlene, Cerezo, ,

Mailing Address

10 FAIRWAY DRIVE
SUITE 118

City

DEERFIELD BEACH

State

FL

ZIP Code

33441

☒ Personal Funds of the Candidate

Original Amount of Loan

5000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

0.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
06 / 24 / 2024

M M / D D / Y Y Y Y

D D / Y Y Y Y

None

0.00 % (apr)

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

0.00

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

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

FEC MISCELLANEOUS TEXT RELATED TO A REPORT, SCHEDULE OR ITEMIZATION

Form/Schedule: SC/10

Transaction ID : SC/10.6214

(Current loan amount of 5000.00 from a balance of 5000.00 has been forgiven)

Form/Schedule:

Transaction ID:

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

PAGE 12 OF 19

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

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.6669

Vote Swaffar

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

Election: 2024

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

10 FAIRWAY DRIVE
SUITE 118

City

DEERFIELD BEACH

State

FL

ZIP Code

33441

☒ Personal Funds of the Candidate

Original Amount of Loan

5000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

0.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

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

M M / D D / Y Y Y Y

None

0.00 % (apr)

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

0.00

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

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

FEC MISCELLANEOUS TEXT RELATED TO A REPORT, SCHEDULE OR ITEMIZATION

Form/Schedule: SC/10

Transaction ID : SC/10.6669

(Current loan amount of 5000.00 from a balance of 5000.00 has been forgiven)

Form/Schedule:

Transaction ID:

SCHEDULE C (FEC Form 3)
LOANS

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

PAGE 14 OF 19
FOR LINE NUMBER:
(check only one) ☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full) Transaction ID : SC/10.6752
Vote Swaffar

LOAN SOURCE Full Name (Last, First, Middle Initial) ☐ Memo Item			Election: 2024
SWAFFAR, Darlene, Cerezo, ,			☒ Primary
Mailing Address			☐ General
10 FAIRWAY DRIVE			☐ Other (specify) ▼
SUITE 118			
City	State	ZIP Code	☒ Personal Funds of the Candidate
DEERFIELD BEACH	FL	33441	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
10000.00	0.00	0.00

TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	08 / 09 / 2024	None	0.00 % (apr)	☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City	Amount Guaranteed Outstanding:
State	
ZIP Code	
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City	Amount Guaranteed Outstanding:
State	
ZIP Code	
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City	Amount Guaranteed Outstanding:
State	
ZIP Code	
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City	Amount Guaranteed Outstanding:
State	
ZIP Code	

SUBTOTALS This Period This Page (optional).....▶	0.00
TOTALS This Period (last page in this line only).....▶	
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.	

FEC MISCELLANEOUS TEXT RELATED TO A REPORT, SCHEDULE OR ITEMIZATION

Form/Schedule: SC/10

Transaction ID : SC/10.6752

(Current loan amount of 10000.00 from a balance of 10000.00 has been forgiven)

Form/Schedule:

Transaction ID:

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

PAGE 16 OF 19

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

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.6829

Vote Swaffar

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

Election: 2024

☐ Primary☒ General☐ Other (specify) ▼

Mailing Address

10 FAIRWAY DRIVE
SUITE 118

City

DEERFIELD BEACH

State

FL

ZIP Code

33441

☐ Personal Funds of the Candidate

Original Amount of Loan

167.02

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

0.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
12 03 / 2024

M M / D D / Y Y Y Y

None

0.00

% (apr)

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

0.00

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

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

FEC MISCELLANEOUS TEXT RELATED TO A REPORT, SCHEDULE OR ITEMIZATION

Form/Schedule: SC/10

Transaction ID : SC/10.6829

(Current loan amount of 167.02 from a balance of 167.02 has been forgiven)

Form/Schedule:

Transaction ID:

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

PAGE 18 OF 19

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

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.6966

Vote Swaffar

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

Election: 2026

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

10 FAIRWAY DRIVE
SUITE 118

City

DEERFIELD BEACH

State

FL

ZIP Code

33441

☒ Personal Funds of the Candidate

Original Amount of Loan

1700.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

0.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
04 24 / 2025

M M / D D / Y Y Y Y

None

0.00 % (apr)

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

0.00

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

0.00

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

FEC MISCELLANEOUS TEXT RELATED TO A REPORT, SCHEDULE OR ITEMIZATION

Form/Schedule: SC/10

Transaction ID : SC/10.6966

(Current loan amount of 1700.00 from a balance of 1700.00 has been forgiven)

Form/Schedule:

Transaction ID: