

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. **12FE4M5**

**Rick Scott Victory Fund**

ADDRESS (number and street) **PO Box 76024**

Check if different than previously reported. (ACC)

**Washington DC 20002**

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲

**C** **C00676957**

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

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)

July 31 Mid-Year Report (Non-election Year Only) (MY)

Termination Report (TER)

(b) Monthly Report Due On:

Feb 20 (M2)  May 20 (M5)  Aug 20 (M8)  Nov 20 (M11) (Non-Election Year Only)

Mar 20 (M3)  Jun 20 (M6)  Sep 20 (M9)  Dec 20 (M12) (Non-Election Year Only)

Apr 20 (M4)  Jul 20 (M7)  Oct 20 (M10)  Jan 31 (YE)

(c) 12-Day PRE-Election Report for the:

Primary (12P)  General (12G)  Runoff (12R)

Convention (12C)  Special (12S)

Election on  M M M /  D D D /  Y Y Y Y Y Y Y Y in the State of

(d) 30-Day POST-Election Report for the:

General (30G)  Runoff (30R)  Special (30S)

Election on  M M M /  D D D /  Y Y Y Y Y Y Y Y in the State of

5. Covering Period  M M M /  D D D /  Y Y Y Y Y Y Y Y through  M M M /  D D D /  Y Y Y Y Y Y Y Y

**04 01 2021 through 06 30 2021**

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Purpura, Salvatore, , ,

Type or Print Name of Treasurer \_\_\_\_\_

Signature of Treasurer Purpura, Salvatore, , , [Electronically Filed] Date **07 15 2021**

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

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

**Rick Scott Victory Fund**

Report Covering the Period: From:  /  /  To:  /  /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2021"/>		17904.02
(b) Cash on Hand at Beginning of Reporting Period.....	97824.69	
(c) Total Receipts (from Line 19) .....	3104600.18	3961012.83
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	3202424.87	3978916.85
7. Total Disbursements (from Line 31).....	2912578.00	3689069.98
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	289846.87	289846.87
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

## DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

**Rick Scott Victory Fund**

Report Covering the Period: From:

M M / D D / Y Y Y Y Y Y  
04 / 01 / 2021

To:

M M / D D / Y Y Y Y Y Y  
06 / 30 / 2021

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	3101695.18	3958107.82
(ii) Unitemized .....	405.00	405.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	3102100.18	3958512.82
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	2500.00	2500.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	3104600.18	3961012.82
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.01
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	3104600.18	3961012.83
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	3104600.18	3961012.83

**DETAILED SUMMARY PAGE**  
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	211548.87	295378.13
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	211548.87	295378.13
22. Transfers to Affiliated/Other Party Committees.....	2701029.13	3393691.85
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements (Including Non-Federal Donations).....	0.00	0.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) .....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	2912578.00	3689069.98
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	2912578.00	3689069.98

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

<b>III. Net Contributions/ Operating Expenditures</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	3104600.18	3961012.82
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	3104600.18	3961012.82
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	211548.87	295378.13
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.01
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	211548.87	295378.12

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 6 OF 113
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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)  
**Rick Scott Victory Fund**

**A. AGGARWAL, NITIN, , MR.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4401 SOUTH HOPKINS AVENUE #801

City TITUSVILLE State FL Zip Code 32780-6679

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) HOPKINS PHARMACY Occupation (for Individual) OWNER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 29500.00

Date of Receipt 04 / 23 / 2021  
**Transaction ID : SA11A.165011**

Amount of Each Receipt this Period 3000.00

Memo Item CONTRIBUTION

**B. ALVAREZ, MAXIMO, R., MR., SR.**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4834 94TH DORAL PLACE

City DORAL State FL Zip Code 33178-2046

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) SUNSHINE GASOLINE DISTRIBUTORS Occupation (for Individual) PRESIDENT

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 25000.00

Date of Receipt 06 / 10 / 2021  
**Transaction ID : SA11A.174936**

Amount of Each Receipt this Period 25000.00

Memo Item CONTRIBUTION

**C. ANDERSON, JOHN, R., MR.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 330 SPRING CREEK ROAD

City ROCKFORD State IL Zip Code 61107-1035

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED

Receipt For:  Primary  General  Other (specify)

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 05 / 01 / 2021  
**Transaction ID : SA11A.166998**

Amount of Each Receipt this Period 5000.00

Memo Item CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 33000.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 113
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Rick Scott Victory Fund**

**A. ANTHONY, JOHN, A., MR.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 100 S ASHLEY DR  
SUITE 1600

City TAMPA State FL Zip Code 33602-5318

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) ANTHONY AND PARTNERS Occupation (for Individual) ATTORNEY AT LAW

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt 05 / 27 / 2021  
**Transaction ID : SA11A.172255**

Amount of Each Receipt this Period 2500.00

Memo Item CONTRIBUTION

**B. ARBUTINE, CHRISTOPHER, STEPHEN, ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2966 PINEHURST AVE

City BELLEAIR BLUFFS State FL Zip Code 33770-1726

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) LUXURY GOODS & JEWELRY Occupation (for Individual) OWNER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt 05 / 27 / 2021  
**Transaction ID : SA11A.172248**

Amount of Each Receipt this Period 2500.00

Memo Item CONTRIBUTION

**C. ARTHUR, THOMAS, D., MR.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1700 S. MACDILL AVE.  
SUITE 340

City TAMPA State FL Zip Code 33629-5244

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED

Receipt For:  Primary  General  Other (specify)

Aggregate Year-to-Date ▼ 3500.00

Date of Receipt 05 / 20 / 2021  
**Transaction ID : SA11A.171356**

Amount of Each Receipt this Period 2500.00

Memo Item CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 7500.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 113
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Rick Scott Victory Fund**

**A. ARTHUR, THOMAS, D., MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1700 S. MACDILL AVE.  
 SUITE 340  
 City TAMPA State FL Zip Code 33629-5244  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 3500.00

Date of Receipt 06 / 28 / 2021  
**Transaction ID : SA11A.177038**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item CONTRIBUTION

**B. BAKER, RICHARD, M., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 205 25TH AVE N  
 City ST PETERSBURG State FL Zip Code 33704-3445  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) ATTORNEY, FISHER & SAULS, P.A. Occupation (for Individual) ATTORNEY  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 05 / 27 / 2021  
**Transaction ID : SA11A.172243**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item CONTRIBUTION

**C. BEYROUTI, JAY, , MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9753 SEMINOLE BOULEVARD  
 City SEMINOLE State FL Zip Code 33772-2529  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) MONICARLA, L.T.D. Occupation (for Individual) PRESIDENT  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 6573.60

Date of Receipt 06 / 10 / 2021  
**Transaction ID : SA11A.174937**  
 Amount of Each Receipt this Period 6573.60  
 Memo Item CONTRIBUTION  
 CATERING

<b>SUBTOTAL</b> of Receipts This Page (optional).....	8573.60
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 113
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Rick Scott Victory Fund**

**A. BOTTORFF, DENNIS, C., MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4801 POST ROAD  
 City NASHVILLE State TN Zip Code 37205-2720  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) COUNCIL CAPITAL ADVISORS Occupation (for Individual) PARTNER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 25000.00

Date of Receipt 05 / 20 / 2021  
**Transaction ID : SA11A.171354**  
 Amount of Each Receipt this Period 25000.00  
 Memo Item CONTRIBUTION

**B. BOULTER, BEAU, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6932 FAIRFAX DR #204  
 City ARLINGTON State VA Zip Code 22213-1030  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) BEAU BOULTER PC Occupation (for Individual) OWNER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt 05 / 27 / 2021  
**Transaction ID : SA11A.172253**  
 Amount of Each Receipt this Period 1500.00  
 Memo Item CONTRIBUTION

**C. BOWLING, KAREN, E., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1804 DUNSFORD ROAD  
 City JACKSONVILLE State FL Zip Code 32207-4206  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) UNIV OF N FL Occupation (for Individual) VP  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 06 / 21 / 2021  
**Transaction ID : SA11A.177005**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	27500.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 10 OF 113
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Rick Scott Victory Fund**

**A. BRAMAN, NORMAN, , MR.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1 INDIAN CREEK ISLAND RD

City INDIAN CREEK VILLA	State FL	Zip Code 33154-2903
----------------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) BRAMAN MOTORS	Occupation (for Individual) OWNER
--	--------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
50000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05		14		2021

**Transaction ID : SA11A.170398**

Amount of Each Receipt this Period  
50000.00

Memo Item  
CONTRIBUTION

**B. BRINKER, NANCY, G., AMBASSADOR,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 211 VIA TORTUGA

City PALM BEACH	State FL	Zip Code 33480-3638
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) SELF EMPLOYED	Occupation (for Individual) CONSULTANT
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
7500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06		22		2021

**Transaction ID : SA11A.177013**

Amount of Each Receipt this Period  
7500.00

Memo Item  
CONTRIBUTION

**C. CAMPBELL, HOWELL, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5405 LEILANI DRIVE

City ST PETE BEACH	State FL	Zip Code 33706-2324
-----------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
2000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06		28		2021

**Transaction ID : SA11A.177040**

Amount of Each Receipt this Period  
2000.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	59500.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 11 OF 113  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
**Rick Scott Victory Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**A. CASSIDY, ALBERT, B., MR.,**  
 Mailing Address 346 EAST CENTRAL AVE  
 City WINTER HAVEN State FL Zip Code 33880-3046  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CASSIDY ORGANIZATION INC. Occupation (for Individual) PRESIDENT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 100000.00

Date of Receipt 05 / 05 / 2021  
**Transaction ID : SA11A.167917**  
 Amount of Each Receipt this Period 100000.00  
 Memo Item CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**B. CHALLEY, ROBERT, E., MR.,**  
 Mailing Address 2960 CAMINO DIABLO #300  
 City WALNUT CREEK State CA Zip Code 94597-3961  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SELF-EMPLOYED Occupation (for Individual) BUSINESS OWNER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 47300.00

Date of Receipt 05 / 20 / 2021  
**Transaction ID : SA11A.171349**  
 Amount of Each Receipt this Period 30000.00  
 Memo Item CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**C. CHALLEY, ROBERT, E., MR.,**  
 Mailing Address 2960 CAMINO DIABLO #300  
 City WALNUT CREEK State CA Zip Code 94597-3961  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SELF-EMPLOYED Occupation (for Individual) BUSINESS OWNER  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 47300.00

Date of Receipt 05 / 20 / 2021  
**Transaction ID : SA11A.171353**  
 Amount of Each Receipt this Period 17200.00  
 Memo Item CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 147200.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 12 OF 113
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Rick Scott Victory Fund**

**A. CHALLEY, ROBERT, E., MR.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2960 CAMINO DIABLO #300

City WALNUT CREEK	State CA	Zip Code 94597-3961
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) SELF-EMPLOYED	Occupation (for Individual) BUSINESS OWNER
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
47300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05		20		2021

**Transaction ID : SA11A.177843**

Amount of Each Receipt this Period  
100.00

Memo Item  
CONTRIBUTION

**B. CHARTRAND, GARY, ROBERT, MR.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 139 PONTE VEDRA BLVD

City PONTE VEDRA BEACH	State FL	Zip Code 32082-1313
---------------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) ACOSTA	Occupation (for Individual) EXECUTIVE
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
25000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06		17		2021

**Transaction ID : SA11A.176139**

Amount of Each Receipt this Period  
25000.00

Memo Item  
CONTRIBUTION

**C. CHOATE, ARTHUR, , MR.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1390 S DIXIE HWY  
STE 2221

City CORAL GABLES	State FL	Zip Code 33146
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) HOPKINS PHARMACY	Occupation (for Individual) OWNER
---	--------------------------------------

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04		01		2021

**Transaction ID : SA11A.165011\_C**

Amount of Each Receipt this Period  
5000.00

Memo Item  
CONTRIBUTION

ADJUSTMENT BACK TO RSVF FROM LETS GET TO WORK PAC ORG DONATION 2/18/21

<b>SUBTOTAL</b> of Receipts This Page (optional).....	25100.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 113
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**Rick Scott Victory Fund**

**A. COX, JANE, E., MRS., PHD, ARNP**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8813 TAMIAMI TRAIL EAST  
 City NAPLES State FL Zip Code 34113-3347  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NURSING NETWORK OF NAPLES, INC. Occupation (for Individual) NURSE PRACTITIONER  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 10000.00

Date of Receipt 04 / 13 / 2021  
**Transaction ID : SA11A.163232**  
 Amount of Each Receipt this Period 10000.00  
 Memo Item CONTRIBUTION

**B. CRISORIO, RANDALL, , MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2943 WENTWORTH WAY  
 City TARPON SPRINGS State FL Zip Code 34688-8402  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) UNITED DEVELOPMENT CORP. Occupation (for Individual) CEO/PRESIDENT  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 2500.00

Date of Receipt 05 / 19 / 2021  
**Transaction ID : SA11A.171304**  
 Amount of Each Receipt this Period 2500.00  
 Memo Item CONTRIBUTION

**C. CROSSMAN, JOHN , M., MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4412 ANSON LANE  
 City ORLANDO State FL Zip Code 32814-6003  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CROSSMAN & COMPANY Occupation (for Individual) PRESIDENT  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 2000.00

Date of Receipt 06 / 16 / 2021  
**Transaction ID : SA11A.176132**  
 Amount of Each Receipt this Period 2000.00  
 Memo Item CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	14500.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 113
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**Rick Scott Victory Fund**

**A. DANIELS, GEORGE, G., MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5181 FAIRWAY OAKS DRIVE  
 City WINDERMERE State FL Zip Code 34786-8934  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) DANIELS MANUFACTURING CORPORATION Occupation (for Individual) CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 15000.00

Date of Receipt 05 / 20 / 2021  
**Transaction ID : SA11A.171350**  
 Amount of Each Receipt this Period 15000.00  
 Memo Item  
**CONTRIBUTION**

**B. DEL BELLO, RICHARD, P., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 921 GALLEON DR  
 City NAPLES State FL Zip Code 34102-7703  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 05 / 14 / 2021  
**Transaction ID : SA11A.170401**  
 Amount of Each Receipt this Period 5000.00  
 Memo Item  
**CONTRIBUTION**

**C. DESTI, DARIO, , MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 10019 KENDALE ROAD  
 City POTOMAC State MD Zip Code 20854-4243  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) FINCANTIERI MARINE GROUP Occupation (for Individual) PRESIDENT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 06 / 10 / 2021  
**Transaction ID : SA11A.174931**  
 Amount of Each Receipt this Period 500.00  
 Memo Item  
**CONTRIBUTION**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	20500.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 113
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Rick Scott Victory Fund**

**A. DISERNIA, BRIAN, R., MR.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3605 DELWOOD DRIVE

City PANAMA CITY BEACH	State FL	Zip Code 32408-7404
---------------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) EASTERN SHIPBUILDING GROUP	Occupation (for Individual) CHAIRMAN & CEO
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
12500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05		14		2021

**Transaction ID : SA11A.170404**

Amount of Each Receipt this Period  
12500.00

Memo Item  
CONTRIBUTION

**B. DISERNIA, MIRIAM, , MS.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3605 DELWOOD DR

City PANAMA CITY BEACH	State FL	Zip Code 32408-7404
---------------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) TEN KIDS RANCH	Occupation (for Individual) SCHOOL TEACHER
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
12500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05		14		2021

**Transaction ID : SA11A.170403**

Amount of Each Receipt this Period  
12500.00

Memo Item  
CONTRIBUTION

**C. DODSON, TOM, , MR.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 75 PONTE VEDRA BOULEVARD

City PONTE VEDRA BEACH	State FL	Zip Code 32082-1311
---------------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) EASTLAND	Occupation (for Individual) DEVELOPER
---	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06		17		2021

**Transaction ID : SA11A.176137**

Amount of Each Receipt this Period  
5000.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	30000.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 113
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**Rick Scott Victory Fund**

**A. EDWARDSON, JOHN, A., MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO BOX 1423

City BOCA GRANDE	State FL	Zip Code 33921-1423
---------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
25000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 04 / 2021  
**Transaction ID : SA11A.159028**

Amount of Each Receipt this Period  
 25000.00

Memo Item  
 CONTRIBUTION

**B. ELLIOTT, MAC, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address P.O. BOX 2387

City MADISON	State MS	Zip Code 39130-2387
-----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) SELF-EMPLOYED	Occupation (for Individual) INVESTOR
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
36500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 14 / 2021  
**Transaction ID : SA11A.170402**

Amount of Each Receipt this Period  
 36500.00

Memo Item  
 CONTRIBUTION

**C. FITZGERALD, THOMAS, G., MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 270 LITTLE HARBOUR LANE

City NAPLES	State FL	Zip Code 34102-7604
----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) BANKNOTE CAPITAL CORP.	Occupation (for Individual) ATTORNEY
---	---

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
25000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 09 / 2021  
**Transaction ID : SA11A.160709**

Amount of Each Receipt this Period  
 25000.00

Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	86500.00
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 113
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**Rick Scott Victory Fund**

**A. FROST, PHILLIP, , DR., M.D.**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4400 BISCAYNE BLVD.  
 SUITE 1500  
 City MIAMI State FL Zip Code 33137-3212  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) OPKO HEALTH INC. Occupation (for Individual) CEO & CHAIRMAN  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 25000.00

Date of Receipt 06 / 03 / 2021  
**Transaction ID : SA11A.173484**  
 Amount of Each Receipt this Period 25000.00  
 Memo Item CONTRIBUTION

**B. GELOK, RONALD, , MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1415 PANTHER LANE  
 City NAPLES State FL Zip Code 34109-7874  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RONALD GELOK & ASSOC Occupation (for Individual) PRESIDENT  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 2500.00

Date of Receipt 05 / 01 / 2021  
**Transaction ID : SA11A.166993**  
 Amount of Each Receipt this Period 2500.00  
 Memo Item CONTRIBUTION

**C. GEMUNDER, DAVID, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 929 GUI SANDO DE AVILA  
 City TAMPA State FL Zip Code 33613-1060  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SHUTTS & BOWEN LLP Occupation (for Individual) ATTORNEY  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 1000.00

Date of Receipt 06 / 21 / 2021  
**Transaction ID : SA11A.177004**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	28500.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 113
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**Rick Scott Victory Fund**

**A. GIDWITZ, RONALD, J., MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 285 S BEACH RD  
 City HOBE SOUND State FL Zip Code 33455-2604  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GCG PARTNERS Occupation (for Individual) PRINCIPAL  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 25000.00

Date of Receipt 04 / 22 / 2021  
**Transaction ID : SA11A.165005**  
 Amount of Each Receipt this Period 25000.00  
 Memo Item CONTRIBUTION

**B. GOLDMAN, MARC, STANLEY, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1550 SOUTH OCEAN BOULEVARD APT 501-S  
 City BOCA RATON State FL Zip Code 33432-8046  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 06 / 10 / 2021  
**Transaction ID : SA11A.174930**  
 Amount of Each Receipt this Period 2000.00  
 Memo Item CONTRIBUTION

**C. GONSOULIN, AL, A., MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address P.O. BOX 16757  
 City SUGAR LAND State TX Zip Code 77496-6757  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) P.H.I. INC. Occupation (for Individual) CHAIRMAN & CEO  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 5800.00

Date of Receipt 05 / 27 / 2021  
**Transaction ID : SA11A.172260**  
 Amount of Each Receipt this Period 5800.00  
 Memo Item CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	32800.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 113
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Rick Scott Victory Fund**

**A. GRAHAM, ANDREW, L.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1808 W. HILLS AVE

City TAMPA	State FL	Zip Code 33606-3225
---------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) HCI GROUP INC.	Occupation (for Individual) LAW
---	------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05		27		2021

**Transaction ID : SA11A.172240**

Amount of Each Receipt this Period  
2500.00

Memo Item  
CONTRIBUTION

**B. GRAMMIG, ROBERT, J., MR.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 21 BAHAMA CIR.

City TAMPA	State FL	Zip Code 33606-3317
---------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) HOLLAND & KNIGHT	Occupation (for Individual) LAWYER
---	---------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05		27		2021

**Transaction ID : SA11A.172251**

Amount of Each Receipt this Period  
2500.00

Memo Item  
CONTRIBUTION

**C. GRIFFIN, KENNETH, C., MR.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 131 SOUTH DEARBORN STREET  
SUITE 3200

City CHICAGO	State IL	Zip Code 60603-5585
-----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) CITADEL INVESTMENT GROUP, LLC	Occupation (for Individual) FOUNDER AND CEO
--	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
266300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2021

**Transaction ID : SA11A.177761**

Amount of Each Receipt this Period  
266300.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	271300.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 113
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Rick Scott Victory Fund**

**A. HALVERSON, STEVEN, T., MR.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 825 MAPLETON TERRACE

City JACKSONVILLE	State FL	Zip Code 32207-5204
----------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) HASKELL	Occupation (for Individual) CHAIRMAN AND CEO
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	28	/	2021

**Transaction ID : SA11A.177037**

Amount of Each Receipt this Period  
1000.00

Memo Item  
CONTRIBUTION

**B. HILTZ, PAUL , , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1030 3RD AVE S  
UNIT 405

City NAPLES	State FL	Zip Code 34102-6485
----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) NCH HEALTHCARE SYSTEM	Occupation (for Individual) PRESIDENT
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	14	/	2021

**Transaction ID : SA11A.170393**

Amount of Each Receipt this Period  
1000.00

Memo Item  
CONTRIBUTION

**C. HOLLARS, JAMES, A., ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 23880 MESSINA COURT

City BONITA SPRINGS	State FL	Zip Code 34134-4907
------------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) ENGEL & VOEKERS OLDE NAPLES	Occupation (for Individual) OWNER
--	--------------------------------------

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
3000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	20	/	2021

**Transaction ID : SA11A.171352**

Amount of Each Receipt this Period  
3000.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	5000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 113
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Rick Scott Victory Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**A. JACOBSON, MICHAEL, J., MR.,**

Mailing Address 16 HIGHLAND AVE

City CAMBRIDGE	State MA	Zip Code 02139-1016
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) PGE MANAGEMENT	Occupation (for Individual) MANAGEMENT
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
20000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04		22		2021

**Transaction ID : SA11A.165010**

Amount of Each Receipt this Period  
20000.00

Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**B. JAMES, SHARON, , MS.,**

Mailing Address 1571 BLUEBERRY DRIVE

City TITUSVILLE	State FL	Zip Code 32780-4411
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06		28		2021

**Transaction ID : SA11A.177045**

Amount of Each Receipt this Period  
2000.00

Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**C. JONES, SUSAN, S., MRS.,**

Mailing Address 450 ROSEMEADE LANE

City NAPLES	State FL	Zip Code 34105-7154
----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) NEWSBANK	Occupation (for Individual) ASST TO PRESIDENT
---	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
15000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05		14		2021

**Transaction ID : SA11A.170397**

Amount of Each Receipt this Period  
15000.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	37000.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 113
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**Rick Scott Victory Fund**

**A. KAVOUKLIS, EDIE, , MRS.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4010 W. STATE ST  
 City TAMPA State FL Zip Code 33609-1264  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) COMMUNITY DENTAL SERVICES Occupation (for Individual) PRESIDENT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 06 / 23 / 2021  
**Transaction ID : SA11A.177630**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item CONTRIBUTION

**B. KAVOUKLIS, NICK, M., DR., DMD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4010 W. STATE ST  
 City TAMPA State FL Zip Code 33609-1264  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SELF-EMPLOYED Occupation (for Individual) DENTIST  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 06 / 23 / 2021  
**Transaction ID : SA11A.177631**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item CONTRIBUTION

**C. KENT, JORIE, BUTLER, MRS.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 349 CHILEAN AVENUE  
 City PALM BEACH State FL Zip Code 33480-4631  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) ABERCROMBIE & KENT Occupation (for Individual) VICE CHAIRMAN EMERITUS  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 25000.00

Date of Receipt 06 / 21 / 2021  
**Transaction ID : SA11A.177002**  
 Amount of Each Receipt this Period 25000.00  
 Memo Item CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	27000.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 23 OF 113
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Rick Scott Victory Fund**

**A. KINZELBERG, HARVEY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 260 NORTH OCEAN BOULEVARD  
 City PALM BEACH State FL Zip Code 33480-3759  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SEQUEL CAPITAL CORPORATION Occupation (for Individual) FOUNDER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 06 / 30 / 2021  
**Transaction ID : SA11A.177762**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item  
 CONTRIBUTION

**B. LARGUIER, JEFFREY, SCOTT, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3610 SOUTH CARTER STREET  
 City TAMPA State FL Zip Code 33629-8902  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) DIMMITT AUTOMOTIVE GROUP Occupation (for Individual) CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 05 / 27 / 2021  
**Transaction ID : SA11A.172246**  
 Amount of Each Receipt this Period 2000.00  
 Memo Item  
 CONTRIBUTION

**C. LE, TUAN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 701 TROPIC ST APT B  
 City TITUSVILLE State FL Zip Code 32796-5902  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) LENGINEER Occupation (for Individual) EXECUTIVE  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 06 / 23 / 2021  
**Transaction ID : SA11A.177023**  
 Amount of Each Receipt this Period 2000.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	5000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 113
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**Rick Scott Victory Fund**

**A. LEE, PATRICK, P., MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 13 SUNRISE CAY DRIVE  
 City KEY LARGO State FL Zip Code 33037-5301  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) PATRICK P. LEE FOUNDATION Occupation (for Individual) EXECUTIVE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 50000.00

Date of Receipt 06 / 22 / 2021  
**Transaction ID : SA11A.177014**  
 Amount of Each Receipt this Period 50000.00  
 Memo Item CONTRIBUTION

**B. LENNY, RICHARD, H., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8473 BAY COLONY DR #304  
 City NAPLES State FL Zip Code 34108-0708  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) INFORMATION RESOURCES INC Occupation (for Individual) CHAIRMAN OF THE BOARD OF DIRE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt 04 / 22 / 2021  
**Transaction ID : SA11A.165006**  
 Amount of Each Receipt this Period 2500.00  
 Memo Item CONTRIBUTION

**C. LEVANDUSKI, CHERYL, , MRS.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2783 SOM CENTER ROAD  
 City HUNTING VALLEY State OH Zip Code 44022-6652  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) HOMEMAKER Occupation (for Individual) HOMEMAKER  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 06 / 10 / 2021  
**Transaction ID : SA11A.174933**  
 Amount of Each Receipt this Period 5000.00  
 Memo Item CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	57500.00
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 25 OF 113
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Rick Scott Victory Fund**

**A. LEVANDUSKI, JOSEPH, J., MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2783 SOM CENTER ROAD  
 City HUNTING VALLEY State OH Zip Code 44022-6652  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) TRANSTAR HOLDING CO Occupation (for Individual) COO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 06 / 10 / 2021  
**Transaction ID : SA11A.174934**  
 Amount of Each Receipt this Period 5000.00  
 Memo Item  
**CONTRIBUTION**

**B. LOOS, JOAN, T., MRS.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3111 GREEN DOLPHIN LN.  
 City NAPLES State FL Zip Code 34102-7915  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 25000.00

Date of Receipt 05 / 14 / 2021  
**Transaction ID : SA11A.170394**  
 Amount of Each Receipt this Period 25000.00  
 Memo Item  
**CONTRIBUTION**

**C. MACDOUGALD, JAMES, E., MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1781 BRIGHTWATERS BLVD NE  
 City ST PETERSBURG State FL Zip Code 33704-3815  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) PRESIDENT OF WESTSHORE VENTURES, INC. Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt 05 / 27 / 2021  
**Transaction ID : SA11A.172263**  
 Amount of Each Receipt this Period 2500.00  
 Memo Item  
**CONTRIBUTION**

<b>SUBTOTAL</b> of Receipts This Page (optional).....	32500.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 26 OF 113
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Rick Scott Victory Fund**

**A. MACDOUGALD, SUZANNE, M., MRS.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 400 BEACH DR. NE UNIT 2806

City ST PETERSBURG	State FL	Zip Code 33701-3075
-----------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2500.00

Date of Receipt  
MM / DD / YYYY  
05 / 27 / 2021

**Transaction ID : SA11A.172262**

Amount of Each Receipt this Period  
2500.00

Memo Item CONTRIBUTION

**B. MACNEIL, DAVID, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1 MACNEIL COURT

City BOLINGBROOK	State IL	Zip Code 60440-4903
---------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) WEATHERTECH	Occupation (for Individual) FOUNDER AND CEO
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
100000.00

Date of Receipt  
MM / DD / YYYY  
06 / 14 / 2021

**Transaction ID : SA11A.176128**

Amount of Each Receipt this Period  
100000.00

Memo Item CONTRIBUTION

**C. MARTIRE, FRANK, R., MR.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 348 PONTE VEDRA BOULEVARD

City PONTE VEDRA BEACH	State FL	Zip Code 32082-1812
---------------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) NCR	Occupation (for Individual) EXECUTIVE CHAIRMAN
--	---

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
12500.00

Date of Receipt  
MM / DD / YYYY  
06 / 21 / 2021

**Transaction ID : SA11A.177629**

Amount of Each Receipt this Period  
12500.00

Memo Item CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	115000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 113
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**Rick Scott Victory Fund**

**A. MARTIRE, MARISA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 348 PONTE VEDRA BLVD  
 City PONTE VEDRA BEACH State FL Zip Code 32082-1812  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) **HOMEMAKER** Occupation (for Individual) **HOMEMAKER**  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 12500.00

Date of Receipt **06 / 21 / 2021**  
**Transaction ID : SA11A.177628**  
 Amount of Each Receipt this Period 12500.00  
 Memo Item  
**CONTRIBUTION**

**B. MCGILLICUDDY, DENNIS, J., MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3827 FLAMINGO AVE  
 City SARASOTA State FL Zip Code 34242-1011  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) **RETIRED** Occupation (for Individual) **RETIRED**  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 18250.00

Date of Receipt **06 / 22 / 2021**  
**Transaction ID : SA11A.177011**  
 Amount of Each Receipt this Period 18250.00  
 Memo Item  
**CONTRIBUTION**

**C. MCGILLICUDDY, GRACI, , MRS.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3827 FLAMINGO AVE  
 City SARASOTA State FL Zip Code 34242-1011  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) **HOMEMAKER** Occupation (for Individual) **HOMEMAKER**  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 18250.00

Date of Receipt **06 / 22 / 2021**  
**Transaction ID : SA11A.177012**  
 Amount of Each Receipt this Period 18250.00  
 Memo Item  
**CONTRIBUTION**

<b>SUBTOTAL</b> of Receipts This Page (optional).....	49000.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 28 OF 113
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Rick Scott Victory Fund**

**A. MILLER, LISA, KALEL FISHER, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 449 COLLINSFORD ROAD  
 City TALLAHASSEE State FL Zip Code 32301-3370  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) LISA MILLER & ASSOCIATES CEO Occupation (for Individual) CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt 05 / 27 / 2021  
**Transaction ID : SA11A.172250**  
 Amount of Each Receipt this Period 1500.00  
 Memo Item  
**CONTRIBUTION**

**B. MITCHELL, KIMBERLY, A., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 85 WEST PELICAN STREET  
 City NAPLES State FL Zip Code 34113-4059  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 05 / 14 / 2021  
**Transaction ID : SA11A.170400**  
 Amount of Each Receipt this Period 500.00  
 Memo Item  
**CONTRIBUTION**

**C. PAGE, STEPHEN, J., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9130 OAKHURST ROAD  
 City SEMINOLE State FL Zip Code 33776-2109  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SELF-EMPLOYED Occupation (for Individual) REAL ESTATE  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt 05 / 27 / 2021  
**Transaction ID : SA11A.172256**  
 Amount of Each Receipt this Period 2500.00  
 Memo Item  
**CONTRIBUTION**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	4500.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 113
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Rick Scott Victory Fund**

**A. PALMER, GEOFFREY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 270 N CANON DR  
 PENTHOUSE  
 City BEVERLY HILLS State CA Zip Code 90210-5312  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) G. H. PALMER ASSOCIATES Occupation (for Individual) REAL ESTATE DEVELOPER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 266300.00

Date of Receipt **04 / 14 / 2021**  
**Transaction ID : SA11A.163238**  
 Amount of Each Receipt this Period 266300.00  
 Memo Item  
 CONTRIBUTION

**B. PALMER, KRISTINE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1270 GALLEON DR.  
 City NAPLES State FL Zip Code 34102-7710  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) HOMEMAKER Occupation (for Individual) HOMEMAKER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt **05 / 05 / 2021**  
**Transaction ID : SA11A.170407**  
 Amount of Each Receipt this Period 5000.00  
 Memo Item  
 CONTRIBUTION

**C. PEREZ, WILLIAM, D., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 81 SEAGATE DRIVE  
 SEASONS 1603  
 City NAPLES State FL Zip Code 34103-2482  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 25000.00

Date of Receipt **04 / 09 / 2021**  
**Transaction ID : SA11A.160710**  
 Amount of Each Receipt this Period 25000.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	296300.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 OF 113
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Rick Scott Victory Fund**

**A. QUINN, AMY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1100 GALLEON DR  
 City NAPLES State FL Zip Code 34102-7708  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SELF Occupation (for Individual) INVESTOR  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 7500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 14 / 2021  
**Transaction ID : SA11A.170405**  
 Amount of Each Receipt this Period  
 7500.00  
 Memo Item  
 CONTRIBUTION

**B. QUINN, JOHN, R., MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1100 GALLEON DR  
 City NAPLES State FL Zip Code 34102-7708  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 7500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 14 / 2021  
**Transaction ID : SA11A.170406**  
 Amount of Each Receipt this Period  
 7500.00  
 Memo Item  
 CONTRIBUTION

**C. RAUNER, BRUCE, , HON.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3 CARD SOUND ROAD  
 City KEY LARGO State FL Zip Code 33037-3771  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED IL GOVERNOR Occupation (for Individual) RETIRED IL GOVERNOR  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 55400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 29 / 2021  
**Transaction ID : SA11A.166992**  
 Amount of Each Receipt this Period  
 55400.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	70400.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 113
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**Rick Scott Victory Fund**

**A. RAUNER, DIANA , , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3 CARD SOUND ROAD  
 City KEY LARGO State FL Zip Code 33037-3771  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 55400.00

Date of Receipt 04 / 29 / 2021  
**Transaction ID : SA11A.166991**  
 Amount of Each Receipt this Period 55400.00  
 Memo Item CONTRIBUTION

**B. RECHTER, RICHARD, P., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2936 BELLFLOWER LANE  
 City NAPLES State FL Zip Code 34105-3005  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) ROGERS GROUP INC Occupation (for Individual) CHAIRMAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 25000.00

Date of Receipt 05 / 27 / 2021  
**Transaction ID : SA11A.172261**  
 Amount of Each Receipt this Period 25000.00  
 Memo Item CONTRIBUTION

**C. ROSS, ADAM, MCGILL, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2809 DOVEWOOD ST  
 City CLEARWATER State FL Zip Code 33759-2622  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) STATE OF FLORIDA Occupation (for Individual) ATTORNEY  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 05 / 27 / 2021  
**Transaction ID : SA11A.172258**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	81400.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 OF 113
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**Rick Scott Victory Fund**

**A. ROWE, JOHN, W., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4351 GULF SHORE BLVD, N, PH2  
 City NAPLES State FL Zip Code 34103-2699  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) EXELON CORPORATION Occupation (for Individual) CHAIRMAN EMERITUS  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 25000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 01 / 2021  
**Transaction ID : SA11A.166994**  
 Amount of Each Receipt this Period  
 25000.00  
 Memo Item  
**CONTRIBUTION**

**B. SCOTT, RICK, , SEN,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO BOX 76024  
 City WASHINGTON State DC Zip Code 20002  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) US SENATE Occupation (for Individual) US SENATOR  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 169789.29

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 01 / 2021  
**Transaction ID : SA11A.691**  
 Amount of Each Receipt this Period  
 6386.51  
 Memo Item  
**IN-KIND: AIR -COLUMBIA COLLIER MGT 340 9**  
**AIR CHARTER 4-1-21**

**C. SCOTT, RICK, , SEN,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO BOX 76024  
 City WASHINGTON State DC Zip Code 20002  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) US SENATE Occupation (for Individual) US SENATOR  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 169789.29

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 19 / 2021  
**Transaction ID : SA11A.693**  
 Amount of Each Receipt this Period  
 825.00  
 Memo Item  
**IN-KIND: FACILITY RENTAL 218 MD LLC 340**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	32211.51
<b>TOTAL</b> This Period (last page this line number only).....▶	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 OF 113
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Rick Scott Victory Fund**

**A. SCOTT, RICK, , SEN,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO BOX 76024

City WASHINGTON	State DC	Zip Code 20002
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) US SENATE	Occupation (for Individual) US SENATOR
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
169789.29

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	28	/	2021

**Transaction ID : SA11A.695**

Amount of Each Receipt this Period  
825.00

Memo Item  
IN-KIND: FACILITY RENTAL 218 MD LLC 340

**B. SCOTT, RICK, , SEN,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO BOX 76024

City WASHINGTON	State DC	Zip Code 20002
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) US SENATE	Occupation (for Individual) US SENATOR
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
169789.29

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	27	/	2021

**Transaction ID : SA11A.701**

Amount of Each Receipt this Period  
48081.20

Memo Item  
IN-KIND: AIR -COLUMBIA COLLIER MGT 340 9  
AIR CHARTER 4-6-21 THRU 4-16-21 AND 4-27-21

**C. SCOTT, RICK, , SEN,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO BOX 76024

City WASHINGTON	State DC	Zip Code 20002
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) US SENATE	Occupation (for Individual) US SENATOR
--	---

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
169789.29

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	22	/	2021

**Transaction ID : SA11A.706**

Amount of Each Receipt this Period  
1100.00

Memo Item  
IN-KIND: FACILITY RENTAL 218 MD LLC 340

<b>SUBTOTAL</b> of Receipts This Page (optional).....	50006.20
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 OF 113
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Rick Scott Victory Fund**

**A. SCOTT, RICK, , SEN,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO BOX 76024

City WASHINGTON	State DC	Zip Code 20002
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) US SENATE	Occupation (for Individual) US SENATOR
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
169789.29

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06		01		2021

**Transaction ID : SA11A.708**

Amount of Each Receipt this Period  
1878.35

Memo Item  
IN-KIND: AIR -COLUMBIA COLLIER MGT 340 9  
AIR CHARTER 6-1-21

**B. SCOTT, RICK, , SEN,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO BOX 76024

City WASHINGTON	State DC	Zip Code 20002
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) US SENATE	Occupation (for Individual) US SENATOR
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
169789.29

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06		02		2021

**Transaction ID : SA11A.710**

Amount of Each Receipt this Period  
20462.93

Memo Item  
IN-KIND: AIR -COLUMBIA COLLIER MGT 340 9  
AIR CHARTER 6-2-21

**C. SCOTT, RICK, , SEN,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO BOX 76024

City WASHINGTON	State DC	Zip Code 20002
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) US SENATE	Occupation (for Individual) US SENATOR
--	---

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
169789.29

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06		18		2021

**Transaction ID : SA11A.712**

Amount of Each Receipt this Period  
1434.41

Memo Item  
IN-KIND: AIR -COLUMBIA COLLIER MGT 340 9  
AIR CHARTER 6-17-21 THRU 6-18-21

<b>SUBTOTAL</b> of Receipts This Page (optional).....	23775.69
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 OF 113
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Rick Scott Victory Fund**

**A. SCOTT, RICK, , SEN,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO BOX 76024

City WASHINGTON	State DC	Zip Code 20002
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) US SENATE	Occupation (for Individual) US SENATOR
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
169789.29

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05		07		2021

**Transaction ID : SA11A.720**

Amount of Each Receipt this Period  
27087.22

Memo Item  
IN-KIND: AIR -COLUMBIA COLLIER MGT 340 9  
AIR CHARTER 5-2-21 THRU 5-7-21

**B. SCOTT, RICK, , SEN,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO BOX 76024

City WASHINGTON	State DC	Zip Code 20002
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) US SENATE	Occupation (for Individual) US SENATOR
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
169789.29

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05		20		2021

**Transaction ID : SA11A.722**

Amount of Each Receipt this Period  
10800.50

Memo Item  
IN-KIND: AIR -COLUMBIA COLLIER MGT 340 9  
AIR CHARTER 5-20-21

**C. SEMBLER, BRENT, W., MR.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5858 CENTRAL AVENUE

City ST PETERSBURG	State FL	Zip Code 33707-1720
-----------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) SEMBLER COMPANY	Occupation (for Individual) REAL ESTATE INVESTOR
--	---

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
10000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05		27		2021

**Transaction ID : SA11A.172241**

Amount of Each Receipt this Period  
10000.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	47887.72
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 OF 113
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Rick Scott Victory Fund**

**A. SEMBLER, GREGORY, S., MR.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5858 CENTRAL AVE

City ST PETERSBURG	State FL	Zip Code 33707-1720
-----------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) THE SEMBLER COMPANY	Occupation (for Individual) REAL ESTATE DEVELOPER
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05		27		2021

**Transaction ID : SA11A.172257**

Amount of Each Receipt this Period  
5000.00

Memo Item  
CONTRIBUTION

**B. SEMBLER, MELVIN, , AMB.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5858 CENTRAL AVENUE

City ST PETERSBURG	State FL	Zip Code 33707-1720
-----------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) THE SEMBLER COMPANY	Occupation (for Individual) CHAIRMAN EMERITUS
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05		27		2021

**Transaction ID : SA11A.172259**

Amount of Each Receipt this Period  
5000.00

Memo Item  
CONTRIBUTION

**C. SMITH, BENSON, F., ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2526 DAY LILY PLACE

City NAPLES	State FL	Zip Code 34105-3008
----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
12500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05		01		2021

**Transaction ID : SA11A.166997**

Amount of Each Receipt this Period  
12500.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	22500.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 37 OF 113
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Rick Scott Victory Fund**

**A. SMITH, LINDA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2526 DAY LILY PLACE  
 City NAPLES State FL Zip Code 34105-3008  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SELF-EMPLOYED Occupation (for Individual) CONSULTANT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 12500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 01 / 2021  
**Transaction ID : SA11A.166996**  
 Amount of Each Receipt this Period  
 12500.00  
 Memo Item  
 CONTRIBUTION

**B. SMITH, RYAN, WILLIAM, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 347 AHERN ST  
 City ATLANTIC BEACH State FL Zip Code 32233-5247  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) FINCANTIERI MARINE SYSTEMS NORTH AMERI Occupation (for Individual) CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 27 / 2021  
**Transaction ID : SA11A.172245**  
 Amount of Each Receipt this Period  
 500.00  
 Memo Item  
 CONTRIBUTION

**C. SPENCER, ROBERT, N., MR., IV**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1175 51ST STREET WEST  
 City BRADENTON State FL Zip Code 34209-4259  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WEST COAST TOMATO Occupation (for Individual) AGRICULTURE  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 40000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 22 / 2021  
**Transaction ID : SA11A.165009**  
 Amount of Each Receipt this Period  
 40000.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	53000.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 OF 113
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Rick Scott Victory Fund**

**A. SPINELLI, BILL, , MR.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2948 BELLFLOWER LN

City NAPLES	State FL	Zip Code 34105-3005
----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) SELF-EMPLOYED	Occupation (for Individual) REALTOR
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
15000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04		22		2021

**Transaction ID : SA11A.165008**

Amount of Each Receipt this Period  
15000.00

Memo Item  
CONTRIBUTION

**B. STANTON, WILLIAM, MERREL, ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3205 W HAWTHORNE RD

City TAMPA	State FL	Zip Code 33611-2937
---------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) MACFARLANE FERGUSON & MCMULLEN	Occupation (for Individual) ATTORNEY
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2021

**Transaction ID : SA11A.176131**

Amount of Each Receipt this Period  
1000.00

Memo Item  
CONTRIBUTION

**C. STEPHENSON, DONNA, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address C/O PO BOX 13953

City ALBANY	State NY	Zip Code 12212-
----------------	-------------	--------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) HOMEMAKER	Occupation (for Individual) HOMEMAKER
--	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
100000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05		28		2021

**Transaction ID : SA11A.172267**

Amount of Each Receipt this Period  
100000.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	116000.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 OF 113
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**Rick Scott Victory Fund**

**A. STEPHENSON, JAMES, E., MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 423 PONTE VEDRA BOULEVARD  
 City PONTE VEDRA BEACH State FL Zip Code 32082-2818  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) YANCEY BROS Occupation (for Individual) CHAIRMAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 100000.00

Date of Receipt 05 / 28 / 2021  
**Transaction ID : SA11A.172268**  
 Amount of Each Receipt this Period 100000.00  
 Memo Item CONTRIBUTION

**B. SUAREZ, CHRIS, V., MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5900 NORTH OCEAN DRIVE UNIT PH  
 City HOLLYWOOD State FL Zip Code 33019-4644  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SOUTH BEACH SKINCARE Occupation (for Individual) MANAGER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 06 / 23 / 2021  
**Transaction ID : SA11A.177022**  
 Amount of Each Receipt this Period 2000.00  
 Memo Item CONTRIBUTION

**C. SUTTON, KERMIT, S., MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 715 10TH ST S  
 City NAPLES State FL Zip Code 34102-6725  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 15000.00

Date of Receipt 04 / 14 / 2021  
**Transaction ID : SA11A.163239**  
 Amount of Each Receipt this Period 15000.00  
 Memo Item CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	117000.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 OF 113
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Rick Scott Victory Fund**

**A. SWEZY, LEWIS, V., MR.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 7735 NW 146 STREET  
SUITE 306

City MIAMI LAKES State FL Zip Code 33016-1583

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) CENTENNIAL MANAGEMENT Occupation (for Individual) REAL ESTATE DEVELOPER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 15000.00

Date of Receipt 04 / 06 / 2021  
**Transaction ID : SA11A.159029**

Amount of Each Receipt this Period 15000.00

Memo Item CONTRIBUTION

**B. TENZER, LEE, , MR.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 9762 BENTGRASS BEND

City NAPLES State FL Zip Code 34108-1933

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 25000.00

Date of Receipt 04 / 21 / 2021  
**Transaction ID : SA11A.164953**

Amount of Each Receipt this Period 25000.00

Memo Item CONTRIBUTION

**C. THORNBURGH, RICHARD, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 550 ISLAND DRIVE

City PALM BEACH State FL Zip Code 33480-4747

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) CORSAIR CAPITAL Occupation (for Individual) SENIOR ADVISOR

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 50000.00

Date of Receipt 04 / 22 / 2021  
**Transaction ID : SA11A.165007**

Amount of Each Receipt this Period 50000.00

Memo Item CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	90000.00
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 OF 113
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**Rick Scott Victory Fund**

**A. TOWERY, MATT, A.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1325 SNELL ISLE BOULEVARD NE  
 NO 401  
 City ST PETERSBURG State FL Zip Code 33704-2411  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 27 / 2021  
**Transaction ID : SA11A.172244**  
 Amount of Each Receipt this Period  
 5000.00  
 Memo Item  
 CONTRIBUTION

**B. TRACY, DON, MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1429 EAST LAKE SHORE DRIVE  
 City SPRINGFIELD State IL Zip Code 62712-5527  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) BROWN, HAY & STEPHENS LLP Occupation (for Individual) ATTORNEY  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 19 / 2021  
**Transaction ID : SA11A.171303**  
 Amount of Each Receipt this Period  
 5000.00  
 Memo Item  
 CONTRIBUTION

**C. TRAINA, TREVOR, D., AMB.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2825 BROADWAY  
 City SAN FRANCISCO State CA Zip Code 94115-1060  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SELF-EMPLOYED Occupation (for Individual) INVESTOR  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 47300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 28 / 2021  
**Transaction ID : SA11A.172265**  
 Amount of Each Receipt this Period  
 47300.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	57300.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 OF 113
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Rick Scott Victory Fund**

**A. VECCELLIO, LEO, A., MR., JR.**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1500 SOUTH OCEAN BOULEVARD

City PALM BEACH	State FL	Zip Code 33480-5102
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) VECELLIO GROUP, INC.	Occupation (for Individual) CORP EXEC
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
15000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05		20		2021

**Transaction ID : SA11A.171355**

Amount of Each Receipt this Period  
15000.00

Memo Item  
CONTRIBUTION

**B. WANEK, JOYCE , A., MRS.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1600 E 8TH AVE, SUITE A-208

City TAMPA	State FL	Zip Code 33605-3738
---------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) HOMEMAKER	Occupation (for Individual) HOMEMAKER
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05		27		2021

**Transaction ID : SA11A.172249**

Amount of Each Receipt this Period  
5000.00

Memo Item  
CONTRIBUTION

**C. WANEK, KAREN, A., MRS.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1600 E 8TH AVE, SUITE A-208

City TAMPA	State FL	Zip Code 33605-3738
---------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) HOMEMAKER	Occupation (for Individual) HOMEMAKER
--	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05		27		2021

**Transaction ID : SA11A.172247**

Amount of Each Receipt this Period  
5000.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	25000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 OF 113
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Rick Scott Victory Fund**

**A. WEINBERG, RONALD, E., MR.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 982 CHESTNUT RUN

City GATES MILLS	State OH	Zip Code 44040-9761
---------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) WEINBERG CAPITAL GROUP	Occupation (for Individual) PRINCIPAL
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2715.46

Date of Receipt  
MM / DD / YYYY  
06 / 02 / 2021

**Transaction ID : SA11A.176136**

Amount of Each Receipt this Period  
2715.46

Memo Item  
CONTRIBUTION

FOOD AND BEVERAGE

**B. WHITE, JO ANN, , MRS.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 14275 SIESTA ROAD

City LARGO	State FL	Zip Code 33774-2026
---------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) HOMEMAKER	Occupation (for Individual) HOMEMAKER
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
25000.00

Date of Receipt  
MM / DD / YYYY  
05 / 20 / 2021

**Transaction ID : SA11A.172238**

Amount of Each Receipt this Period  
25000.00

Memo Item  
CONTRIBUTION

**C. WHITE, JOSEPH, C., MR.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 14275 SIESTA ROAD

City LARGO	State FL	Zip Code 33774-2026
---------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) HYDROLOGIC DISTRIBUTION CO.	Occupation (for Individual) CHAIRMAN
--	---

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
25000.00

Date of Receipt  
MM / DD / YYYY  
05 / 20 / 2021

**Transaction ID : SA11A.172239**

Amount of Each Receipt this Period  
25000.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	52715.46
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 OF 113
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Rick Scott Victory Fund**

**A. WILLIAMS, JOSEPH, M., MR.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1501 E. 2ND AVE

City TAMPA	State FL	Zip Code 33605-5005
---------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) KIMMINS CONTRACTING CORP.	Occupation (for Individual) PRESIDENT
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5400.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06		21		2021

**Transaction ID : SA11A.177003**

Amount of Each Receipt this Period  
10800.00

Memo Item  
CONTRIBUTION

SEE REATTRIBUTION

**B. WILLIAMS, JOSEPH, M., MR.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1501 E. 2ND AVE

City TAMPA	State FL	Zip Code 33605-5005
---------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) KIMMINS CONTRACTING CORP.	Occupation (for Individual) PRESIDENT
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5400.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06		22		2021

**Transaction ID : SA11A.177020**

Amount of Each Receipt this Period  
- 5400.00

Memo Item  
CONTRIBUTION

REATTRIBUTION TO SPOUSE

**C. WILLIAMS, LAURA, J., ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1501 EAST 2ND AVENUE

City TAMPA	State FL	Zip Code 33605-5005
---------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) SELF-EMPLOYED	Occupation (for Individual) NURSE PRACTITIONER
--	---

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
5400.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06		22		2021

**Transaction ID : SA11A.177019**

Amount of Each Receipt this Period  
5400.00

Memo Item  
CONTRIBUTION

REATTRIBUTION FROM SPOUSE

<b>SUBTOTAL</b> of Receipts This Page (optional).....	10800.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 45 OF 113
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Rick Scott Victory Fund**

**A. WORKMAN, RICHARD, E., MR.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address **9800 WALZER COURT**

City **WINDERMERE** State **FL** Zip Code **34786-8907**

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) **HEARTLAND DENTAL** Occupation (for Individual) **OWNER**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **100000.00**

Date of Receipt **04 / 08 / 2021**

**Transaction ID : SA11A.159033**

Amount of Each Receipt this Period **100000.00**

Memo Item  
CONTRIBUTION

**B. ZELL, SAMUEL, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address **2 N RIVERSIDE PLAZA  
SUITE 600**

City **CHICAGO** State **IL** Zip Code **60606-2627**

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) **EQUITY GROUP INVESTMENTS** Occupation (for Individual) **CHAIRMAN**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **100000.00**

Date of Receipt **04 / 27 / 2021**

**Transaction ID : SA11A.166971**

Amount of Each Receipt this Period **100000.00**

Memo Item  
CONTRIBUTION

**C. B SQUARED ENGINEERING LLC**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address **1651 WHITFIELD AVE  
STE 200**

City **SARASOTA** State **FL** Zip Code **34243-3950**

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼ **140000.00**

Date of Receipt **04 / 28 / 2021**

**Transaction ID : SA11A.166988**

Amount of Each Receipt this Period **140000.00**

Memo Item  
CONTRIBUTION

SEE ATTRIBUTION BELOW

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **340000.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 46 OF 113
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Rick Scott Victory Fund**

**A. BERUFF, CARLOS, M., MR.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 8955 25TH STREET EAST

City PARRISH	State FL	Zip Code 34219-8486
-----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) MEDALLION HOME GULF COAST	Occupation (for Individual) DEVELOPER
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
140000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04		28		2021

**Transaction ID : SA11A.166989**

Amount of Each Receipt this Period  
140000.00

Memo Item CONTRIBUTION  
PARTNERSHIP ATTRIBUTION

**B. EASTON R/E HOLDINGS LLC**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 10165 NW 19TH ST.

City DORAL	State FL	Zip Code 33172-2529
---------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
10800.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06		22		2021

**Transaction ID : SA11A.177015**

Amount of Each Receipt this Period  
10800.00

Memo Item CONTRIBUTION  
SEE ATTRIBUTION BELOW

**C. EASTON, EDWARD, W., , SR.**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 10165 NW 19TH ST.

City DORAL	State FL	Zip Code 33172-2529
---------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) KROME GROVE INV/EASTON RE HOLDING LLC	Occupation (for Individual) OWNER
--	--------------------------------------

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
10800.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06		22		2021

**Transaction ID : SA11A.177016**

Amount of Each Receipt this Period  
10800.00

Memo Item CONTRIBUTION  
PARTNERSHIP ATTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	10800.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 47 OF 113
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Rick Scott Victory Fund**

**A. KING AND WATER, LLC**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 6090 CENTRAL AVE  
City ST PETERSBURG State FL Zip Code 33707-1622  
FEC ID number of contributing federal political committee. **C**  
Name of Employer (for Individual) Occupation (for Individual)  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 25000.00

Date of Receipt 05 / 27 / 2021  
**Transaction ID : SA11A.172254**  
Amount of Each Receipt this Period 25000.00  
 Memo Item  
**CONTRIBUTION**  
SEE ATTRIBUTION BELOW

**B. EDWARDS, WILLIAM, L., MR.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 6090 CENTRAL AVENUE  
City ST PETERSBURG State FL Zip Code 33707-1622  
FEC ID number of contributing federal political committee. **C**  
Name of Employer (for Individual) Occupation (for Individual) MORTGAGE INVESTORS EXECUTIVE  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 25000.00

Date of Receipt 05 / 27 / 2021  
**Transaction ID : SA11A.172264**  
Amount of Each Receipt this Period 25000.00  
 Memo Item  
**CONTRIBUTION**  
PARTNERSHIP ATTRIBUTION

**C. MGM STRATEGIC CONSULTING LLC**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 6329 PASADENA POINT BLVD S  
City GULFPORT State FL Zip Code 33707-3867  
FEC ID number of contributing federal political committee. **C**  
Name of Employer (for Individual) Occupation (for Individual)  
Receipt For:  Primary  General  Other (specify)  
Aggregate Year-to-Date ▼ 500.00

Date of Receipt 05 / 28 / 2021  
**Transaction ID : SA11A.172269**  
Amount of Each Receipt this Period 500.00  
 Memo Item  
**CONTRIBUTION**  
SEE ATTRIBUTION BELOW

<b>SUBTOTAL</b> of Receipts This Page (optional).....	25500.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 48 OF 113
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Rick Scott Victory Fund**

**A. MIKURAK, MICHAEL, G., MR.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6329 PASADENA POINT BLVD S

City GULFPORT	State FL	Zip Code 33707-3867
------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) MGM STRATEGIC CONSULTING LLC	Occupation (for Individual) PARTNER
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
05 / 28 / 2021

**Transaction ID : SA11A.172270**

Amount of Each Receipt this Period  
500.00

Memo Item  
CONTRIBUTION

PARTNERSHIP ATTRIBUTION

**B. OTIS ROAD LANDFILL LLC**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1700 OTIS RD

City JACKSONVILLE	State FL	Zip Code 32220-2981
----------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
100000.00

Date of Receipt  
MM / DD / YYYY  
06 / 28 / 2021

**Transaction ID : SA11A.177036**

Amount of Each Receipt this Period  
100000.00

Memo Item  
CONTRIBUTION

SEE ATTRIBUTION BELOW

**C. COXWELL, J.B., , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6741 LLOYD ROAD WEST

City JACKSONVILLE	State FL	Zip Code 32254-1249
----------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) OTIS ROAD LANDFILL LLC	Occupation (for Individual) PARTNER
---	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
100000.00

Date of Receipt  
MM / DD / YYYY  
06 / 28 / 2021

**Transaction ID : SA11A.177041**

Amount of Each Receipt this Period  
100000.00

Memo Item  
CONTRIBUTION

PARTNERSHIP ATTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	100000.00
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 49 OF 113
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Rick Scott Victory Fund**

**A. WINRED**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO BOX 9891

City ARLINGTON	State VA	Zip Code 22219-1891
-------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00694323

Name of Employer (for Individual)	Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
421356.25

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04		08		2021

**Transaction ID : SA11C.159030**

Amount of Each Receipt this Period  
24049.40

Memo Item  
CONTRIBUTION

WINRED SEE BELOW FOR DONORS REQUIRING ITEMIZATION; SEE ATTRIBUTION BELOW FOR ALL DONORS ABOVE ITEMIZ

**B. BEASLEY, CAROLINE, , ,**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 392 TERRACINA WAY

City NAPLES	State FL	Zip Code 34119-1813
----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) BEASLEY MEDIA GROUP	Occupation (for Individual) CEO
--	------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
12500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04		06		2021

**Transaction ID : SA11A.159032**

Amount of Each Receipt this Period  
12500.00

Memo Item  
CONTRIBUTION

WINRED SEE BELOW FOR DONORS REQUIRING ITEMIZATION

**C. BEASLEY , GEORGE, G., MR.,**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3033 RIVIERA DR  
SUITE 200

City NAPLES	State FL	Zip Code 34103-2750
----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) BEASLEY MEDIA GROUP	Occupation (for Individual) CHAIRMAN OF THE BOARD
--	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
12500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04		06		2021

**Transaction ID : SA11A.159031**

Amount of Each Receipt this Period  
12500.00

Memo Item  
CONTRIBUTION

WINRED SEE BELOW FOR DONORS REQUIRING ITEMIZATION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	25000.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 50 OF 113
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Rick Scott Victory Fund**

**A. WINRED**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO BOX 9891

City ARLINGTON	State VA	Zip Code 22219-1891
-------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00694323

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
421356.25

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04		27		2021

**Transaction ID : SA11C.166881**

Amount of Each Receipt this Period  
1442.70

Memo Item  
CONTRIBUTION

WINRED SEE BELOW FOR DONORS REQUIRING ITEMIZATION; SEE ATTRIBUTION BELOW FOR ALL DONORS ABOVE ITEMIZ

**B. AGGARWAL, NITIN, , MR.,**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4401 SOUTH HOPKINS AVENUE #801

City TITUSVILLE	State FL	Zip Code 32780-6679
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) HOPKINS PHARMACY	Occupation (for Individual) OWNER
---	--------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
29500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04		22		2021

**Transaction ID : SA11A.166882**

Amount of Each Receipt this Period  
1500.00

Memo Item  
CONTRIBUTION

WINRED SEE BELOW FOR DONORS REQUIRING ITEMIZATION

**C. WINRED**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO BOX 9891

City ARLINGTON	State VA	Zip Code 22219-1891
-------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00694323

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
421356.25

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05		03		2021

**Transaction ID : SA11C.167789**

Amount of Each Receipt this Period  
20321.65

Memo Item  
CONTRIBUTION

WINRED SEE BELOW FOR DONORS REQUIRING ITEMIZATION; SEE ATTRIBUTION BELOW FOR ALL DONORS ABOVE ITEMIZ

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1500.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 51 OF 113
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Rick Scott Victory Fund**

**A. DAVIS FRUSHONE, ASHLEY, E., ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1201 PENNSYLVANIA AVE NW

City WASHINGTON	State DC	Zip Code 20004-2401
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) WEST FRONT STRATEGIES LLC	Occupation (for Individual) FOUNDER
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
12375.00

Date of Receipt  

M M M / D D D / Y Y Y Y Y Y
04 / 29 / 2021

**Transaction ID : SA11A.167790**

Amount of Each Receipt this Period  

6125.00
---------

Memo Item  
CONTRIBUTION

WINRED SEE BELOW FOR DONORS REQUIRING ITEMIZATION

**B. LOCKWOOD, STEVEN, J., MR.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 258 WASHINGTON ST

City MARBLEHEAD	State MA	Zip Code 01945-3331
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) SJ LOCKWOOD & CO., LLC	Occupation (for Individual) CEO
---	------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
15000.00

Date of Receipt  

M M M / D D D / Y Y Y Y Y Y
04 / 29 / 2021

**Transaction ID : SA11A.167791**

Amount of Each Receipt this Period  

15000.00
----------

Memo Item  
CONTRIBUTION

WINRED SEE BELOW FOR DONORS REQUIRING ITEMIZATION

**C. WINRED**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO BOX 9891

City ARLINGTON	State VA	Zip Code 22219-1891
-------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00694323

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
421356.25

Date of Receipt  

M M M / D D D / Y Y Y Y Y Y
05 / 05 / 2021

**Transaction ID : SA11C.167918**

Amount of Each Receipt this Period  

961.70
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Memo Item  
CONTRIBUTION

WINRED SEE BELOW FOR DONORS REQUIRING ITEMIZATION; SEE ATTRIBUTION BELOW FOR ALL DONORS ABOVE ITEMIZ

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	21125.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 52 OF 113
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Rick Scott Victory Fund**

**A. SCHWERIN, FRANCIS, T., MR.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3900 GIBRALTER DR

City NAPLES State FL Zip Code 34119-8647

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 01 / 2021

**Transaction ID : SA11A.167919**

Amount of Each Receipt this Period  
1000.00

Memo Item CONTRIBUTION

WINRED SEE BELOW FOR DONORS REQUIRING ITEMIZATION

**B. WINRED**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO BOX 9891

City ARLINGTON State VA Zip Code 22219-1891

FEC ID number of contributing federal political committee. **C** C00694323

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
421356.25

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 07 / 2021

**Transaction ID : SA11C.169078**

Amount of Each Receipt this Period  
2885.70

Memo Item CONTRIBUTION

WINRED SEE BELOW FOR DONORS REQUIRING ITEMIZATION; SEE ATTRIBUTION BELOW FOR ALL DONORS ABOVE ITEMIZ

**C. AGGARWAL, NITIN, , MR.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4401 SOUTH HOPKINS AVENUE #801

City TITUSVILLE State FL Zip Code 32780-6679

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) HOPKINS PHARMACY Occupation (for Individual) OWNER

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
29500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 05 / 2021

**Transaction ID : SA11A.169079**

Amount of Each Receipt this Period  
3000.00

Memo Item CONTRIBUTION

WINRED SEE BELOW FOR DONORS REQUIRING ITEMIZATION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	4000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 53 OF 113
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Rick Scott Victory Fund**

**A. WINRED**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO BOX 9891

City ARLINGTON State VA Zip Code 22219-1891

FEC ID number of contributing federal political committee. **C** C00694323

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 421356.25

Date of Receipt 05 / 10 / 2021

**Transaction ID : SA11C.170167**

Amount of Each Receipt this Period 15391.40

Memo Item CONTRIBUTION

WINRED SEE BELOW FOR DONORS REQUIRING ITEMIZATION; SEE ATTRIBUTION BELOW FOR ALL DONORS ABOVE ITEMIZ

**B. AGGARWAL, NITIN, , MR.,**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4401 SOUTH HOPKINS AVENUE #801

City TITUSVILLE State FL Zip Code 32780-6679

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Occupation (for Individual) HOPKINS PHARMACY OWNER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 29500.00

Date of Receipt 05 / 06 / 2021

**Transaction ID : SA11A.170169**

Amount of Each Receipt this Period 1000.00

Memo Item CONTRIBUTION

WINRED SEE BELOW FOR DONORS REQUIRING ITEMIZATION

**C. THOMAS, JOHN, C., MR.,**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 135 WILLADEL DR.

City CLEARWATER State FL Zip Code 33756-1941

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Occupation (for Individual) PINCH-A-PENNY PRESIDENT

Receipt For:  Primary  General  Other (specify)

Aggregate Year-to-Date ▼ 15000.00

Date of Receipt 05 / 06 / 2021

**Transaction ID : SA11A.170168**

Amount of Each Receipt this Period 15000.00

Memo Item CONTRIBUTION

WINRED SEE BELOW FOR DONORS REQUIRING ITEMIZATION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	16000.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 54 OF 113
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Rick Scott Victory Fund**

**A. WINRED**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address PO BOX 9891

City ARLINGTON	State VA	Zip Code 22219-1891
-------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00694323

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
421356.25

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
05 / 11 / 2021  
**Transaction ID : SA11C.170382**

Amount of Each Receipt this Period  
9619.40

Memo Item  
CONTRIBUTION

WINRED SEE BELOW FOR DONORS REQUIRING ITEMIZATION; SEE ATTRIBUTION BELOW FOR ALL DONORS ABOVE ITEMIZ

**B. COLLINS, PETER, H., ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 2501 SOUTH MACDILL AVENUE

City TAMPA	State FL	Zip Code 33629-7217
---------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Occupation (for Individual)  
FORGE CAPITAL PARTNERS FINANCE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
15000.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
05 / 07 / 2021  
**Transaction ID : SA11A.170383**

Amount of Each Receipt this Period  
5000.00

Memo Item  
CONTRIBUTION

WINRED SEE BELOW FOR DONORS REQUIRING ITEMIZATION

**C. SUBLETTE, JUSTIN, , MR.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 16 PADDINGTON CT

City NAPLES	State FL	Zip Code 34104-6560
----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Occupation (for Individual)  
SELF-EMPLOYED FINANCIAL SPECULATOR

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
05 / 07 / 2021  
**Transaction ID : SA11A.170384**

Amount of Each Receipt this Period  
5000.00

Memo Item  
CONTRIBUTION

WINRED SEE BELOW FOR DONORS REQUIRING ITEMIZATION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	10000.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 55 OF 113
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Rick Scott Victory Fund**

**A. WINRED**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO BOX 9891

City ARLINGTON State VA Zip Code 22219-1891

FEC ID number of contributing federal political committee. **C** C00694323

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 421356.25

Date of Receipt 05 / 12 / 2021

**Transaction ID : SA11C.170387**

Amount of Each Receipt this Period 1923.40

Memo Item CONTRIBUTION

WINRED SEE BELOW FOR DONORS REQUIRING ITEMIZATION; SEE ATTRIBUTION BELOW FOR ALL DONORS ABOVE ITEMIZ

**B. AGGARWAL, NITIN, , MR.,**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4401 SOUTH HOPKINS AVENUE #801

City TITUSVILLE State FL Zip Code 32780-6679

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Occupation (for Individual) HOPKINS PHARMACY OWNER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 29500.00

Date of Receipt 05 / 10 / 2021

**Transaction ID : SA11A.170388**

Amount of Each Receipt this Period 1000.00

Memo Item CONTRIBUTION

WINRED SEE BELOW FOR DONORS REQUIRING ITEMIZATION

**C. CHRISTALDI, RONALD, A., ,**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3321 CARRINGTON STREET

City TAMPA State FL Zip Code 33611-2729

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Occupation (for Individual) SHUMAKER LAWYER

Receipt For:  Primary  General  Other (specify)

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 05 / 09 / 2021

**Transaction ID : SA11A.170389**

Amount of Each Receipt this Period 1000.00

Memo Item CONTRIBUTION

WINRED SEE BELOW FOR DONORS REQUIRING ITEMIZATION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	2000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 56 OF 113
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Rick Scott Victory Fund**

**A. WINRED**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address **PO BOX 9891**

City **ARLINGTON** State **VA** Zip Code **22219-1891**

FEC ID number of contributing federal political committee. **C C00694323**

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **421356.25**

Date of Receipt **05 / 14 / 2021**

**Transaction ID : SA11C.170390**

Amount of Each Receipt this Period **24049.70**

Memo Item  
CONTRIBUTION

WINRED SEE BELOW FOR DONORS REQUIRING ITEMIZATION; SEE ATTRIBUTION BELOW FOR ALL DONORS ABOVE ITEMIZ

**B. DUCHOSSOIS, CRAIG, , ,**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address **444 WEST LAKE ST SUITE 2000**

City **CHICAGO** State **IL** Zip Code **60606-0040**

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Occupation (for Individual)  
**THE DUCHOSSOIS GROUP CHIEF EXECUTIVE OFFICER**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **25000.00**

Date of Receipt **05 / 14 / 2021**

**Transaction ID : SA11A.170391**

Amount of Each Receipt this Period **25000.00**

Memo Item  
CONTRIBUTION

WINRED SEE BELOW FOR DONORS REQUIRING ITEMIZATION

**C. WINRED**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address **PO BOX 9891**

City **ARLINGTON** State **VA** Zip Code **22219-1891**

FEC ID number of contributing federal political committee. **C C00694323**

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼ **421356.25**

Date of Receipt **05 / 18 / 2021**

**Transaction ID : SA11C.171300**

Amount of Each Receipt this Period **4328.40**

Memo Item  
CONTRIBUTION

WINRED SEE BELOW FOR DONORS REQUIRING ITEMIZATION; SEE ATTRIBUTION BELOW FOR ALL DONORS ABOVE ITEMIZ

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>25000.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 57 OF 113
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Rick Scott Victory Fund**

**A. AGGARWAL, NITIN, , MR.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4401 SOUTH HOPKINS AVENUE #801

City TITUSVILLE State FL Zip Code 32780-6679

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) HOPKINS PHARMACY Occupation (for Individual) OWNER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 29500.00

Date of Receipt 05 / 14 / 2021  
**Transaction ID : SA11A.171302**

Amount of Each Receipt this Period 2000.00

Memo Item CONTRIBUTION

WINRED SEE BELOW FOR DONORS REQUIRING ITEMIZATION

**B. BALDWIN, TREVOR, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4211 WEST BOY SCOUT BOULEVARD

City TAMPA State FL Zip Code 33607-5724

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) BALDWIN RISK PARTNERS Occupation (for Individual) CEO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt 05 / 14 / 2021  
**Transaction ID : SA11A.171301**

Amount of Each Receipt this Period 2500.00

Memo Item CONTRIBUTION

WINRED SEE BELOW FOR DONORS REQUIRING ITEMIZATION

**C. WINRED**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO BOX 9891

City ARLINGTON State VA Zip Code 22219-1891

FEC ID number of contributing federal political committee. **C** C00694323

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  Primary  General  Other (specify)

Aggregate Year-to-Date ▼ 421356.25

Date of Receipt 05 / 20 / 2021  
**Transaction ID : SA11C.171345**

Amount of Each Receipt this Period 26454.40

Memo Item CONTRIBUTION

WINRED SEE BELOW FOR DONORS REQUIRING ITEMIZATION; SEE ATTRIBUTION BELOW FOR ALL DONORS ABOVE ITEMIZ

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 4500.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 58 OF 113
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Rick Scott Victory Fund**

**A. FRIEDEN, JEFF, , MR.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 18800 VON KARMAN AVE., SUITE A

City IRVINE	State CA	Zip Code 92612-1724
----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) FF CAPITAL GROUP	Occupation (for Individual) OWNER
---	--------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
25000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	18	/	2021

**Transaction ID : SA11A.171346**

Amount of Each Receipt this Period  
25000.00

Memo Item  
CONTRIBUTION

WINRED SEE BELOW FOR DONORS REQUIRING ITEMIZATION

**B. KIMBLE, SHELLIE, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 3045 WESTFORK DRIVE

City BATON ROUGE	State LA	Zip Code 70816-2253
---------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) DYNAMIC GROUP	Occupation (for Individual) EXECUTIVE ASST.
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	18	/	2021

**Transaction ID : SA11A.171347**

Amount of Each Receipt this Period  
2500.00

Memo Item  
CONTRIBUTION

WINRED SEE BELOW FOR DONORS REQUIRING ITEMIZATION

**C. WINRED**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address PO BOX 9891

City ARLINGTON	State VA	Zip Code 22219-1891
-------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00694323

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
421356.25

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	21	/	2021

**Transaction ID : SA11C.171357**

Amount of Each Receipt this Period  
28859.40

Memo Item  
CONTRIBUTION

WINRED SEE BELOW FOR DONORS REQUIRING ITEMIZATION; SEE ATTRIBUTION BELOW FOR ALL DONORS ABOVE ITEMIZ

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	27500.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 59 OF 113
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Rick Scott Victory Fund**

**A. GOVONI, LEO, JOSEPH, MR.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 12707 49TH ST  
SUITE 200

City CLEARWATER State FL Zip Code 33762-4609

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) BOSTON HOLDING COMPANY Occupation (for Individual) CEO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 25000.00

Date of Receipt 05 / 19 / 2021  
**Transaction ID : SA11A.171359**

Amount of Each Receipt this Period 25000.00

Memo Item CONTRIBUTION

WINRED SEE BELOW FOR DONORS REQUIRING ITEMIZATION

**B. HOLTON, JAMES, W., MR.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 9800 4TH STREET NORTH  
#200

City ST. PETERSBURG State FL Zip Code 33702-2462

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) HALL BOOTH SMITH Occupation (for Individual) ATTORNEY

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 05 / 19 / 2021  
**Transaction ID : SA11A.171358**

Amount of Each Receipt this Period 5000.00

Memo Item CONTRIBUTION

WINRED SEE BELOW FOR DONORS REQUIRING ITEMIZATION

**C. WINRED**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO BOX 9891

City ARLINGTON State VA Zip Code 22219-1891

FEC ID number of contributing federal political committee. **C** C00694323

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  Primary  General  Other (specify)

Aggregate Year-to-Date ▼ 421356.25

Date of Receipt 05 / 24 / 2021  
**Transaction ID : SA11C.171865**

Amount of Each Receipt this Period 12794.00

Memo Item CONTRIBUTION

WINRED SEE BELOW FOR DONORS REQUIRING ITEMIZATION; SEE ATTRIBUTION BELOW FOR ALL DONORS ABOVE ITEMIZ

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 30000.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 60 OF 113
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Rick Scott Victory Fund**

**A. KEIVER, REBECCA, , MS.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5205 AVENIDA DE CORTEZ  
 City SIESTA KEY State FL Zip Code 34242-1902  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) TEAM TIME SOLUTIONS Occupation (for Individual) INVESTOR  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 10800.00

Date of Receipt 05 / 20 / 2021  
**Transaction ID : SA11A.171867**  
 Amount of Each Receipt this Period 10800.00  
 Memo Item CONTRIBUTION  
 WINRED SEE BELOW FOR DONORS REQUIRING ITEMIZATION

**B. LEBLANC, ANDRE, , MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3753 NORTH WOODRIDGE ROAD  
 City BIRMINGHAM State AL Zip Code 35223-2111  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) DYNAMIC GROUP Occupation (for Individual) VP  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt 05 / 19 / 2021  
**Transaction ID : SA11A.171866**  
 Amount of Each Receipt this Period 2500.00  
 Memo Item CONTRIBUTION  
 WINRED SEE BELOW FOR DONORS REQUIRING ITEMIZATION

**C. WINRED**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO BOX 9891  
 City ARLINGTON State VA Zip Code 22219-1891  
 FEC ID number of contributing federal political committee. **C** C00694323  
 Name of Employer (for Individual) Occupation (for Individual)  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 421356.25

Date of Receipt 05 / 25 / 2021  
**Transaction ID : SA11C.172232**  
 Amount of Each Receipt this Period 12024.40  
 Memo Item CONTRIBUTION  
 WINRED SEE BELOW FOR DONORS REQUIRING ITEMIZATION; SEE ATTRIBUTION BELOW FOR ALL DONORS ABOVE ITEMIZ

<b>SUBTOTAL</b> of Receipts This Page (optional).....	13300.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 61 OF 113
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Rick Scott Victory Fund**

**A. BANOUB, HANI, S., MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1540 GULF BLVD.  
 APT 2103  
 City CLEARWATER State FL Zip Code 33767-2964  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) AMBASSADOR GROUP OF N. AMERICA, LLC Occupation (for Individual) MANAGING DIRECTOR  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 2500.00

Date of Receipt 05 / 21 / 2021  
**Transaction ID : SA11A.172233**  
 Amount of Each Receipt this Period 2500.00  
 Memo Item CONTRIBUTION  
 WINRED SEE BELOW FOR DONORS REQUIRING ITEMIZATION

**B. COLLINS, PETER, H., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2501 SOUTH MACDILL AVENUE  
 City TAMPA State FL Zip Code 33629-7217  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) FORGE CAPITAL PARTNERS Occupation (for Individual) FINANCE  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 15000.00

Date of Receipt 05 / 20 / 2021  
**Transaction ID : SA11A.172234**  
 Amount of Each Receipt this Period 10000.00  
 Memo Item CONTRIBUTION  
 WINRED SEE BELOW FOR DONORS REQUIRING ITEMIZATION

**C. WINRED**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO BOX 9891  
 City ARLINGTON State VA Zip Code 22219-1891  
 FEC ID number of contributing federal political committee. **C** C00694323  
 Name of Employer (for Individual) Occupation (for Individual)  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 421356.25

Date of Receipt 06 / 09 / 2021  
**Transaction ID : SA11C.174928**  
 Amount of Each Receipt this Period 5579.30  
 Memo Item CONTRIBUTION  
 WINRED SEE BELOW FOR DONORS REQUIRING ITEMIZATION; SEE ATTRIBUTION BELOW FOR ALL DONORS ABOVE ITEMIZ

**SUBTOTAL** of Receipts This Page (optional)..... 12500.00  
**TOTAL** This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 62 OF 113
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Rick Scott Victory Fund**

**A. HUENINK, JEFFREY, , MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO BOX 783549  
 City WINTER GARDEN State FL Zip Code 34778-3549  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) JH INLAND Occupation (for Individual) CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 5800.00

Date of Receipt 06 / 07 / 2021  
**Transaction ID : SA11A.174929**  
 Amount of Each Receipt this Period 5800.00  
 Memo Item  
**CONTRIBUTION**  
 WINRED SEE BELOW FOR DONORS REQUIRING ITEMIZATION

**B. WINRED**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO BOX 9891  
 City ARLINGTON State VA Zip Code 22219-1891  
 FEC ID number of contributing federal political committee. **C** C00694323  
 Name of Employer (for Individual) Occupation (for Individual)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 421356.25

Date of Receipt 06 / 11 / 2021  
**Transaction ID : SA11C.174938**  
 Amount of Each Receipt this Period 480.70  
 Memo Item  
**CONTRIBUTION**  
 WINRED SEE BELOW FOR DONORS REQUIRING ITEMIZATION; SEE ATTRIBUTION BELOW FOR ALL DONORS ABOVE ITEMIZ

**C. FORD, VICTORIA, I., MS.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4303 FOREST PARK RD  
 City JACKSONVILLE State FL Zip Code 32210-6027  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 06 / 09 / 2021  
**Transaction ID : SA11A.174939**  
 Amount of Each Receipt this Period 500.00  
 Memo Item  
**CONTRIBUTION**  
 WINRED SEE BELOW FOR DONORS REQUIRING ITEMIZATION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	6300.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 63 OF 113
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Rick Scott Victory Fund**

**A. WINRED**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO BOX 9891

City ARLINGTON State VA Zip Code 22219-1891

FEC ID number of contributing federal political committee. **C** C00694323

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 421356.25

Date of Receipt 06 / 18 / 2021

**Transaction ID : SA11C.176140**

Amount of Each Receipt this Period 1923.70

Memo Item CONTRIBUTION

WINRED SEE BELOW FOR DONORS REQUIRING ITEMIZATION; SEE ATTRIBUTION BELOW FOR ALL DONORS ABOVE ITEMIZ

**B. KLANN, AVERY, , ,**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 117 EVERGLADE AVENUE

City PALM BEACH State FL Zip Code 33480-3717

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Occupation (for Individual) NEWMARK REAL ESTATE

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 06 / 16 / 2021

**Transaction ID : SA11A.176141**

Amount of Each Receipt this Period 2000.00

Memo Item CONTRIBUTION

WINRED SEE BELOW FOR DONORS REQUIRING ITEMIZATION

**C. WINRED**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO BOX 9891

City ARLINGTON State VA Zip Code 22219-1891

FEC ID number of contributing federal political committee. **C** C00694323

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  Primary  General  Other (specify)

Aggregate Year-to-Date ▼ 421356.25

Date of Receipt 06 / 22 / 2021

**Transaction ID : SA11C.177006**

Amount of Each Receipt this Period 10389.30

Memo Item CONTRIBUTION

WINRED SEE BELOW FOR DONORS REQUIRING ITEMIZATION; SEE ATTRIBUTION BELOW FOR ALL DONORS ABOVE ITEMIZ

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 2000.00

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



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 64 OF 113
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Rick Scott Victory Fund**

**A. MATTHEWS, WILLIAM, M., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 380 NORTH LAKE WAY  
 City PALM BEACH State FL Zip Code 33480-3630  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SELF-EMPLOYED Occupation (for Individual) INVESTMENTS  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 10800.00

Date of Receipt 06 / 18 / 2021  
**Transaction ID : SA11A.177007**  
 Amount of Each Receipt this Period 10800.00  
 Memo Item CONTRIBUTION  
 WINRED SEE BELOW FOR DONORS REQUIRING ITEMIZATION

**B. WINRED**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO BOX 9891  
 City ARLINGTON State VA Zip Code 22219-1891  
 FEC ID number of contributing federal political committee. **C** C00694323  
 Name of Employer (for Individual) Occupation (for Individual)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 421356.25

Date of Receipt 06 / 23 / 2021  
**Transaction ID : SA11C.177024**  
 Amount of Each Receipt this Period 3847.10  
 Memo Item CONTRIBUTION  
 WINRED SEE BELOW FOR DONORS REQUIRING ITEMIZATION; SEE ATTRIBUTION BELOW FOR ALL DONORS ABOVE ITEMIZ

**C. FUNK, CAROL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 601 BAYSHORE BLVD STE 650  
 City TAMPA State FL Zip Code 33606-2760  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CAROL SCHWARTZ FUNK INTERIOR DESIGN, I Occupation (for Individual) INTERIOR DESIGNER  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 06 / 21 / 2021  
**Transaction ID : SA11A.177025**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item CONTRIBUTION  
 WINRED SEE BELOW FOR DONORS REQUIRING ITEMIZATION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	11800.00
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 65 OF 113
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Rick Scott Victory Fund**

**A. KATZ, EZRA, , MR.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2665 SOUTH BAYSHORE  
PH2A

City COCONUT GROVE State FL Zip Code 33133-5468

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) AZTEC GROUP INC Occupation (for Individual) CHAIRMAN

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
MM / DD / YYYY  
06 / 21 / 2021  
**Transaction ID : SA11A.177026**

Amount of Each Receipt this Period  
1000.00

Memo Item  
CONTRIBUTION

WINRED SEE BELOW FOR DONORS REQUIRING ITEMIZATION

**B. PINE, EVAN , , MR.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4444 ISLAND RD

City MIAMI State FL Zip Code 33137-3332

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) TRILLIUM Occupation (for Individual) TRADER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2000.00

Date of Receipt  
MM / DD / YYYY  
06 / 21 / 2021  
**Transaction ID : SA11A.177027**

Amount of Each Receipt this Period  
2000.00

Memo Item  
CONTRIBUTION

WINRED SEE BELOW FOR DONORS REQUIRING ITEMIZATION

**C. WINRED**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO BOX 9891

City ARLINGTON State VA Zip Code 22219-1891

FEC ID number of contributing federal political committee. **C** C00694323

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
421356.25

Date of Receipt  
MM / DD / YYYY  
06 / 24 / 2021  
**Transaction ID : SA11C.177032**

Amount of Each Receipt this Period  
3847.10

Memo Item  
CONTRIBUTION

WINRED SEE BELOW FOR DONORS REQUIRING ITEMIZATION; SEE ATTRIBUTION BELOW FOR ALL DONORS ABOVE ITEMIZ

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	3000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 66 OF 113
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**Rick Scott Victory Fund**

**A. BYNUM, MICHAEL, H., MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6306 WEST MACLAURIN DRIVE  
 City TAMPA State FL Zip Code 33647-1162  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) TFS HOLDINGS INC Occupation (for Individual) PRESIDENT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 06 / 22 / 2021  
**Transaction ID : SA11A.177034**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item CONTRIBUTION  
 WINRED SEE BELOW FOR DONORS REQUIRING ITEMIZATION

**B. BYNUM, MICHAEL, H., MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6306 WEST MACLAURIN DRIVE  
 City TAMPA State FL Zip Code 33647-1162  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) TFS HOLDINGS INC Occupation (for Individual) PRESIDENT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 06 / 22 / 2021  
**Transaction ID : SA11A.177035**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item CONTRIBUTION  
 WINRED SEE BELOW FOR DONORS REQUIRING ITEMIZATION

**C. MIKLOS, JOHN, A., MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1267 WATERWITCH COVE CIR.  
 City ORLANDO State FL Zip Code 32806-7852  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) BIOTECH CONSULTING Occupation (for Individual) PRESIDENT  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 06 / 22 / 2021  
**Transaction ID : SA11A.177033**  
 Amount of Each Receipt this Period 2000.00  
 Memo Item CONTRIBUTION  
 WINRED SEE BELOW FOR DONORS REQUIRING ITEMIZATION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	4000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 67 OF 113
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Rick Scott Victory Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. WINRED</b>		Date of Receipt
Mailing Address PO BOX 9891		<input type="text" value="06"/> / <input type="text" value="25"/> / <input type="text" value="2021"/>
City	State	Zip Code
ARLINGTON	VA	22219-1891
FEC ID number of contributing federal political committee.		Transaction ID : <b>SA11C.177042</b>
<input type="text" value="C"/> <input type="text" value="C00694323"/>		Amount of Each Receipt this Period
Name of Employer (for Individual)		<input type="text" value="27897.40"/>
Occupation (for Individual)		<input checked="" type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		CONTRIBUTION
Aggregate Year-to-Date ▼		WINRED SEE BELOW FOR DONORS REQUIRING ITEMIZATION; SEE ATTRIBUTION BELOW FOR ALL DONORS ABOVE ITEMIZ
<input type="text" value="421356.25"/>		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. SMITH, WILLIAM, , MR.,</b>		Date of Receipt
Mailing Address 258 GRANADA ROAD		<input type="text" value="06"/> / <input type="text" value="23"/> / <input type="text" value="2021"/>
City	State	Zip Code
WEST PALM BEACH	FL	33401-8018
FEC ID number of contributing federal political committee.		Transaction ID : <b>SA11A.177044</b>
<input type="text" value="C"/> <input type="text" value=""/>		Amount of Each Receipt this Period
Name of Employer (for Individual)		<input type="text" value="4000.00"/>
Occupation (for Individual)		<input type="checkbox"/> Memo Item
SELF EMPLOYED		CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		WINRED SEE BELOW FOR DONORS REQUIRING ITEMIZATION
Aggregate Year-to-Date ▼		
<input type="text" value="4000.00"/>		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. ZIMMERMAN, SCOTT, , MR.,</b>		Date of Receipt
Mailing Address 125 EAST WEBSTER AVENUE		<input type="text" value="06"/> / <input type="text" value="23"/> / <input type="text" value="2021"/>
City	State	Zip Code
WINTER PARK	FL	32789-3224
FEC ID number of contributing federal political committee.		Transaction ID : <b>SA11A.177043</b>
<input type="text" value="C"/> <input type="text" value=""/>		Amount of Each Receipt this Period
Name of Employer (for Individual)		<input type="text" value="25000.00"/>
Occupation (for Individual)		<input type="checkbox"/> Memo Item
SELF-EMPLOYED		CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		WINRED SEE BELOW FOR DONORS REQUIRING ITEMIZATION
Aggregate Year-to-Date ▼		
<input type="text" value="27900.00"/>		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="29000.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text" value=""/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 68 OF 113
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Rick Scott Victory Fund**

**A. WINRED**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO BOX 9891

City ARLINGTON State VA Zip Code 22219-1891

FEC ID number of contributing federal political committee. **C** C00694323

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 421356.25

Date of Receipt 06 / 28 / 2021

Transaction ID : SA11C.177046

Amount of Each Receipt this Period 25973.40

Memo Item CONTRIBUTION

WINRED SEE BELOW FOR DONORS REQUIRING ITEMIZATION; SEE ATTRIBUTION BELOW FOR ALL DONORS ABOVE ITEMIZ

**B. AGGARWAL, NITIN, , MR.,**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4401 SOUTH HOPKINS AVENUE #801

City TITUSVILLE State FL Zip Code 32780-6679

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Occupation (for Individual) HOPKINS PHARMACY OWNER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 29500.00

Date of Receipt 06 / 24 / 2021

Transaction ID : SA11A.177047

Amount of Each Receipt this Period 2000.00

Memo Item CONTRIBUTION

WINRED SEE BELOW FOR DONORS REQUIRING ITEMIZATION

**C. GREENE, MICHAEL, , MR.,**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3410 NORTH OCEAN BOULEVARD

City GULF STREAM State FL Zip Code 33483-7343

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Occupation (for Individual) AE INDUSTRIAL PARTNERS LP MANAGING PARTNER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 25000.00

Date of Receipt 06 / 24 / 2021

Transaction ID : SA11A.177048

Amount of Each Receipt this Period 25000.00

Memo Item CONTRIBUTION

WINRED SEE BELOW FOR DONORS REQUIRING ITEMIZATION

**SUBTOTAL** of Receipts This Page (optional).....▶ 27000.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 69 OF 113
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Rick Scott Victory Fund**

**A. WINRED**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO BOX 9891

City ARLINGTON State VA Zip Code 22219-1891

FEC ID number of contributing federal political committee. **C** C00694323

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 421356.25

Date of Receipt 06 / 29 / 2021

**Transaction ID : SA11C.177633**

Amount of Each Receipt this Period 66183.80

Memo Item CONTRIBUTION

WINRED SEE BELOW FOR DONORS REQUIRING ITEMIZATION; SEE ATTRIBUTION BELOW FOR ALL DONORS ABOVE ITEMIZ

**B. DOW, ROBERT, , MR.,**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 59 NORTH BEACH ROAD

City HOBE SOUND State FL Zip Code 33455-2101

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Occupation (for Individual) RETIRED RETIRED

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 25000.00

Date of Receipt 06 / 25 / 2021

**Transaction ID : SA11A.177639**

Amount of Each Receipt this Period 25000.00

Memo Item CONTRIBUTION

WINRED SEE BELOW FOR DONORS REQUIRING ITEMIZATION

**C. FANJUL, JOSE, F., MR., JR.**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1 N. CLEMATIS ST. SUITE 200

City WEST PALM BEACH State FL Zip Code 33401-5551

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Occupation (for Individual) FLORIDA CRYSTAL CORP EXECUTIVE

Receipt For:  Primary  General  Other (specify)

Aggregate Year-to-Date ▼ 10800.00

Date of Receipt 06 / 25 / 2021

**Transaction ID : SA11A.177637**

Amount of Each Receipt this Period 10800.00

Memo Item CONTRIBUTION

WINRED SEE BELOW FOR DONORS REQUIRING ITEMIZATION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 35800.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 70 OF 113
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Rick Scott Victory Fund**

**A. PRECODA, DALE, J., MR.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 256 WORTH AVE, STE 202

City PALM BEACH	State FL	Zip Code 33480-6047
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) SELF-EMPLOYED	Occupation (for Individual) INVESTOR
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5800.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06		25		2021

**Transaction ID : SA11A.177634**

Amount of Each Receipt this Period  
5800.00

Memo Item  
CONTRIBUTION

WINRED SEE BELOW FOR DONORS REQUIRING ITEMIZATION

**B. RABOIS, KEITH, , MR.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1429 NORTH VENETIAN WAY

City MIAMI BEACH	State FL	Zip Code 33139-1141
---------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) FOUNDERS FUND	Occupation (for Individual) PARTNER
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
75000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06		25		2021

**Transaction ID : SA11A.177635**

Amount of Each Receipt this Period  
25000.00

Memo Item  
CONTRIBUTION

WINRED SEE BELOW FOR DONORS REQUIRING ITEMIZATION

**C. WARD, PHILIP, H., MR., III**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 118 OLYMPUS CIR.

City JUPITER	State FL	Zip Code 33477-7302
-----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) DAMON WARD, LLP	Occupation (for Individual) PARTNER
--	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
2000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06		25		2021

**Transaction ID : SA11A.177636**

Amount of Each Receipt this Period  
2000.00

Memo Item  
CONTRIBUTION

WINRED SEE BELOW FOR DONORS REQUIRING ITEMIZATION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	32800.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 71 OF 113
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Rick Scott Victory Fund**

**A. WINRED**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address PO BOX 9891

City ARLINGTON	State VA	Zip Code 22219-1891
-------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00694323

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
421356.25

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2021

**Transaction ID : SA11C.177641**

Amount of Each Receipt this Period  
9419.40

Memo Item  
CONTRIBUTION

WINRED SEE BELOW FOR DONORS REQUIRING ITEMIZATION; SEE ATTRIBUTION BELOW FOR ALL DONORS ABOVE ITEMIZ

**B. BRODSKY, DAVID, , MR.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 259 CLARKE AVE

City PALM BEACH	State FL	Zip Code 33480-6124
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Occupation (for Individual)  
RETIRED RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
20000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06		28		2021

**Transaction ID : SA11A.177642**

Amount of Each Receipt this Period  
7500.00

Memo Item  
CONTRIBUTION

WINRED SEE BELOW FOR DONORS REQUIRING ITEMIZATION

**C. JOHNSON, STEPHEN, , MR.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 2335 TILLMAN AVENUE

City WINTER GARDEN	State FL	Zip Code 34787-5490
-----------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Occupation (for Individual)  
SELF EMPLOYED BUSINESS OWNER

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
2500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06		28		2021

**Transaction ID : SA11A.177643**

Amount of Each Receipt this Period  
2500.00

Memo Item  
CONTRIBUTION

WINRED SEE BELOW FOR DONORS REQUIRING ITEMIZATION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	10000.00
<b>TOTAL</b> This Period (last page this line number only).....	3101695.18



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 72 OF 113  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)  
**Rick Scott Victory Fund**

**A. MARINETTE MARINE CORPORATION PAC MMCPAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
MARINETTE MARINE CORPORATION PAC MMCPAC

Mailing Address 1600 ELY ST

City MARINETTE State WI Zip Code 54143-2434

FEC ID number of contributing federal political committee. **C** C00459453

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2500.00

Date of Receipt  
MM / DD / YYYY  
06 / 10 / 2021

**Transaction ID : SA11C.174935**

Amount of Each Receipt this Period  
2500.00

Memo Item  
CONTRIBUTION

**B.**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
MM / DD / YYYY

Amount of Each Receipt this Period

Memo Item

**C.**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt  
MM / DD / YYYY

Amount of Each Receipt this Period

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	2500.00
<b>TOTAL</b> This Period (last page this line number only).....	2500.00



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Rick Scott Victory Fund**

Full Name (Last, First, Middle Initial) <b>A. ARIAS, JUAN, , ,</b>		Date of Disbursement MM / DD / YYYY 06 / 28 / 2021	
Mailing Address PO BOX 2064		FEC Identification Number C [ ] <b>Transaction ID : SB21B.16</b> Amount of Each Disbursement this Period [ ] 247.32	
City TALLAHASSEE	State FL	Zip Code 32316	Category/ Type [ ]
Purpose of Disbursement FOOD AND BEVERAGE		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:	<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) <b>B. MORTONS</b>		Date of Disbursement MM / DD / YYYY 06 / 28 / 2021	
Mailing Address 2333 PONCE DE LEON BLVD		FEC Identification Number C [ ] <b>Transaction ID : SB21B.1020</b> Amount of Each Disbursement this Period [ ] 247.32	
City CORAL GABLES	State FL	Zip Code 33134	Category/ Type [ ]
Purpose of Disbursement FOOD AND BEVERAGE		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:	<input checked="" type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) <b>C. ARIAS, JUAN, , ,</b>		Date of Disbursement MM / DD / YYYY 04 / 06 / 2021	
Mailing Address PO BOX 2064		FEC Identification Number C [ ] <b>Transaction ID : SB21B.17</b> Amount of Each Disbursement this Period [ ] 820.50	
City TALLAHASSEE	State FL	Zip Code 32316	Category/ Type [ ]
Purpose of Disbursement TRAVEL		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:	<input type="checkbox"/> Memo Item

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[ ] 1067.82
<b>TOTAL</b> This Period (last page this line number only).....▶	[ ]

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Rick Scott Victory Fund**

Full Name (Last, First, Middle Initial)

**A. AMERICAN AIRLINES**

Mailing Address PO BOX 619616

City  
DALLAS

State  
TX

Zip Code  
75261

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

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

FEC Identification Number

**C**

**Transaction ID : SB21B.1018**

Amount of Each Disbursement this Period

671.40

Memo Item

Full Name (Last, First, Middle Initial)

**B. DUNKIN DONUTS**

Mailing Address 5600 MANNHEIM RD

City  
CHICAGO

State  
IL

Zip Code  
60666

Purpose of Disbursement  
FOOD AND BEVERAGE

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify)

State: District:

Date of Disbursement

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

FEC Identification Number

**C**

**Transaction ID : SB21B.1013**

Amount of Each Disbursement this Period

3.56

Memo Item

Full Name (Last, First, Middle Initial)

**C. FRANK GRISANTIS**

Mailing Address 1022 S SHADY GROVE RD

City  
MEMPHIS

State  
TN

Zip Code  
38120

Purpose of Disbursement  
FOOD AND BEVERAGE

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

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

FEC Identification Number

**C**

**Transaction ID : SB21B.1014**

Amount of Each Disbursement this Period

24.91

Memo Item

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

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

0.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Rick Scott Victory Fund**

Full Name (Last, First, Middle Initial)

**A. JUST LOVE COFFEE**

Mailing Address 1528 DEMONBREUN ST

City  
NASHVILLE

State  
TN

Zip Code  
37203

Purpose of Disbursement  
FOOD BEVERAGE

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

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

FEC Identification Number

C [ ]  
**Transaction ID : SB21B.1015**  
Amount of Each Disbursement this Period  
[ ] 3.53

Memo Item

Full Name (Last, First, Middle Initial)

**B. SOUTHERN KITCHEN**

Mailing Address 2301 RICHARD ARRINGTON JR BLVD

City  
BIRMINGHAM

State  
AL

Zip Code  
35203

Purpose of Disbursement  
FOOD AND BEVERAGE

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

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

FEC Identification Number

C [ ]  
**Transaction ID : SB21B.1016**  
Amount of Each Disbursement this Period  
[ ] 67.60

Memo Item

Full Name (Last, First, Middle Initial)

**C. UBER**

Mailing Address 1455 MARKET ST

City  
SAN FRANCISCO

State  
CA

Zip Code  
94103

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

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

FEC Identification Number

C [ ]  
**Transaction ID : SB21B.1012**  
Amount of Each Disbursement this Period  
[ ] 25.50

Memo Item

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

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

[ ]	0.00
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[ ]	
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Rick Scott Victory Fund**

**A. UBER**

Full Name (Last, First, Middle Initial)

Mailing Address 1455 MARKET ST

City SAN FRANCISCO State CA Zip Code 94103

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 04 / 06 / 2021

FEC Identification Number: C

Transaction ID : SB21B.1017

Amount of Each Disbursement this Period: 24.00

Memo Item

**B. BEYROUTI, JAY, , MR.,**

Full Name (Last, First, Middle Initial)

Mailing Address 9753 SEMINOLE BOULEVARD

City SEMINOLE State FL Zip Code 33772-2529

Purpose of Disbursement IN-KIND CONTRIBUTION

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 06 / 10 / 2021

FEC Identification Number: C

Transaction ID : SB21B.17493

Amount of Each Disbursement this Period: 6573.60

CATERING

Memo Item

**C. GOERKE, GRANT, , ,**

Full Name (Last, First, Middle Initial)

Mailing Address 6012 GREATWATER DR

City WINDERMERE State FL Zip Code 34786

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 06 / 28 / 2021

FEC Identification Number: C

Transaction ID : SB21B.15

Amount of Each Disbursement this Period: 2220.77

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 8794.37

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

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Rick Scott Victory Fund**

**A. AMERICAN AIRLINES**

Full Name (Last, First, Middle Initial)  
Mailing Address PO BOX 619616

City DALLAS State TX Zip Code 75261

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 06 / 28 / 2021

FEC Identification Number: C  
Transaction ID : SB21B.1002  
Amount of Each Disbursement this Period: 1142.90

Memo Item

**B. AMERICAN AIRLINES**

Full Name (Last, First, Middle Initial)  
Mailing Address PO BOX 619616

City DALLAS State TX Zip Code 75261

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 06 / 28 / 2021

FEC Identification Number: C  
Transaction ID : SB21B.1005  
Amount of Each Disbursement this Period: 60.00

Memo Item

**C. CAPITOL FILE NEWS**

Full Name (Last, First, Middle Initial)  
Mailing Address 2401 SMITH BLVD

City ARLINGTON State VA Zip Code 22202

Purpose of Disbursement FOOD AND BEVERAGE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 06 / 28 / 2021

FEC Identification Number: C  
Transaction ID : SB21B.1006  
Amount of Each Disbursement this Period: 10.52

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 0.00

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

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Rick Scott Victory Fund**

**A. DELTA AIRLINES**

Full Name (Last, First, Middle Initial)  
Mailing Address 1030 DELTA BLVD

City ATLANTA State GA Zip Code 30320

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
06 / 28 / 2021

FEC Identification Number: C

Transaction ID : SB21B.1001

Amount of Each Disbursement this Period: 938.60

Memo Item

**B. JETTIES**

Full Name (Last, First, Middle Initial)  
Mailing Address 1921 I ST NW

City WASHINGTON State DC Zip Code 20006

Purpose of Disbursement FOOD AND BEVERAGE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
06 / 28 / 2021

FEC Identification Number: C

Transaction ID : SB21B.1004

Amount of Each Disbursement this Period: 33.75

Memo Item

**C. UNITED AIRLINES**

Full Name (Last, First, Middle Initial)  
Mailing Address 233 S WACKER DR

City CHICAGO State IL Zip Code 60606

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
06 / 28 / 2021

FEC Identification Number: C

Transaction ID : SB21B.1003

Amount of Each Disbursement this Period: 35.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 0.00

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Rick Scott Victory Fund**

**A. SAEZ, IVAN, , CHEF,**

Full Name (Last, First, Middle Initial)

Mailing Address 56 IRON MASTER DRIVE

City STAFFORD State VA Zip Code 22554

Purpose of Disbursement CATERING

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 04 / 26 / 2021

FEC Identification Number: C

Transaction ID : SB21B.1

Amount of Each Disbursement this Period: 311.67

Memo Item

**B. SCOTT, RICK, , SEN,**

Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 76024

City WASHINGTON State DC Zip Code 20002

Purpose of Disbursement IN-KIND: AIR -COLUMBIA COLLIER MGT 340 9TH NAPLES FL 34102

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 04 / 01 / 2021

FEC Identification Number: C

Transaction ID : SB21B.I692

Amount of Each Disbursement this Period: 6386.51

AIR CHARTER 4-1-21

Memo Item

**C. SCOTT, RICK, , SEN,**

Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 76024

City WASHINGTON State DC Zip Code 20002

Purpose of Disbursement IN-KIND: FACILITY RENTAL 218 MD LLC 340 9TH NAPLES FL 34102

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 05 / 19 / 2021

FEC Identification Number: C

Transaction ID : SB21B.I694

Amount of Each Disbursement this Period: 825.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 7523.18

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

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Rick Scott Victory Fund**

Full Name (Last, First, Middle Initial) <b>A. SCOTT, RICK, , SEN,</b>		Date of Disbursement MM / DD / YYYY 04 / 28 / 2021
Mailing Address PO BOX 76024		FEC Identification Number C <b>Transaction ID : SB21B.I696</b> Amount of Each Disbursement this Period 825.00
City WASHINGTON	State DC	
Zip Code 20002		Memo Item <input type="checkbox"/>
Purpose of Disbursement IN-KIND: FACILITY RENTAL 218 MD LLC 340 9TH NAPLES FL 34102		
Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. SCOTT, RICK, , SEN,</b>		Date of Disbursement MM / DD / YYYY 04 / 27 / 2021
Mailing Address PO BOX 76024		FEC Identification Number C <b>Transaction ID : SB21B.I702</b> Amount of Each Disbursement this Period 48081.20
City WASHINGTON	State DC	
Zip Code 20002		Memo Item <input type="checkbox"/>
Purpose of Disbursement IN-KIND: AIR -COLUMBIA COLLIER MGT 340 9TH NAPLES FL 34102		
Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		AIR CHARTER 4-6-21 THRU 4-16-21 AND 4-27-21

Full Name (Last, First, Middle Initial) <b>C. SCOTT, RICK, , SEN,</b>		Date of Disbursement MM / DD / YYYY 06 / 22 / 2021
Mailing Address PO BOX 76024		FEC Identification Number C <b>Transaction ID : SB29.I707</b> Amount of Each Disbursement this Period 1100.00
City WASHINGTON	State DC	
Zip Code 20002		Memo Item <input type="checkbox"/>
Purpose of Disbursement IN-KIND: FACILITY RENTAL 218 MD LLC 340 9TH NAPLES FL 34102		
Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	50006.20
<b>TOTAL</b> This Period (last page this line number only).....▶	



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Rick Scott Victory Fund**

**A. SCOTT, RICK, , SEN,**

Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 76024

City WASHINGTON State DC Zip Code 20002

Purpose of Disbursement  
IN-KIND: AIR -COLUMBIA COLLIER MGT 340 9TH NAPLES FL 34102

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 06 / 01 / 2021

FEC Identification Number: C

Transaction ID : SB29.I709

Amount of Each Disbursement this Period: 1878.35

AIR CHARTER 6-1-21

Memo Item

**B. SCOTT, RICK, , SEN,**

Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 76024

City WASHINGTON State DC Zip Code 20002

Purpose of Disbursement  
IN-KIND: AIR -COLUMBIA COLLIER MGT 340 9TH NAPLES FL 34102

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 06 / 02 / 2021

FEC Identification Number: C

Transaction ID : SB29.I711

Amount of Each Disbursement this Period: 20462.93

AIR CHARTER 6-2-21

Memo Item

**C. SCOTT, RICK, , SEN,**

Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 76024

City WASHINGTON State DC Zip Code 20002

Purpose of Disbursement  
IN-KIND: AIR -COLUMBIA COLLIER MGT 340 9TH NAPLES FL 34102

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 06 / 18 / 2021

FEC Identification Number: C

Transaction ID : SB29.I713

Amount of Each Disbursement this Period: 1434.41

AIR CHARTER 6-17-21 THRU 6-18-21

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 23775.69

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

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Rick Scott Victory Fund**

**A. SCOTT, RICK, , SEN,**

Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 76024

City WASHINGTON State DC Zip Code 20002

Purpose of Disbursement  
IN-KIND: AIR -COLUMBIA COLLIER MGT 340 9TH NAPLES FL 34102

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 05 / 07 / 2021

FEC Identification Number: C

Transaction ID : SB29.I721

Amount of Each Disbursement this Period: 27087.22

Memo Item 21 AIR CHARTER 5-2-21 THRU 5-7-

**B. SCOTT, RICK, , SEN,**

Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 76024

City WASHINGTON State DC Zip Code 20002

Purpose of Disbursement  
IN-KIND: AIR -COLUMBIA COLLIER MGT 340 9TH NAPLES FL 34102

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 05 / 20 / 2021

FEC Identification Number: C

Transaction ID : SB29.I723

Amount of Each Disbursement this Period: 10800.50

Memo Item AIR CHARTER 5-20-21

**C. WEINBERG, RONALD, E., MR.,**

Full Name (Last, First, Middle Initial)

Mailing Address 982 CHESTNUT RUN

City GATES MILLS State OH Zip Code 44040-9761

Purpose of Disbursement  
IN-KIND CONTRIBUTION

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 06 / 02 / 2021

FEC Identification Number: C

Transaction ID : SB21B.17613

Amount of Each Disbursement this Period: 2715.46

Memo Item FOOD AND BEVERAGE

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 40603.18

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

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Rick Scott Victory Fund**

**A. CMDI**

Full Name (Last, First, Middle Initial)

Mailing Address 1593 SPRING HILL RD  
SUITE 400

City TYSONS CORNER State VA Zip Code 22182

Purpose of Disbursement DATABASE MANAGEMENT

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
04 / 21 / 2021

FEC Identification Number: C

Transaction ID : SB21B.2

Amount of Each Disbursement this Period: 250.00

Memo Item

**B. CMDI**

Full Name (Last, First, Middle Initial)

Mailing Address 1593 SPRING HILL RD  
SUITE 400

City TYSONS CORNER State VA Zip Code 22182

Purpose of Disbursement DATABASE MANAGEMENT

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
05 / 21 / 2021

FEC Identification Number: C

Transaction ID : SB21B.3

Amount of Each Disbursement this Period: 250.00

Memo Item

**C. CMDI**

Full Name (Last, First, Middle Initial)

Mailing Address 1593 SPRING HILL RD  
SUITE 400

City TYSONS CORNER State VA Zip Code 22182

Purpose of Disbursement DATABASE MANAGEMENT

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
06 / 21 / 2021

FEC Identification Number: C

Transaction ID : SB21B.4

Amount of Each Disbursement this Period: 250.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 750.00

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

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Rick Scott Victory Fund**

Full Name (Last, First, Middle Initial)  
**A. CROSBY OTTENHOFF GROUP**

Date of Disbursement: MM / DD / YYYY  
04 / 01 / 2021

Mailing Address: 611 PENNSYLVANIA AVE SE #267

City: WASHINGTON State: DC Zip Code: 20003

Purpose of Disbursement: COMPLIANCE CONSULTING

Candidate Name: \_\_\_\_\_

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼

State: \_\_\_\_\_ District: \_\_\_\_\_

FEC Identification Number: **C** \_\_\_\_\_  
Transaction ID : **SB21B.5**  
Amount of Each Disbursement this Period: 718.50

Memo Item

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

Date of Disbursement: MM / DD / YYYY  
05 / 04 / 2021

Mailing Address: 611 PENNSYLVANIA AVE SE #267

City: WASHINGTON State: DC Zip Code: 20003

Purpose of Disbursement: COMPLIANCE CONSULTING

Candidate Name: \_\_\_\_\_

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼

State: \_\_\_\_\_ District: \_\_\_\_\_

FEC Identification Number: **C** \_\_\_\_\_  
Transaction ID : **SB21B.6**  
Amount of Each Disbursement this Period: 1456.50

Memo Item

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

Date of Disbursement: MM / DD / YYYY  
06 / 03 / 2021

Mailing Address: 611 PENNSYLVANIA AVE SE #267

City: WASHINGTON State: DC Zip Code: 20003

Purpose of Disbursement: COMPLIANCE CONSULTING

Candidate Name: \_\_\_\_\_

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼

State: \_\_\_\_\_ District: \_\_\_\_\_

FEC Identification Number: **C** \_\_\_\_\_  
Transaction ID : **SB21B.7**  
Amount of Each Disbursement this Period: 2450.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 4625.00

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

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Rick Scott Victory Fund**

Full Name (Last, First, Middle Initial)

**A. DRUCKER LAWHON LP**

Mailing Address C/O ANGIE SCHMIDT  
530 10TH ST NE

City WASHINGTON State DC Zip Code 20002

Purpose of Disbursement  
TRAVEL/FOOD AND BEVERAGE

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
05 / 25 / 2021

FEC Identification Number

C

**Transaction ID : SB21B.8**

Amount of Each Disbursement this Period

8734.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. FIRST BANKCARD**

Mailing Address 1620 DODGE ST

City OMAHA State NE Zip Code 68197

Purpose of Disbursement  
CREDIT CARD PAYMENT

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
06 / 08 / 2021

FEC Identification Number

C

**Transaction ID : SB21B.10**

Amount of Each Disbursement this Period

1440.25

Memo Item

Full Name (Last, First, Middle Initial)

**C. AMERICAN AIRLINES**

Mailing Address PO BOX 619616

City DALLAS State TX Zip Code 75261

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
06 / 08 / 2021

FEC Identification Number

C

**Transaction ID : SB21B.1033**

Amount of Each Disbursement this Period

335.80

Memo Item

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

10174.25

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

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Rick Scott Victory Fund**

Full Name (Last, First, Middle Initial)

**A. CAPITAL GRILLE**

Mailing Address 601 PENN AVE

City  
WASHINGTON

State  
DC

Zip Code  
20004

Purpose of Disbursement  
FOOD AND BEVERAGE

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	8		2	0	2	1

FEC Identification Number

C [ ]  
**Transaction ID : SB21B.1032**  
Amount of Each Disbursement this Period  
[ ] 306.24

Memo Item

Full Name (Last, First, Middle Initial)

**B. HERTZ**

Mailing Address PO BOX 26120

City  
OKLAHOMA CITY

State  
OK

Zip Code  
73126

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	8		2	0	2	1

FEC Identification Number

C [ ]  
**Transaction ID : SB21B.1031**  
Amount of Each Disbursement this Period  
[ ] 240.94

Memo Item

Full Name (Last, First, Middle Initial)

**C. HILTON NAPLES**

Mailing Address 5111 TAMIAMI TR N

City  
NAPLES

State  
FL

Zip Code  
34103

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	8		2	0	2	1

FEC Identification Number

C [ ]  
**Transaction ID : SB21B.1029**  
Amount of Each Disbursement this Period  
[ ] 172.48

Memo Item

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

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

0	0	0	0	0	0	0	0	0	0
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0	0	0	0	0	0	0	0	0	0
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Rick Scott Victory Fund**

**A. UBER**

Full Name (Last, First, Middle Initial)

Mailing Address 1455 MARKET ST

City SAN FRANCISCO State CA Zip Code 94103

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 06 / 08 / 2021

FEC Identification Number: C

Transaction ID : SB21B.1030

Amount of Each Disbursement this Period: 25.39

Memo Item

**B. UNITED AIRLINES**

Full Name (Last, First, Middle Initial)

Mailing Address 233 S WACKER DR

City CHICAGO State IL Zip Code 60606

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 06 / 08 / 2021

FEC Identification Number: C

Transaction ID : SB21B.1028

Amount of Each Disbursement this Period: 359.40

Memo Item

**C. FIRST BANKCARD**

Full Name (Last, First, Middle Initial)

Mailing Address 1620 DODGE ST

City OMAHA State NE Zip Code 68197

Purpose of Disbursement CREDIT CARD PAYMENT

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 05 / 12 / 2021

FEC Identification Number: C

Transaction ID : SB21B.9

Amount of Each Disbursement this Period: 662.65

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 662.65

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

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Rick Scott Victory Fund**

Full Name (Last, First, Middle Initial)

**A. AMERICAN AIRLINES**

Mailing Address PO BOX 619616

City  
DALLAS

State  
TX

Zip Code  
75261

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

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

FEC Identification Number

C [ ]  
**Transaction ID : SB21B.1025**  
Amount of Each Disbursement this Period  
[ ] 162.40

Memo Item

Full Name (Last, First, Middle Initial)

**B. DELTA AIRLINES**

Mailing Address 1030 DELTA BLVD

City  
ATLANTA

State  
GA

Zip Code  
30320

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

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

FEC Identification Number

C [ ]  
**Transaction ID : SB21B.1024**  
Amount of Each Disbursement this Period  
[ ] 329.20

Memo Item

Full Name (Last, First, Middle Initial)

**C. DOUBLETREE-ORLANDO**

Mailing Address 60 S IVANHOE BLVD

City  
ORLANDO

State  
FL

Zip Code  
32804

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

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

FEC Identification Number

C [ ]  
**Transaction ID : SB21B.1026**  
Amount of Each Disbursement this Period  
[ ] 171.05

Memo Item

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

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

[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]
									0.00

[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]
-----	-----	-----	-----	-----	-----	-----	-----	-----	-----



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Rick Scott Victory Fund**

Full Name (Last, First, Middle Initial)  
**A. GOODSPEED GROUP LLC**

Mailing Address 1200 S ARLINGTON RIDGE RD #701

City ARLINGTON State VA Zip Code 22202

Purpose of Disbursement CATERING/POSTAGE/TRAVEL/PRINTING

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 06 / 04 / 2021

FEC Identification Number: C

Transaction ID : SB21B.11

Amount of Each Disbursement this Period: 3375.71

Memo Item

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

Mailing Address 1200 S ARLINGTON RIDGE RD #701

City ARLINGTON State VA Zip Code 22202

Purpose of Disbursement TRAVEL/FOOD AND BEVERAGE

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 04 / 06 / 2021

FEC Identification Number: C

Transaction ID : SB21B.12

Amount of Each Disbursement this Period: 5400.84

Memo Item

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

Mailing Address 1200 S ARLINGTON RIDGE RD #701

City ARLINGTON State VA Zip Code 22202

Purpose of Disbursement TRAVEL/FOOD AND BEVERAGE

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 06 / 15 / 2021

FEC Identification Number: C

Transaction ID : SB21B.13

Amount of Each Disbursement this Period: 12908.86

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 21685.41

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

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Rick Scott Victory Fund**

Full Name (Last, First, Middle Initial)

**A. GOODSPEED GROUP LLC**

Mailing Address 1200 S ARLINGTON RIDGE RD  
#701

City ARLINGTON State VA Zip Code 22202

Purpose of Disbursement TRAVEL/PRINTING/POSTAGE/FOOD AND BEVERAGE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

M M / D D / Y Y Y Y Y  
06 / 29 / 2021

FEC Identification Number

C

Transaction ID : SB21B.14

Amount of Each Disbursement this Period

4480.14

Memo Item

Full Name (Last, First, Middle Initial)

**B. KJY CONSULTING LLC**

Mailing Address 1011 FIRST ST SE  
APT 1254

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement PRINTING/TRAVEL/FOOD AND BEVERAGE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

M M / D D / Y Y Y Y Y  
05 / 11 / 2021

FEC Identification Number

C

Transaction ID : SB21B.18

Amount of Each Disbursement this Period

11498.76

Memo Item

Full Name (Last, First, Middle Initial)

**C. KJY CONSULTING LLC**

Mailing Address 1011 FIRST ST SE  
APT 1254

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement TRAVEL/FOOD AND BEVERAGE/BINDERS

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

M M / D D / Y Y Y Y Y  
06 / 17 / 2021

FEC Identification Number

C

Transaction ID : SB21B.19

Amount of Each Disbursement this Period

2227.95

Memo Item

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

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

18206.85

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Rick Scott Victory Fund**

Full Name (Last, First, Middle Initial)

**A. NAPLES YACHT CLUB, INC**

Mailing Address ATTN ACCOUNTING  
700 14TH AVE S

City  
NAPLES

State  
FL

Zip Code  
34102

Purpose of Disbursement  
FOOD AND BEVERAGE

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : SB21B.20**

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**B. NAPLES YACHT CLUB, INC**

Mailing Address ATTN ACCOUNTING  
700 14TH AVE S

City  
NAPLES

State  
FL

Zip Code  
34102

Purpose of Disbursement  
FOOD AND BEVERAGE

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify)

Category/  
Type

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : SB21B.21**

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**C. STRIPE**

Mailing Address 18 BERRY ST

City  
SAN FRANCISCO

State  
CA

Zip Code  
94107

Purpose of Disbursement  
CREDIT CARD MERCHANT FEE

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : SB21B.22**

Amount of Each Disbursement this Period

Memo Item

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

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

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Rick Scott Victory Fund**

Full Name (Last, First, Middle Initial)

**A. STRIPE**

Mailing Address 18 BERRY ST

City SAN FRANCISCO State CA Zip Code 94107

Purpose of Disbursement  
CREDIT CARD MERCHANT FEE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
04 / 13 / 2021

FEC Identification Number

C

Transaction ID : SB21B.23

Amount of Each Disbursement this Period

290.30

Memo Item

Full Name (Last, First, Middle Initial)

**B. STRIPE**

Mailing Address 18 BERRY ST

City SAN FRANCISCO State CA Zip Code 94107

Purpose of Disbursement  
CREDIT CARD MERCHANT FEE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
04 / 21 / 2021

FEC Identification Number

C

Transaction ID : SB21B.24

Amount of Each Disbursement this Period

725.30

Memo Item

Full Name (Last, First, Middle Initial)

**C. STRIPE**

Mailing Address 18 BERRY ST

City SAN FRANCISCO State CA Zip Code 94107

Purpose of Disbursement  
CREDIT CARD MERCHANT FEE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
05 / 01 / 2021

FEC Identification Number

C

Transaction ID : SB21B.25

Amount of Each Disbursement this Period

72.80

Memo Item

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

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

1088.40

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Rick Scott Victory Fund**

Full Name (Last, First, Middle Initial)  
**A. STRIPE**

Mailing Address 18 BERRY ST

City SAN FRANCISCO State CA Zip Code 94107

Purpose of Disbursement  
CREDIT CARD MERCHANT FEE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
05 / 07 / 2021

FEC Identification Number: C

Transaction ID : SB21B.26

Amount of Each Disbursement this Period: 145.30

Memo Item

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

Mailing Address 18 BERRY ST

City SAN FRANCISCO State CA Zip Code 94107

Purpose of Disbursement  
CREDIT CARD MERCHANT FEE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
05 / 19 / 2021

FEC Identification Number: C

Transaction ID : SB21B.27

Amount of Each Disbursement this Period: 72.80

Memo Item

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

Mailing Address 18 BERRY ST

City SAN FRANCISCO State CA Zip Code 94107

Purpose of Disbursement  
CREDIT CARD MERCHANT FEE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
05 / 20 / 2021

FEC Identification Number: C

Transaction ID : SB21B.28

Amount of Each Disbursement this Period: 2755.90

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 2974.00

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

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Rick Scott Victory Fund**

Full Name (Last, First, Middle Initial)

**A. STRIPE**

Mailing Address 18 BERRY ST

City SAN FRANCISCO State CA Zip Code 94107

Purpose of Disbursement  
CREDIT CARD MERCHANT FEE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
05 / 28 / 2021

FEC Identification Number

C

Transaction ID : SB21B.29

Amount of Each Disbursement this Period

1372.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. STRIPE**

Mailing Address 18 BERRY ST

City SAN FRANCISCO State CA Zip Code 94107

Purpose of Disbursement  
CREDIT CARD MERCHANT FEE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
06 / 10 / 2021

FEC Identification Number

C

Transaction ID : SB21B.30

Amount of Each Disbursement this Period

58.30

Memo Item

Full Name (Last, First, Middle Initial)

**C. STRIPE**

Mailing Address 18 BERRY ST

City SAN FRANCISCO State CA Zip Code 94107

Purpose of Disbursement  
CREDIT CARD MERCHANT FEE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
06 / 16 / 2021

FEC Identification Number

C

Transaction ID : SB21B.31

Amount of Each Disbursement this Period

29.30

Memo Item

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

1459.60

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

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Rick Scott Victory Fund**

Full Name (Last, First, Middle Initial)

**A. STRIPE**

Mailing Address 18 BERRY ST

City SAN FRANCISCO State CA Zip Code 94107

Purpose of Disbursement  
CREDIT CARD MERCHANT FEE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
06 / 16 / 2021

FEC Identification Number

C

Transaction ID : SB21B.32

Amount of Each Disbursement this Period

58.30

Memo Item

Full Name (Last, First, Middle Initial)

**B. STRIPE**

Mailing Address 18 BERRY ST

City SAN FRANCISCO State CA Zip Code 94107

Purpose of Disbursement  
CREDIT CARD MERCHANT FEE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
06 / 18 / 2021

FEC Identification Number

C

Transaction ID : SB21B.33

Amount of Each Disbursement this Period

372.10

Memo Item

Full Name (Last, First, Middle Initial)

**C. STRIPE**

Mailing Address 18 BERRY ST

City SAN FRANCISCO State CA Zip Code 94107

Purpose of Disbursement  
CREDIT CARD MERCHANT FEE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
06 / 21 / 2021

FEC Identification Number

C

Transaction ID : SB21B.34

Amount of Each Disbursement this Period

1450.60

Memo Item

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

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

1881.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Rick Scott Victory Fund**

Full Name (Last, First, Middle Initial)

**A. STRIPE**

Mailing Address 18 BERRY ST

City SAN FRANCISCO State CA Zip Code 94107

Purpose of Disbursement  
CREDIT CARD MERCHANT FEE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
06 / 23 / 2021

FEC Identification Number

C

Transaction ID : SB21B.35

Amount of Each Disbursement this Period

116.60

Memo Item

Full Name (Last, First, Middle Initial)

**B. STRIPE**

Mailing Address 18 BERRY ST

City SAN FRANCISCO State CA Zip Code 94107

Purpose of Disbursement  
CREDIT CARD MERCHANT FEE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
06 / 24 / 2021

FEC Identification Number

C

Transaction ID : SB21B.36

Amount of Each Disbursement this Period

58.30

Memo Item

Full Name (Last, First, Middle Initial)

**C. STRIPE**

Mailing Address 18 BERRY ST

City SAN FRANCISCO State CA Zip Code 94107

Purpose of Disbursement  
CREDIT CARD MERCHANT FEE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
06 / 28 / 2021

FEC Identification Number

C

Transaction ID : SB21B.37

Amount of Each Disbursement this Period

58.30

Memo Item

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

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

233.20



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Rick Scott Victory Fund**

Full Name (Last, First, Middle Initial)

**A. STRIPE**

Mailing Address 18 BERRY ST

City SAN FRANCISCO State CA Zip Code 94107

Purpose of Disbursement  
CREDIT CARD MERCHANT FEE

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
06 / 30 / 2021

FEC Identification Number

C [ ]

Transaction ID : SB21B.38

Amount of Each Disbursement this Period

[ ] 29.30

Memo Item

Full Name (Last, First, Middle Initial)

**B. WINRED**

Mailing Address PO BOX 9891

City ARLINGTON State VA Zip Code 22219

Purpose of Disbursement  
CREDIT CARD MERCHANT FEE

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
04 / 08 / 2021

FEC Identification Number

C [ ]

Transaction ID : SB21B.39

Amount of Each Disbursement this Period

[ ] 950.60

Memo Item

Full Name (Last, First, Middle Initial)

**C. WINRED**

Mailing Address PO BOX 9891

City ARLINGTON State VA Zip Code 22219

Purpose of Disbursement  
CREDIT CARD MERCHANT FEE

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
04 / 22 / 2021

FEC Identification Number

C [ ]

Transaction ID : SB21B.40

Amount of Each Disbursement this Period

[ ] 114.30

Memo Item

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

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

[ ] 1094.20

[ ]

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Rick Scott Victory Fund**

Full Name (Last, First, Middle Initial)

**A. WINRED**

Mailing Address PO BOX 9891

City ARLINGTON State VA Zip Code 22219

Purpose of Disbursement  
CREDIT CARD MERCHANT FEE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
04 / 26 / 2021

FEC Identification Number

C

Transaction ID : SB21B.41

Amount of Each Disbursement this Period

57.30

Memo Item

Full Name (Last, First, Middle Initial)

**B. WINRED**

Mailing Address PO BOX 9891

City ARLINGTON State VA Zip Code 22219

Purpose of Disbursement  
CREDIT CARD MERCHANT FEE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
05 / 03 / 2021

FEC Identification Number

C

Transaction ID : SB21B.42

Amount of Each Disbursement this Period

803.35

Memo Item

Full Name (Last, First, Middle Initial)

**C. WINRED**

Mailing Address PO BOX 9891

City ARLINGTON State VA Zip Code 22219

Purpose of Disbursement  
CREDIT CARD MERCHANT FEE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
05 / 05 / 2021

FEC Identification Number

C

Transaction ID : SB21B.43

Amount of Each Disbursement this Period

38.30

Memo Item

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

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

898.95

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Rick Scott Victory Fund**

Full Name (Last, First, Middle Initial)

**A. WINRED**

Mailing Address PO BOX 9891

City ARLINGTON State VA Zip Code 22219

Purpose of Disbursement  
CREDIT CARD MERCHANT FEE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : SB21B.44**

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**B. WINRED**

Mailing Address PO BOX 9891

City ARLINGTON State VA Zip Code 22219

Purpose of Disbursement  
CREDIT CARD MERCHANT FEE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : SB21B.45**

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**C. WINRED**

Mailing Address PO BOX 9891

City ARLINGTON State VA Zip Code 22219

Purpose of Disbursement  
CREDIT CARD MERCHANT FEE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : SB21B.46**

Amount of Each Disbursement this Period

Memo Item

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

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

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Rick Scott Victory Fund**

**A. WINRED**

Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 9891

City ARLINGTON State VA Zip Code 22219

Purpose of Disbursement CREDIT CARD MERCHANT FEE

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 05 / 12 / 2021

FEC Identification Number: C

Transaction ID : SB21B.47

Amount of Each Disbursement this Period: 76.60

Memo Item

**B. WINRED**

Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 9891

City ARLINGTON State VA Zip Code 22219

Purpose of Disbursement CREDIT CARD MERCHANT FEE

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 05 / 14 / 2021

FEC Identification Number: C

Transaction ID : SB21B.48

Amount of Each Disbursement this Period: 950.30

Memo Item

**C. WINRED**

Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 9891

City ARLINGTON State VA Zip Code 22219

Purpose of Disbursement CREDIT CARD MERCHANT FEE

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 05 / 18 / 2021

FEC Identification Number: C

Transaction ID : SB21B.49

Amount of Each Disbursement this Period: 171.60

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 1198.50

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Rick Scott Victory Fund**

Full Name (Last, First, Middle Initial)

### A. WINRED

Mailing Address PO BOX 9891

City  
ARLINGTON

State  
VA

Zip Code  
22219

Purpose of Disbursement  
CREDIT CARD MERCHANT FEE

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

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

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.50

Amount of Each Disbursement this Period

[REDACTED] 1045.60

Memo Item

Full Name (Last, First, Middle Initial)

### B. WINRED

Mailing Address PO BOX 9891

City  
ARLINGTON

State  
VA

Zip Code  
22219

Purpose of Disbursement  
CREDIT CARD MERCHANT FEE

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

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

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.51

Amount of Each Disbursement this Period

[REDACTED] 1140.60

Memo Item

Full Name (Last, First, Middle Initial)

### C. WINRED

Mailing Address PO BOX 9891

City  
ARLINGTON

State  
VA

Zip Code  
22219

Purpose of Disbursement  
CREDIT CARD MERCHANT FEE

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

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

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.52

Amount of Each Disbursement this Period

[REDACTED] 506.00

Memo Item

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

[REDACTED] 2692.20

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

[REDACTED]

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Rick Scott Victory Fund**

Full Name (Last, First, Middle Initial)

**A. WINRED**

Mailing Address PO BOX 9891

City  
ARLINGTON

State  
VA

Zip Code  
22219

Purpose of Disbursement  
CREDIT CARD MERCHANT FEE

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

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

FEC Identification Number

C [REDACTED]

**Transaction ID : SB21B.53**

Amount of Each Disbursement this Period

[REDACTED] 475.60

Memo Item

Full Name (Last, First, Middle Initial)

**B. WINRED**

Mailing Address PO BOX 9891

City  
ARLINGTON

State  
VA

Zip Code  
22219

Purpose of Disbursement  
CREDIT CARD MERCHANT FEE

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	6		0	9		2	0	2	1		

FEC Identification Number

C [REDACTED]

**Transaction ID : SB21B.54**

Amount of Each Disbursement this Period

[REDACTED] 220.70

Memo Item

Full Name (Last, First, Middle Initial)

**C. WINRED**

Mailing Address PO BOX 9891

City  
ARLINGTON

State  
VA

Zip Code  
22219

Purpose of Disbursement  
CREDIT CARD MERCHANT FEE

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

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

FEC Identification Number

C [REDACTED]

**Transaction ID : SB21B.55**

Amount of Each Disbursement this Period

[REDACTED] 19.30

Memo Item

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

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

[REDACTED] 715.60

[REDACTED]

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Rick Scott Victory Fund**

Full Name (Last, First, Middle Initial)

**A. WINRED**

Mailing Address PO BOX 9891

City ARLINGTON State VA Zip Code 22219

Purpose of Disbursement  
CREDIT CARD MERCHANT FEE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
06 / 18 / 2021

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.56

Amount of Each Disbursement this Period

[REDACTED] 76.30

Memo Item

Full Name (Last, First, Middle Initial)

**B. WINRED**

Mailing Address PO BOX 9891

City ARLINGTON State VA Zip Code 22219

Purpose of Disbursement  
CREDIT CARD MERCHANT FEE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
06 / 21 / 2021

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.57

Amount of Each Disbursement this Period

[REDACTED] 410.70

Memo Item

Full Name (Last, First, Middle Initial)

**C. WINRED**

Mailing Address PO BOX 9891

City ARLINGTON State VA Zip Code 22219

Purpose of Disbursement  
CREDIT CARD MERCHANT FEE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
06 / 23 / 2021

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.58

Amount of Each Disbursement this Period

[REDACTED] 152.90

Memo Item

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

[REDACTED] 639.90

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

[REDACTED]

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Rick Scott Victory Fund**

**A. WINRED**

Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 9891

City ARLINGTON State VA Zip Code 22219

Purpose of Disbursement CREDIT CARD MERCHANT FEE

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 06 / 24 / 2021

FEC Identification Number: C

Transaction ID : SB21B.59

Amount of Each Disbursement this Period: 152.90

Memo Item

**B. WINRED**

Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 9891

City ARLINGTON State VA Zip Code 22219

Purpose of Disbursement CREDIT CARD MERCHANT FEE

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 06 / 25 / 2021

FEC Identification Number: C

Transaction ID : SB21B.60

Amount of Each Disbursement this Period: 1102.60

Memo Item

**C. WINRED**

Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 9891

City ARLINGTON State VA Zip Code 22219

Purpose of Disbursement CREDIT CARD MERCHANT FEE

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 06 / 28 / 2021

FEC Identification Number: C

Transaction ID : SB21B.61

Amount of Each Disbursement this Period: 1026.60

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 2282.10

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



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Rick Scott Victory Fund**

Full Name (Last, First, Middle Initial)

**A. WINRED**

Mailing Address PO BOX 9891

City  
ARLINGTON

State  
VA

Zip Code  
22219

Purpose of Disbursement  
CREDIT CARD MERCHANT FEE

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	6		2	9		2	0	2	1		

FEC Identification Number

C [ ]

**Transaction ID : SB21B.62**

Amount of Each Disbursement this Period

[ ] 2616.20

Memo Item

Full Name (Last, First, Middle Initial)

**B. WINRED**

Mailing Address PO BOX 9891

City  
ARLINGTON

State  
VA

Zip Code  
22219

Purpose of Disbursement  
CREDIT CARD MERCHANT FEE

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	6		3	0		2	0	2	1		

FEC Identification Number

C [ ]

**Transaction ID : SB21B.63**

Amount of Each Disbursement this Period

[ ] 380.60

Memo Item

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y

FEC Identification Number

C [ ]

Amount of Each Disbursement this Period

[ ]

Memo Item

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

[ ] 2996.80

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

[ ] 211548.87

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input checked="" type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Rick Scott Victory Fund**

**A. RICK SCOTT FOR FL**

Full Name (Last, First, Middle Initial)  
Rick Scott Victory Fund

Mailing Address PO BOX 3791

City TALLAHASSEE State FL Zip Code 32315

Purpose of Disbursement  
TRANSFER TO AUTH CMTEE OF NET JOINT FUNDRAISING PROCEEDS

Candidate Name  
**SCOTT, RICK, , SEN,**

Office Sought:  House  Senate  President  
Disbursement For: 2024  Primary  General  Other (specify) ▼

State: FL District:

Date of Disbursement: 06 / 30 / 2021

FEC Identification Number: C

Transaction ID : **SB22.11**

Amount of Each Disbursement this Period: 79321.64

Memo Item

**B. RICK SCOTT FOR FL**

Full Name (Last, First, Middle Initial)  
Rick Scott Victory Fund

Mailing Address PO BOX 3791

City TALLAHASSEE State FL Zip Code 32315

Purpose of Disbursement  
TRANSFER TO AUTH CMTEE OF NET JOINT FUNDRAISING PROCEEDS

Candidate Name  
**SCOTT, RICK, , SEN,**

Office Sought:  House  Senate  President  
Disbursement For: 2024  Primary  General  Other (specify) ▼

State: FL District:

Date of Disbursement: 06 / 30 / 2021

FEC Identification Number: C

Transaction ID : **SB22.11\_B10**

Amount of Each Disbursement this Period: 1100.00

Memo Item N-KIND: FACILITY RENTAL 218 MD LLC 340 9TH NAPLES FL 34102

**C. RICK SCOTT FOR FL**

Full Name (Last, First, Middle Initial)  
Rick Scott Victory Fund

Mailing Address PO BOX 3791

City TALLAHASSEE State FL Zip Code 32315

Purpose of Disbursement  
TRANSFER TO AUTH CMTEE OF NET JOINT FUNDRAISING PROCEEDS

Candidate Name  
**SCOTT, RICK, , SEN,**

Office Sought:  House  Senate  President  
Disbursement For: 2024  Primary  General  Other (specify) ▼

State: FL District:

Date of Disbursement: 05 / 19 / 2021

FEC Identification Number: C

Transaction ID : **SB22.11\_B11**

Amount of Each Disbursement this Period: 825.00

Memo Item N-KIND: FACILITY RENTAL 218 MD LLC 340 9TH NAPLES FL 34102

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 79321.64

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

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input checked="" type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Rick Scott Victory Fund**

A. **RICK SCOTT FOR FL**

Full Name (Last, First, Middle Initial)  
Mailing Address PO BOX 3791

City TALLAHASSEE State FL Zip Code 32315

Purpose of Disbursement  
TRANSFER TO AUTH CMTEE OF NET JOINT FUNDRAISING PROCEEDS

Candidate Name  
**SCOTT, RICK, , SEN,**

Office Sought:  House  Senate  President  
Disbursement For: 2024  Primary  General  Other (specify) ▼

State: FL District:

Date of Disbursement  
MM / DD / YYYY  
04 / 28 / 2021

FEC Identification Number  
C  
Transaction ID : SB22.11\_B10  
Amount of Each Disbursement this Period  
825.00

Memo Item N-KIND: FACILITY RENTAL 218 MD LLC 340 9TH NAPLES FL 34102

B. **RICK SCOTT FOR FL**

Full Name (Last, First, Middle Initial)  
Mailing Address PO BOX 3791

City TALLAHASSEE State FL Zip Code 32315

Purpose of Disbursement  
TRANSFER TO AUTH CMTEE OF NET JOINT FUNDRAISING PROCEEDS

Candidate Name  
**SCOTT, RICK, , SEN,**

Office Sought:  House  Senate  President  
Disbursement For: 2024  Primary  General  Other (specify) ▼

State: FL District:

Date of Disbursement  
MM / DD / YYYY  
04 / 01 / 2021

FEC Identification Number  
C  
Transaction ID : SB22.11\_C10  
Amount of Each Disbursement this Period  
6386.51

Memo Item IN-KIND: AIR -COLUMBIA COLLIER MGT 340 9TH NAPLES FL 34102 AIR 4-1-21

C. **RICK SCOTT FOR FL**

Full Name (Last, First, Middle Initial)  
Mailing Address PO BOX 3791

City TALLAHASSEE State FL Zip Code 32315

Purpose of Disbursement  
TRANSFER TO AUTH CMTEE OF NET JOINT FUNDRAISING PROCEEDS

Candidate Name  
**SCOTT, RICK, , SEN,**

Office Sought:  House  Senate  President  
Disbursement For: 2024  Primary  General  Other (specify) ▼

State: FL District:

Date of Disbursement  
MM / DD / YYYY  
04 / 27 / 2021

FEC Identification Number  
C  
Transaction ID : SB22.11\_C11  
Amount of Each Disbursement this Period  
48081.20

Memo Item IN-KIND: AIR -COLUMBIA COLLIER MGT 340 9TH NAPLES FL 34102 AIR 4-6 THRU 4-27-21

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 0.00

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

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input checked="" type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Rick Scott Victory Fund**

Full Name (Last, First, Middle Initial) <b>A. RICK SCOTT FOR FL</b>		Date of Disbursement MM / DD / YYYY 05 / 07 / 2021
Mailing Address PO BOX 3791		FEC Identification Number C
City TALLAHASSEE	State FL	Zip Code 32315
Purpose of Disbursement TRANSFER TO AUTH CMTEE OF NET JOINT FUNDRAISING PROCEEDS		Transaction ID : <b>SB22.11_D10</b>
Candidate Name <b>SCOTT, RICK, , SEN,</b>		Amount of Each Disbursement this Period 27087.22
Office Sought: <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2024 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input checked="" type="checkbox"/> Memo Item IN-KIND: AIR -COLUMBIA COLLIER MGT 340 9TH NAPLES FL 34102 AIR 5-2 THRU 5-7-21
State: FL	District:	

Full Name (Last, First, Middle Initial) <b>B. RICK SCOTT FOR FL</b>		Date of Disbursement MM / DD / YYYY 05 / 20 / 2021
Mailing Address PO BOX 3791		FEC Identification Number C
City TALLAHASSEE	State FL	Zip Code 32315
Purpose of Disbursement TRANSFER TO AUTH CMTEE OF NET JOINT FUNDRAISING PROCEEDS		Transaction ID : <b>SB22.11_D10</b>
Candidate Name <b>SCOTT, RICK, , SEN,</b>		Amount of Each Disbursement this Period 10800.50
Office Sought: <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2024 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input checked="" type="checkbox"/> Memo Item IN-KIND: AIR -COLUMBIA COLLIER MGT 340 9TH NAPLES FL 34102 AIR 5-20-21
State: FL	District:	

Full Name (Last, First, Middle Initial) <b>C. RICK SCOTT FOR FL</b>		Date of Disbursement MM / DD / YYYY 06 / 01 / 2021
Mailing Address PO BOX 3791		FEC Identification Number C
City TALLAHASSEE	State FL	Zip Code 32315
Purpose of Disbursement TRANSFER TO AUTH CMTEE OF NET JOINT FUNDRAISING PROCEEDS		Transaction ID : <b>SB22.11_E1C</b>
Candidate Name <b>SCOTT, RICK, , SEN,</b>		Amount of Each Disbursement this Period 1878.35
Office Sought: <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2024 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input checked="" type="checkbox"/> Memo Item IN-KIND: AIR -COLUMBIA COLLIER MGT 340 9TH NAPLES FL 34102 AIR 6-1-21
State: FL	District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	0.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 21b	<input checked="" type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Rick Scott Victory Fund**

Full Name (Last, First, Middle Initial) <b>A. RICK SCOTT FOR FL</b>		Date of Disbursement MM / DD / YYYY 06 / 02 / 2021
Mailing Address PO BOX 3791		FEC Identification Number C [ ] <b>Transaction ID : SB22.11_E10</b>
City TALLAHASSEE	State FL	Zip Code 32315
Purpose of Disbursement TRANSFER TO AUTH CMTEE OF NET JOINT FUNDRAISING PROCEEDS		Amount of Each Disbursement this Period [ ] 20462.93
Candidate Name <b>SCOTT, RICK, , SEN,</b>		Category/Type [ ]
Office Sought: <input checked="" type="checkbox"/> Senate <input type="checkbox"/> House <input type="checkbox"/> President	Disbursement For: 2024 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: FL	District:	<input checked="" type="checkbox"/> Memo Item IN-KIND: AIR -COLUMBIA COLLIER MGT 340 9TH NAPLES FL 34102 AIR 6-2-21

Full Name (Last, First, Middle Initial) <b>B. RICK SCOTT FOR FL</b>		Date of Disbursement MM / DD / YYYY 06 / 18 / 2021
Mailing Address PO BOX 3791		FEC Identification Number C [ ] <b>Transaction ID : SB22.11_E10</b>
City TALLAHASSEE	State FL	Zip Code 32315
Purpose of Disbursement TRANSFER TO AUTH CMTEE OF NET JOINT FUNDRAISING PROCEEDS		Amount of Each Disbursement this Period [ ] 1434.41
Candidate Name <b>SCOTT, RICK, , SEN,</b>		Category/Type [ ]
Office Sought: <input checked="" type="checkbox"/> Senate <input type="checkbox"/> House <input type="checkbox"/> President	Disbursement For: 2024 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: FL	District:	<input checked="" type="checkbox"/> Memo Item IN-KIND: AIR -COLUMBIA COLLIER MGT 340 9TH NAPLES FL 34102 AIR 6-17-6-18-21

Full Name (Last, First, Middle Initial) <b>C. RICK SCOTT FOR FL</b>		Date of Disbursement MM / DD / YYYY 06 / 30 / 2021
Mailing Address PO BOX 3791		FEC Identification Number C [ ] <b>Transaction ID : SB22.12</b>
City TALLAHASSEE	State FL	Zip Code 32315
Purpose of Disbursement TRANSFER TO AUTH CMTEE OF NET JOINT FUNDRAISING PROCEEDS		Amount of Each Disbursement this Period [ ] 86450.22
Candidate Name <b>SCOTT, RICK, , SEN,</b>		Category/Type [ ]
Office Sought: <input checked="" type="checkbox"/> Senate <input type="checkbox"/> House <input type="checkbox"/> President	Disbursement For: 2024 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: FL	District:	<input type="checkbox"/> Memo Item

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[ ] 86450.22
<b>TOTAL</b> This Period (last page this line number only).....▶	[ ]

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input checked="" type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Rick Scott Victory Fund**

Full Name (Last, First, Middle Initial) <b>A. RICK SCOTT FOR FL</b>		Date of Disbursement MM / DD / YYYY 04 / 30 / 2021
Mailing Address PO BOX 3791		FEC Identification Number C [REDACTED] <b>Transaction ID : SB22.5</b> Amount of Each Disbursement this Period 45952.87
City TALLAHASSEE	State FL	Zip Code 32315
Purpose of Disbursement TRANSFER TO AUTH CMTEE OF NET JOINT FUNDRAISING PROCEEDS		Category/ Type [REDACTED]
Candidate Name <b>SCOTT, RICK, , SEN,</b>		
Office Sought: <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2024 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: FL	District:	<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) <b>B. RICK SCOTT FOR FL</b>		Date of Disbursement MM / DD / YYYY 04 / 30 / 2021
Mailing Address PO BOX 3791		FEC Identification Number C [REDACTED] <b>Transaction ID : SB22.6</b> Amount of Each Disbursement this Period 45515.45
City TALLAHASSEE	State FL	Zip Code 32315
Purpose of Disbursement TRANSFER TO AUTH CMTEE OF NET JOINT FUNDRAISING PROCEEDS		Category/ Type [REDACTED]
Candidate Name <b>SCOTT, RICK, , SEN,</b>		
Office Sought: <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2024 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: FL	District:	<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) <b>C. LETS GET TO WORK PAC</b>		Date of Disbursement MM / DD / YYYY 04 / 30 / 2021
Mailing Address PO BOX 76024		FEC Identification Number C [REDACTED] <b>Transaction ID : SB22.4</b> Amount of Each Disbursement this Period 106340.05
City WASHINGTON	State DC	Zip Code 20002
Purpose of Disbursement TRANSFER TO AUTH CMTEE OF NET JOINT FUNDRAISING PROCEEDS		Category/ Type [REDACTED]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	<input type="checkbox"/> Memo Item

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	197808.37
<b>TOTAL</b> This Period (last page this line number only).....▶	[REDACTED]

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input checked="" type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Rick Scott Victory Fund**

Full Name (Last, First, Middle Initial)

**A. LETS GET TO WORK PAC**

Mailing Address PO BOX 76024

City  
WASHINGTON

State  
DC

Zip Code  
20002

Purpose of Disbursement  
TRANSFER TO AUTH CMTEE OF NET JOINT FUNDRAISING PROCEEDS

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
06			30			2021			

FEC Identification Number

C

**Transaction ID : SB22.7**

Amount of Each Disbursement this Period

380963.01

Memo Item

Full Name (Last, First, Middle Initial)

**B. NRSC**

Mailing Address 425 2ND ST NE

City  
WASHINGTON

State  
DC

Zip Code  
20002

Purpose of Disbursement  
TRANSFER TO AUTH CMTEE OF NET JOINT FUNDRAISING PROCEEDS

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify)

State: District:

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
04			30			2021			

FEC Identification Number

C

**Transaction ID : SB22.1**

Amount of Each Disbursement this Period

432353.43

Memo Item

Full Name (Last, First, Middle Initial)

**C. NRSC**

Mailing Address 425 2ND ST NE

City  
WASHINGTON

State  
DC

Zip Code  
20002

Purpose of Disbursement  
TRANSFER TO AUTH CMTEE OF NET JOINT FUNDRAISING PROCEEDS

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
06			30			2021			

FEC Identification Number

C

**Transaction ID : SB22.10**

Amount of Each Disbursement this Period

90553.14

BUILDING FUND

Memo Item

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

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

903869.58



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input checked="" type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Rick Scott Victory Fund**

Full Name (Last, First, Middle Initial)

**A. NRSC**

Mailing Address 425 2ND ST NE

City  
WASHINGTON

State  
DC

Zip Code  
20002

Purpose of Disbursement  
TRANSFER TO AUTH CMTEE OF NET JOINT FUNDRAISING PROCEEDS

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		3	0		2	0	2	1

FEC Identification Number

C [REDACTED]

**Transaction ID : SB22.2**

Amount of Each Disbursement this Period

[REDACTED] 363910.64

LEGAL FUND

Memo Item

Full Name (Last, First, Middle Initial)

**B. NRSC**

Mailing Address 425 2ND ST NE

City  
WASHINGTON

State  
DC

Zip Code  
20002

Purpose of Disbursement  
TRANSFER TO AUTH CMTEE OF NET JOINT FUNDRAISING PROCEEDS

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		3	0		2	0	2	1

FEC Identification Number

C [REDACTED]

**Transaction ID : SB22.3**

Amount of Each Disbursement this Period

[REDACTED] 106761.84

BUILDING FUND

Memo Item

Full Name (Last, First, Middle Initial)

**C. NRSC**

Mailing Address 425 2ND ST NE

City  
WASHINGTON

State  
DC

Zip Code  
20002

Purpose of Disbursement  
TRANSFER TO AUTH CMTEE OF NET JOINT FUNDRAISING PROCEEDS

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		3	0		2	0	2	1

FEC Identification Number

C [REDACTED]

**Transaction ID : SB22.8**

Amount of Each Disbursement this Period

[REDACTED] 621277.40

Memo Item

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

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

[REDACTED] 1091949.88

[REDACTED]



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input checked="" type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Rick Scott Victory Fund**

Full Name (Last, First, Middle Initial) <b>A. NRSC</b>		Date of Disbursement MM / DD / YYYY 06 / 30 / 2021
Mailing Address 425 2ND ST NE		FEC Identification Number C [ ] <b>Transaction ID : SB22.9</b> Amount of Each Disbursement this Period [ ] 341629.44 LEGAL FUND <input type="checkbox"/> Memo Item
City WASHINGTON	State DC	
Purpose of Disbursement TRANSFER TO AUTH CMTEE OF NET JOINT FUNDRAISING PROCEEDS		Category/ Type [ ]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B.</b>		Date of Disbursement MM / DD / YYYY
Mailing Address		FEC Identification Number C [ ] Amount of Each Disbursement this Period [ ] <input type="checkbox"/> Memo Item
City	State	
Purpose of Disbursement		Category/ Type [ ]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>C.</b>		Date of Disbursement MM / DD / YYYY
Mailing Address		FEC Identification Number C [ ] Amount of Each Disbursement this Period [ ] <input type="checkbox"/> Memo Item
City	State	
Purpose of Disbursement		Category/ Type [ ]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[ ] 341629.44
<b>TOTAL</b> This Period (last page this line number only).....▶	[ ] 2701029.13