

48 HOUR NOTICE OF CONTRIBUTIONS/LOANS RECEIVED

(See Reverse Side for Instructions)

To be used to report all contributions (including loans) of \$1000 or more, received within 20 days of the election.

1. NAME OF COMMITTEE IN FULL Byrne for Congress			
ADDRESS (number and street) PO BOX 2743			
CITY, STATE, and ZIP CODE Mobile AL 36652			
2. NAME OF CANDIDATE Bradley Roberts Byrne	3. OFFICE SOUGHT (State and District) House AL 01	4. FEC IDENTIFICATION NUMBER C00545673	
5. IS THIS AN AMENDMENT? <input checked="" type="checkbox"/> NO, THIS IS A NEW FILING <input type="checkbox"/> YES, IT AMENDS THE NOTICE FILED ON ____ / ____ / ____			

A. FULL NAME, MAILING ADDRESS AND ZIP CODE National Association of Home Builders PAC 1201 15th Street, N.W. Washington DC 20005-2899	Name of Employer Transaction ID : 6E3B7C5F39891433E Occupation	Date (month, day, year) 10/30/2014	Amount 3000.00
B. FULL NAME, MAILING ADDRESS AND ZIP CODE American Sugar Cane League PAC P.O. Drawer 938 Thibodaux LA 70302-0938	Name of Employer Transaction ID : 6C827C33594B943E6 Occupation	Date (month, day, year) 10/30/2014	Amount 1000.00
C. FULL NAME, MAILING ADDRESS AND ZIP CODE American Dental PAC 1111 14th Street, N.W. Suite 1100 Washington DC 20005-5627	Name of Employer Transaction ID : 6AECAE1FCFAEB4C Occupation	Date (month, day, year) 10/31/2014	Amount 3000.00
D. FULL NAME, MAILING ADDRESS AND ZIP CODE Norfolk Southern Corporation Good Government Fund Three Commercial Place Norfolk VA 23510-2108	Name of Employer Transaction ID : 669E64E068FE443CC Occupation	Date (month, day, year) 10/31/2014	Amount 1000.00
E. FULL NAME, MAILING ADDRESS AND ZIP CODE Association for Advanced Life Underwriting PAC 11921 Freedom Drive Suite 1100 Reston VA 20190-5634	Name of Employer Transaction ID : 6682499B05D8B4AAI Occupation	Date (month, day, year) 10/31/2014	Amount 1000.00

SIGNATURE (optional) J Ashley Newman <div style="text-align: right;">[Electronically Filed]</div>	DATE 11/01/2014	For further information contact: Federal Election Commission 999 E Street, NW, Washington, DC 20463 Toll Free 800-424-9530, Local 202-694-1100
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Any information copied from reports and statements filed under the Federal Election Campaign Act 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.

FEC FORM 6

(Revised 07/2011)

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A. FULL NAME, MAILING ADDRESS AND ZIP CODE Mr. Thomas Peterson 6326 D'Olive Court Daphne AL 36526-7159	Name of Employer Retired Transaction ID : 694B6FFEE2CF647EAB05 Occupation Retired	Date (month, day, year) 10/31/2014	Amount 1000.00
B. FULL NAME, MAILING ADDRESS AND ZIP CODE Ms. Vaughn I. Morrisette Three Taylor Place Mobile AL 36608-2496	Name of Employer Homemaker Transaction ID : 6DF9C9CBA22584A8B94F Occupation Homemaker	Date (month, day, year) 10/31/2014	Amount 1000.00
C. FULL NAME, MAILING ADDRESS AND ZIP CODE Mr. M. M. Gorrie 54 Country Club Boulevard Mountain Brk AL 35213-4228	Name of Employer Brasfield & Gorrie, LLC Transaction ID : 6C8335D27927A4BB49EE Occupation Chairman/Manager	Date (month, day, year) 10/31/2014	Amount 1000.00
D. FULL NAME, MAILING ADDRESS AND ZIP CODE Protective Life Corporation Federal PAC P.O. Box 2606 Birmingham AL 35202-2606	Name of Employer Transaction ID : 62A4B0A32C2F449688FB Occupation	Date (month, day, year) 10/31/2014	Amount 2600.00
E. FULL NAME, MAILING ADDRESS AND ZIP CODE Wells Fargo & Co. Employee PAC Wells Fargo Center 90 South 7th Street Minneapolis MN 55402-3903	Name of Employer Transaction ID : 636B90B41414C4383B41 Occupation	Date (month, day, year) 10/31/2014	Amount 2000.00

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A. FULL NAME, MAILING ADDRESS AND ZIP CODE Arcelormittal USA Good Government Committee 1808 Eye Street, N.W. 5th Floor Washington DC 20006-5416			
Name of Employer		Date (month, day, year) 10/31/2014	
Amount 1000.00		Transaction ID : 674BC4CEF19BF46CEA85	
Occupation			
B. FULL NAME, MAILING ADDRESS AND ZIP CODE			
Name of Employer		Date (month, day, year)	
Amount		Occupation	
Occupation			
C. FULL NAME, MAILING ADDRESS AND ZIP CODE			
Name of Employer		Date (month, day, year)	
Amount		Occupation	
Occupation			
D. FULL NAME, MAILING ADDRESS AND ZIP CODE			
Name of Employer		Date (month, day, year)	
Amount		Occupation	
Occupation			
E. FULL NAME, MAILING ADDRESS AND ZIP CODE			
Name of Employer		Date (month, day, year)	
Amount		Occupation	
Occupation			