

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 R. 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 Mr. W. R. McNair P.O. Box 48 Point Clear AL 36564-0048	Name of Employer Retired Transaction ID : 609F62487A49048FD Occupation Retired	Date (month, day, year) 05/29/2014	Amount 1000.00
B. FULL NAME, MAILING ADDRESS AND ZIP CODE Mr. Louis E. Mapp P.O. Box 139 Point Clear AL 36564-0139	Name of Employer Retired Transaction ID : 69CC16045B4E94E82 Occupation Retired	Date (month, day, year) 05/30/2014	Amount 2600.00
C. FULL NAME, MAILING ADDRESS AND ZIP CODE Independent Insurance Agents & Brokers of America, Inc. PAC 412 First Street, S.E. Suite 300 Washington DC 20003-1804	Name of Employer Transaction ID : 6039A646BD48246A7 Occupation	Date (month, day, year) 05/30/2014	Amount 2000.00
D. FULL NAME, MAILING ADDRESS AND ZIP CODE Automotive Free International Trade PAC 1625 Prince Street Suite 225 Alexandria VA 22314-2882	Name of Employer Transaction ID : 6731C2FB83D1340F0 Occupation	Date (month, day, year) 05/30/2014	Amount 5000.00
E. FULL NAME, MAILING ADDRESS AND ZIP CODE Scalise for Congress 2900 Clearview Parkway Suite 206 Metairie LA 70006-6532	Name of Employer Transaction ID : 66C55A120044541F6 Occupation	Date (month, day, year) 05/30/2014	Amount 2000.00

SIGNATURE (optional) J Ashley Newman <div style="text-align: right;">[Electronically Filed]</div>	DATE 05/30/2014	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. Frank H. Galloney III P.O. Box 5 Montrose AL 36559-0005			
Name of Employer Retired		Date (month, day, year) 05/30/2014	
Amount 1000.00		Transaction ID : 6067C39A56BE34BFE975	
Occupation Retired			
B. FULL NAME, MAILING ADDRESS AND ZIP CODE			
Name of Employer		Date (month, day, year)	
Amount		Occupation	
C. FULL NAME, MAILING ADDRESS AND ZIP CODE			
Name of Employer		Date (month, day, year)	
Amount		Occupation	
D. FULL NAME, MAILING ADDRESS AND ZIP CODE			
Name of Employer		Date (month, day, year)	
Amount		Occupation	
E. FULL NAME, MAILING ADDRESS AND ZIP CODE			
Name of Employer		Date (month, day, year)	
Amount		Occupation	