

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.

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| 1. NAME OF COMMITTEE IN FULL Citizens for Boyle | | | |
| ADDRESS (number and street) PO Box 11545 | | | |
| CITY Philadelphia | STATE PA | ZIP CODE 19116 | |
| 2. NAME OF CANDIDATE Boyle, Brendan, F., , | | 3. OFFICE SOUGHT (State and District) House PA 02 | |
| | | 4. FEC IDENTIFICATION NUMBER C00543363 | |
| 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 NEW DEMOCRAT COALITION PAC | | Name of Employer | Date (month, day, year) |
| MAILING ADDRESS 700 13TH STREET, NW SUITE 600 | | Transaction ID : C10963625 | 05/12/2018 |
| CITY WASHINGTON | STATE DC | ZIP CODE 20005 | Amount 2500.00 |
| B. FULL NAME | | Name of Employer | Date (month, day, year) |
| MAILING ADDRESS | | Occupation | Amount |
| CITY | STATE | ZIP CODE | |
| C. FULL NAME | | Name of Employer | Date (month, day, year) |
| MAILING ADDRESS | | Occupation | Amount |
| CITY | STATE | ZIP CODE | |
| D. FULL NAME | | Name of Employer | Date (month, day, year) |
| MAILING ADDRESS | | Occupation | Amount |
| CITY | STATE | ZIP CODE | |
| E. FULL NAME | | Name of Employer | Date (month, day, year) |
| MAILING ADDRESS | | Occupation | Amount |
| CITY | STATE | ZIP CODE | |
| SIGNATURE (optional) Jackson, Sue, , , | | DATE 05/13/2018 | For further information contact: Federal Election Commission 999 E Street, NW, Washington, DC 20463 Toll Free 800-424-9530, Local 202-694-1100 |
| <i>[Electronically Filed]</i> | | | |

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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 03/2016)