

# 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.

|                                                                                                                                                                             |  |                               |                                                             |                                       |                                                  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------|-------------------------------------------------------------|---------------------------------------|--------------------------------------------------|
| <b>1. NAME OF COMMITTEE IN FULL</b><br>Nikki For Congress                                                                                                                   |  |                               |                                                             |                                       |                                                  |
| <b>ADDRESS</b> (number and street) PO Box 5171                                                                                                                              |  |                               |                                                             |                                       |                                                  |
| <b>CITY</b><br>Springfield                                                                                                                                                  |  | <b>STATE</b><br>IL            |                                                             | <b>ZIP CODE</b><br>62705              |                                                  |
| <b>2. NAME OF CANDIDATE</b><br>Budzinski, Nikki, , ,                                                                                                                        |  |                               | <b>3. OFFICE SOUGHT</b> (State and District)<br>House IL 13 |                                       | <b>4. FEC IDENTIFICATION NUMBER</b><br>C00787812 |
| <b>5. IS THIS AN AMENDMENT?</b> <input checked="" type="checkbox"/> NO, THIS IS A NEW FILING <input type="checkbox"/> YES, IT AMENDS THE NOTICE FILED ON ____ / ____ / ____ |  |                               |                                                             |                                       |                                                  |
| <b>A. FULL NAME</b><br>Abate Of Illinois Fed PAC                                                                                                                            |  |                               |                                                             | Name of Employer                      |                                                  |
| <b>MAILING ADDRESS</b><br>311 E Main St<br>Ste 418<br>CITY<br>Galesburg                                                                                                     |  |                               |                                                             | Date (month, day, year)<br>10/20/2024 |                                                  |
| <b>STATE</b><br>IL                                                                                                                                                          |  | <b>ZIP CODE</b><br>61401-4867 |                                                             | Amount<br>1000.00                     |                                                  |
|                                                                                                                                                                             |  |                               |                                                             | <b>Transaction ID : 18150311</b>      |                                                  |
|                                                                                                                                                                             |  |                               |                                                             | Occupation                            |                                                  |
| <b>B. FULL NAME</b><br>Camille, Patti, A., ,                                                                                                                                |  |                               |                                                             | Name of Employer                      |                                                  |
| <b>MAILING ADDRESS</b><br>1615 Appalachian Trl                                                                                                                              |  |                               |                                                             | Date (month, day, year)<br>10/20/2024 |                                                  |
| <b>CITY</b><br>Rochester                                                                                                                                                    |  | <b>STATE</b><br>IL            |                                                             | Amount<br>500.00                      |                                                  |
|                                                                                                                                                                             |  |                               |                                                             | <b>Transaction ID : 18149449</b>      |                                                  |
|                                                                                                                                                                             |  |                               |                                                             | Occupation                            |                                                  |
|                                                                                                                                                                             |  |                               |                                                             | Not Employed                          |                                                  |
| <b>C. FULL NAME</b><br>Camille, Patti, A., ,                                                                                                                                |  |                               |                                                             | Name of Employer                      |                                                  |
| <b>MAILING ADDRESS</b><br>1615 Appalachian Trl                                                                                                                              |  |                               |                                                             | Date (month, day, year)<br>10/20/2024 |                                                  |
| <b>CITY</b><br>Rochester                                                                                                                                                    |  | <b>STATE</b><br>IL            |                                                             | Amount<br>1000.00                     |                                                  |
|                                                                                                                                                                             |  |                               |                                                             | <b>Transaction ID : 18150352</b>      |                                                  |
|                                                                                                                                                                             |  |                               |                                                             | Occupation                            |                                                  |
|                                                                                                                                                                             |  |                               |                                                             | Not Employed                          |                                                  |
| <b>D. FULL NAME</b><br>Cuddy, Christopher, M., ,                                                                                                                            |  |                               |                                                             | Name of Employer                      |                                                  |
| <b>MAILING ADDRESS</b><br>2580 Lake Reunion Pkwy                                                                                                                            |  |                               |                                                             | Date (month, day, year)<br>10/20/2024 |                                                  |
| <b>CITY</b><br>Decatur                                                                                                                                                      |  | <b>STATE</b><br>IL            |                                                             | Amount<br>1000.00                     |                                                  |
|                                                                                                                                                                             |  |                               |                                                             | <b>Transaction ID : 18149803</b>      |                                                  |
|                                                                                                                                                                             |  |                               |                                                             | Occupation                            |                                                  |
|                                                                                                                                                                             |  |                               |                                                             | Senior Vice President                 |                                                  |
| <b>E. FULL NAME</b><br>Murphy, James, , ,                                                                                                                                   |  |                               |                                                             | Name of Employer                      |                                                  |
| <b>MAILING ADDRESS</b><br>710 Derby Ln                                                                                                                                      |  |                               |                                                             | Date (month, day, year)<br>10/20/2024 |                                                  |
| <b>CITY</b><br>Barrington                                                                                                                                                   |  | <b>STATE</b><br>IL            |                                                             | Amount<br>3300.00                     |                                                  |
|                                                                                                                                                                             |  |                               |                                                             | <b>Transaction ID : 18150379</b>      |                                                  |
|                                                                                                                                                                             |  |                               |                                                             | Occupation                            |                                                  |
|                                                                                                                                                                             |  |                               |                                                             | President                             |                                                  |
| <b>SIGNATURE (optional)</b><br>Kopel, Carolyn, , ,                                                                                                                          |  |                               |                                                             | <b>DATE</b><br>10/22/2024             |                                                  |
| For further information, contact the Federal Election Commission at 800-424-9530 or visit www.fec.gov                                                                       |  |                               |                                                             |                                       |                                                  |

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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)

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|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| 1. NAME OF COMMITTEE IN FULL<br>Nikki For Congress                                                                                                                      |  |                                                                                                                                                            |  |
| ADDRESS (number and street) PO Box 5171                                                                                                                                 |  |                                                                                                                                                            |  |
| CITY, STATE, and ZIP CODE<br>Springfield IL 62705                                                                                                                       |  |                                                                                                                                                            |  |
| 2. NAME OF CANDIDATE<br>Budzinski, Nikki, , ,                                                                                                                           |  | 3. OFFICE SOUGHT (State and District)<br>House IL 13                                                                                                       |  |
|                                                                                                                                                                         |  | 4. FEC IDENTIFICATION NUMBER<br>C00787812                                                                                                                  |  |
| 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 _____ / _____ / _____ |  |                                                                                                                                                            |  |
| continuation page                                                                                                                                                       |  |                                                                                                                                                            |  |
| A. FULL NAME, MAILING ADDRESS AND ZIP CODE<br>Rosen, Whitney, W., ,<br>1621 S Bates Ave<br>Springfield IL 62704-3349                                                    |  | Name of Employer<br>State Of Illinois<br>Transaction ID : 18150355<br>Occupation<br>Attorney<br>Date (month, day, year)<br>10/20/2024<br>Amount<br>1000.00 |  |
| B. FULL NAME, MAILING ADDRESS AND ZIP CODE<br>SCOTT FOR CONGRESS<br>PO Box 251<br>Newport News VA 23607-0251                                                            |  | Name of Employer<br>Transaction ID : 18149394<br>Occupation<br>Date (month, day, year)<br>10/20/2024<br>Amount<br>1000.00                                  |  |
| C. FULL NAME, MAILING ADDRESS AND ZIP CODE                                                                                                                              |  | Name of Employer<br>Occupation<br>Date (month, day, year)<br>Amount                                                                                        |  |
| D. FULL NAME, MAILING ADDRESS AND ZIP CODE                                                                                                                              |  | Name of Employer<br>Occupation<br>Date (month, day, year)<br>Amount                                                                                        |  |
| E. FULL NAME, MAILING ADDRESS AND ZIP CODE                                                                                                                              |  | Name of Employer<br>Occupation<br>Date (month, day, year)<br>Amount                                                                                        |  |