

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 Hamilton for Kansas						
ADDRESS (number and street) PO BOX 6						
CITY STILWELL		STATE KS		ZIP CODE 66085		
2. NAME OF CANDIDATE Hamilton, Adam, , ,			3. OFFICE SOUGHT (State and District) Senate KS		4. FEC IDENTIFICATION NUMBER C00948901	
5. IS THIS AN AMENDMENT? ☒ NO, THIS IS A NEW FILING ☐ YES, IT AMENDS THE NOTICE FILED ON ____ / ____ / ____						
A. FULL NAME Ball, David, , ,			Name of Employer Balls Foods		Date (month, day, year) 07/20/2026	
MAILING ADDRESS 26821 W 77Th St			Transaction ID : 2090306		Amount 3500.00	
CITY Shawnee	STATE KS	ZIP CODE 66227-3028	Occupation Owner			
B. FULL NAME Ball, David, , ,			Name of Employer Balls Foods		Date (month, day, year) 07/20/2026	
MAILING ADDRESS 26821 W 77Th St			Transaction ID : 2090307		Amount 3500.00	
CITY Shawnee	STATE KS	ZIP CODE 66227-3028	Occupation Owner			
C. FULL NAME Blackman, Jacques, , ,			Name of Employer Not Employed		Date (month, day, year) 07/20/2026	
MAILING ADDRESS 3301 S 135Th St W			Transaction ID : 2090321		Amount 1000.00	
CITY Wichita	STATE KS	ZIP CODE 67227-8011	Occupation Not Employed			
D. FULL NAME McClendon, Brian, , ,			Name of Employer Niantic Spatial		Date (month, day, year) 07/19/2026	
MAILING ADDRESS 730 New Hampshire St			Transaction ID : 2082890		Amount 3500.00	
CITY Lawrence	STATE KS	ZIP CODE 66044-2736	Occupation Engineering Management			
E. FULL NAME Nonemaker, Bob, , ,			Name of Employer Financial Benefits		Date (month, day, year) 07/19/2026	
MAILING ADDRESS 11205 Brookwood Ave			Transaction ID : 2082893		Amount 1000.00	
CITY Leawood	STATE KS	ZIP CODE 66211-3097	Occupation Sales			
SIGNATURE (optional) Sullivan, Rebecca, , ,				DATE 07/21/2026	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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4. FEC IDENTIFICATION NUMBER C00948901		<i>continuation page</i>	
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A. FULL NAME, MAILING ADDRESS AND ZIP CODE	Name of Employer	Date (month, day, year)	Amount
OConnell, Mark, , , 2615 W 98Th St Leawood KS 66206-2235	Not Employed Transaction ID : 2090320 Occupation Retired	07/20/2026	2000.00
B. FULL NAME, MAILING ADDRESS AND ZIP CODE Rafferty, Michael, , , 10325 S Greentree Ct Olathe KS 66061-7451	Name of Employer Not Employed Transaction ID : 2090322 Occupation Not Employed	Date (month, day, year) 07/20/2026	Amount 1000.00
C. FULL NAME, MAILING ADDRESS AND ZIP CODE Robinson, Paul, , , 629 Nottingham Rd Lawrence KS 66049-8905	Name of Employer Not Employed Transaction ID : 2082892 Occupation Not Employed	Date (month, day, year) 07/19/2026	Amount 1000.00
D. FULL NAME, MAILING ADDRESS AND ZIP CODE Rowe, Kevin, , , 35 S Peak Laguna Niguel CA 92677-2903	Name of Employer K Rowe Investments LLC Transaction ID : 2082894 Occupation Managing Member	Date (month, day, year) 07/19/2026	Amount 1000.00
E. FULL NAME, MAILING ADDRESS AND ZIP CODE Shearing, Miriam, , , 9103 Alta Dr Unit 1107 Las Vegas NV 89145-8557	Name of Employer Not Employed Transaction ID : 2090304 Occupation Retired	Date (month, day, year) 07/20/2026	Amount 3500.00

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A. FULL NAME, MAILING ADDRESS AND ZIP CODE			
Shearing, Miriam, , , 9103 Alta Dr Unit 1107 Las Vegas NV 89145-8557		Name of Employer Not Employed Transaction ID : 2090305 Occupation Retired	
		Date (month, day, year) 07/20/2026	
		Amount 3500.00	
B. FULL NAME, MAILING ADDRESS AND ZIP CODE			
Turner, Stephanie, , , PO Box 3500 Kansas City KS 66103-0500		Name of Employer All Services Home Healthcare Transaction ID : 2082891 Occupation Business Owner	
		Date (month, day, year) 07/19/2026	
		Amount 1000.00	
C. FULL NAME, MAILING ADDRESS AND ZIP CODE			
		Name of Employer	
		Occupation	
D. FULL NAME, MAILING ADDRESS AND ZIP CODE			
		Name of Employer	
		Occupation	
E. FULL NAME, MAILING ADDRESS AND ZIP CODE			
		Name of Employer	
		Occupation	

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