

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 JERRY CARL FOR CONGRESS																					
ADDRESS (number and street) PO BOX 852138																					
CITY MOBILE		STATE AL		ZIP CODE 36685																	
2. NAME OF CANDIDATE CARL, JERRY, LEE, , JR			3. OFFICE SOUGHT (State and District) House AL 01																		
4. FEC IDENTIFICATION NUMBER C00697789																					
5. IS THIS AN AMENDMENT? ☒ NO, THIS IS A NEW FILING ☐ YES, IT AMENDS THE NOTICE FILED ON _____ / _____ / _____																					
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="3"> A. FULL NAME ROWAN, ROBIN, , , </td> <td colspan="2"> Name of Employer SELF EMPLOYED </td> <td rowspan="3"> Date (month, day, year) 10/22/2022 </td> <td rowspan="3"> Amount 1000.00 </td> </tr> <tr> <td colspan="3"> MAILING ADDRESS 6061 COLONIAL PKWY UNIT 3102 </td> <td colspan="2"> Transaction ID : TX22456 </td> </tr> <tr> <td> CITY GULF SHORES </td> <td> STATE AL </td> <td> ZIP CODE 36542-2575 </td> <td colspan="2"> Occupation ANALYST </td> </tr> </table>					A. FULL NAME ROWAN, ROBIN, , ,			Name of Employer SELF EMPLOYED		Date (month, day, year) 10/22/2022	Amount 1000.00	MAILING ADDRESS 6061 COLONIAL PKWY UNIT 3102			Transaction ID : TX22456		CITY GULF SHORES	STATE AL	ZIP CODE 36542-2575	Occupation ANALYST	
A. FULL NAME ROWAN, ROBIN, , ,			Name of Employer SELF EMPLOYED		Date (month, day, year) 10/22/2022	Amount 1000.00															
MAILING ADDRESS 6061 COLONIAL PKWY UNIT 3102			Transaction ID : TX22456																		
CITY GULF SHORES	STATE AL	ZIP CODE 36542-2575	Occupation ANALYST																		
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="3"> B. FULL NAME </td> <td colspan="2"> Name of Employer </td> <td rowspan="3"> Date (month, day, year) </td> <td rowspan="3"> Amount </td> </tr> <tr> <td colspan="3"> MAILING ADDRESS </td> <td colspan="2"></td> </tr> <tr> <td> CITY </td> <td> STATE </td> <td> ZIP CODE </td> <td colspan="2"> Occupation </td> </tr> </table>					B. FULL NAME			Name of Employer		Date (month, day, year)	Amount	MAILING ADDRESS					CITY	STATE	ZIP CODE	Occupation	
B. FULL NAME			Name of Employer		Date (month, day, year)	Amount															
MAILING ADDRESS																					
CITY	STATE	ZIP CODE	Occupation																		
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="3"> C. FULL NAME </td> <td colspan="2"> Name of Employer </td> <td rowspan="3"> Date (month, day, year) </td> <td rowspan="3"> Amount </td> </tr> <tr> <td colspan="3"> MAILING ADDRESS </td> <td colspan="2"></td> </tr> <tr> <td> CITY </td> <td> STATE </td> <td> ZIP CODE </td> <td colspan="2"> Occupation </td> </tr> </table>					C. FULL NAME			Name of Employer		Date (month, day, year)	Amount	MAILING ADDRESS					CITY	STATE	ZIP CODE	Occupation	
C. FULL NAME			Name of Employer		Date (month, day, year)	Amount															
MAILING ADDRESS																					
CITY	STATE	ZIP CODE	Occupation																		
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="3"> D. FULL NAME </td> <td colspan="2"> Name of Employer </td> <td rowspan="3"> Date (month, day, year) </td> <td rowspan="3"> Amount </td> </tr> <tr> <td colspan="3"> MAILING ADDRESS </td> <td colspan="2"></td> </tr> <tr> <td> CITY </td> <td> STATE </td> <td> ZIP CODE </td> <td colspan="2"> Occupation </td> </tr> </table>					D. FULL NAME			Name of Employer		Date (month, day, year)	Amount	MAILING ADDRESS					CITY	STATE	ZIP CODE	Occupation	
D. FULL NAME			Name of Employer		Date (month, day, year)	Amount															
MAILING ADDRESS																					
CITY	STATE	ZIP CODE	Occupation																		
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="3"> E. FULL NAME </td> <td colspan="2"> Name of Employer </td> <td rowspan="3"> Date (month, day, year) </td> <td rowspan="3"> Amount </td> </tr> <tr> <td colspan="3"> MAILING ADDRESS </td> <td colspan="2"></td> </tr> <tr> <td> CITY </td> <td> STATE </td> <td> ZIP CODE </td> <td colspan="2"> Occupation </td> </tr> </table>					E. FULL NAME			Name of Employer		Date (month, day, year)	Amount	MAILING ADDRESS					CITY	STATE	ZIP CODE	Occupation	
E. FULL NAME			Name of Employer		Date (month, day, year)	Amount															
MAILING ADDRESS																					
CITY	STATE	ZIP CODE	Occupation																		
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="4"> SIGNATURE (optional) RUTLAND, JANNA, , , </td> <td> DATE 10/24/2022 </td> <td colspan="2"> For further information contact: Federal Election Commission 999 E Street, NW, Washington, DC 20463 Toll Free 800-424-9530, Local 202-694-1100 </td> </tr> <tr> <td colspan="4" style="text-align: center;"> [Electronically Filed] </td> <td></td> <td colspan="2"></td> </tr> </table>					SIGNATURE (optional) RUTLAND, JANNA, , ,				DATE 10/24/2022	For further information contact: Federal Election Commission 999 E Street, NW, Washington, DC 20463 Toll Free 800-424-9530, Local 202-694-1100		[Electronically Filed]									
SIGNATURE (optional) RUTLAND, JANNA, , ,				DATE 10/24/2022	For further information contact: Federal Election Commission 999 E Street, NW, Washington, DC 20463 Toll Free 800-424-9530, Local 202-694-1100																
[Electronically Filed]																					

--	--	--

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)