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
Patriots for Perry

ADDRESS (number and street) 4075 Linglestown Rd PMB 119

CITY	STATE	ZIP CODE
Harrisburg	PA	17112

2. NAME OF CANDIDATE
Perry, Scott, , ,

3. OFFICE SOUGHT (State and District)
House PA 10

4. FEC IDENTIFICATION NUMBER
C00510164

5. IS THIS AN AMENDMENT? ☒ NO, THIS IS A NEW FILING ☐ YES, IT AMENDS THE NOTICE FILED ON ____ / ____ / ____

A. FULL NAME COOLEY, WILLIAM, O., MR., **MAILING ADDRESS** 229 EDMOR ROAD **CITY** / **STATE** / **ZIP CODE** WEST PALM BEACH / FL / 33405-	Name of Employer RETIRED **Transaction ID : TX162982** Occupation RETIRED	Date (month, day, year) 04/10/2024	Amount 3300.00
B. FULL NAME FULCHER, RUSS, , MR, **MAILING ADDRESS** PO BOX 1375 **CITY** / **STATE** / **ZIP CODE** MERIDIAN / ID / 83680-1375	Name of Employer US GOVERNMENT **Transaction ID : TX162981** Occupation US CONGRESSMAN	Date (month, day, year) 04/10/2024	Amount 1000.00
C. FULL NAME MOORE, BARRY, , MR, **MAILING ADDRESS** 555 METRO PLACE N STE 525 **CITY** / **STATE** / **ZIP CODE** DUBLIN / OH / 43017-1342	Name of Employer INFORMATION REQUESTED PER BEST EFFORTS **Transaction ID : TX162980** Occupation INFORMATION REQUESTED PER BI	Date (month, day, year) 04/10/2024	Amount 1000.00
D. FULL NAME **MAILING ADDRESS** **CITY** / **STATE** / **ZIP CODE**	Name of Employer Occupation	Date (month, day, year)	Amount
E. FULL NAME **MAILING ADDRESS** **CITY** / **STATE** / **ZIP CODE**	Name of Employer Occupation	Date (month, day, year)	Amount

SIGNATURE (optional)
Jukus, Joel, , ,

DATE
04/11/2024

For further information, contact the Federal Election Commission at 800-424-9530 or visit www.fec.gov

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FEC FORM 6
(Revised 03/2016)