

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 Taddeo for Congress																						
ADDRESS (number and street) PO.Box 5651																						
CITY Tallahassee		STATE FL		ZIP CODE 32314																		
2. NAME OF CANDIDATE Taddeo, Annette, , ,			3. OFFICE SOUGHT (State and District) House FL 27																			
4. FEC IDENTIFICATION NUMBER C00445163																						
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 Boylan, Dimitri, , , </td> <td> Name of Employer Avature </td> <td> Date (month, day, year) 10/31/2022 </td> <td> Amount 2800.00 </td> </tr> <tr> <td colspan="3"> MAILING ADDRESS 56 Route 104 </td> <td colspan="2"> Transaction ID : 14481760 </td> <td></td> </tr> <tr> <td> CITY Quogue </td> <td> STATE NY </td> <td> ZIP CODE 11956 </td> <td colspan="2"> Occupation Executive </td> <td></td> </tr> </table>					A. FULL NAME Boylan, Dimitri, , ,			Name of Employer Avature	Date (month, day, year) 10/31/2022	Amount 2800.00	MAILING ADDRESS 56 Route 104			Transaction ID : 14481760			CITY Quogue	STATE NY	ZIP CODE 11956	Occupation Executive		
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SIGNATURE (optional) Green, Shelby, , ,				DATE 11/02/2022	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]																						

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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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ADDRESS (number and street) PO.Box 5651			
CITY, STATE, and ZIP CODE Tallahassee FL 32314			
2. NAME OF CANDIDATE Taddeo, Annette, , ,		3. OFFICE SOUGHT (State and District) House FL 27	
4. FEC IDENTIFICATION NUMBER C00445163		<i>continuation page</i>	
5. IS THIS AN AMENDMENT? ☒ NO, THIS IS A NEW FILING ☐ YES, IT AMENDS THE NOTICE FILED ON _____ / _____ / _____			

A. FULL NAME, MAILING ADDRESS AND ZIP CODE	Name of Employer	Date (month, day, year)	Amount
Hellinger, Andrew, , , 283 Catalonia Ave Ste 100 Coral Gables FL 33134-6714	Transaction ID : 14481796 Occupation	10/31/2022	2900.00
B. FULL NAME, MAILING ADDRESS AND ZIP CODE Joint Action Committee (JAC PAC) PO Box 105 Highland Park IL 60035-0105	Name of Employer Transaction ID : 14481809 Occupation	10/31/2022	2500.00
C. FULL NAME, MAILING ADDRESS AND ZIP CODE Lieberman, Alan, , , PO Box 414198 Miami Beach FL 33141-0198	Name of Employer Self Employed Transaction ID : 14481744 Occupation Hotelier	10/31/2022	1000.00
D. FULL NAME, MAILING ADDRESS AND ZIP CODE Mayer, Becky, , , 118 Bears Club Dr Jupiter FL 33477-4203	Name of Employer None Transaction ID : 14481786 Occupation Retired	10/31/2022	2900.00
E. FULL NAME, MAILING ADDRESS AND ZIP CODE Mayer, Becky, , , 118 Bears Club Dr Jupiter FL 33477-4203	Name of Employer None Transaction ID : 14481788 Occupation Retired	10/31/2022	2900.00

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A. FULL NAME, MAILING ADDRESS AND ZIP CODE Onward Together PAC PO Box 6151 Louisville KY 40206-0151			
Name of Employer Transaction ID : 14481818 Occupation		Date (month, day, year) 10/31/2022 Amount 1500.00	
B. FULL NAME, MAILING ADDRESS AND ZIP CODE Schaefer, E. Bonnie, , , 218 Claireview Ct Blowing Rock NC 28605-8959			
Name of Employer Transaction ID : 14481773 Occupation Owner Westglow Resort & Spa		Date (month, day, year) 10/31/2022 Amount 2900.00	
C. FULL NAME, MAILING ADDRESS AND ZIP CODE			
Name of Employer Occupation		Date (month, day, year) Amount	
D. FULL NAME, MAILING ADDRESS AND ZIP CODE			
Name of Employer Occupation		Date (month, day, year) Amount	
E. FULL NAME, MAILING ADDRESS AND ZIP CODE			
Name of Employer Occupation		Date (month, day, year) Amount	