

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<br>Smucker for Congress                                                                                                                    |  |             |                                                      |                    |
| ADDRESS (number and street) 548 Steel Way<br>PO Box 7066                                                                                                                |  |             |                                                      |                    |
| CITY<br>Lancaster                                                                                                                                                       |  | STATE<br>PA |                                                      | ZIP CODE<br>17604  |
| 2. NAME OF CANDIDATE<br>Smucker, Lloyd, , ,                                                                                                                             |  |             | 3. OFFICE SOUGHT (State and District)<br>House PA 11 |                    |
| 4. FEC IDENTIFICATION NUMBER<br>C00599464                                                                                                                               |  |             |                                                      |                    |
| 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 _____ / _____ / _____ |  |             |                                                      |                    |
| A. FULL NAME<br>VIZZI, CARL, , ,                                                                                                                                        |  |             | Name of Employer<br>NONE                             |                    |
| MAILING ADDRESS<br>397 ROSEMEADE LANE                                                                                                                                   |  |             | Date (month, day, year)<br>04/17/2024                |                    |
| CITY<br>NAPLES                                                                                                                                                          |  |             | Amount<br>1000.00                                    |                    |
| STATE<br>FL                                                                                                                                                             |  |             | Transaction ID : TX24654                             |                    |
| ZIP CODE<br>34105-7155                                                                                                                                                  |  |             | Occupation<br>RETIRED                                |                    |
| B. FULL NAME                                                                                                                                                            |  |             | Name of Employer                                     |                    |
| MAILING ADDRESS                                                                                                                                                         |  |             | Date (month, day, year)                              |                    |
| CITY                                                                                                                                                                    |  |             | Amount                                               |                    |
| STATE                                                                                                                                                                   |  |             |                                                      |                    |
| ZIP CODE                                                                                                                                                                |  |             | Occupation                                           |                    |
| C. FULL NAME                                                                                                                                                            |  |             | Name of Employer                                     |                    |
| MAILING ADDRESS                                                                                                                                                         |  |             | Date (month, day, year)                              |                    |
| CITY                                                                                                                                                                    |  |             | Amount                                               |                    |
| STATE                                                                                                                                                                   |  |             |                                                      |                    |
| ZIP CODE                                                                                                                                                                |  |             | Occupation                                           |                    |
| D. FULL NAME                                                                                                                                                            |  |             | Name of Employer                                     |                    |
| MAILING ADDRESS                                                                                                                                                         |  |             | Date (month, day, year)                              |                    |
| CITY                                                                                                                                                                    |  |             | Amount                                               |                    |
| STATE                                                                                                                                                                   |  |             |                                                      |                    |
| ZIP CODE                                                                                                                                                                |  |             | Occupation                                           |                    |
| E. FULL NAME                                                                                                                                                            |  |             | Name of Employer                                     |                    |
| MAILING ADDRESS                                                                                                                                                         |  |             | Date (month, day, year)                              |                    |
| CITY                                                                                                                                                                    |  |             | Amount                                               |                    |
| STATE                                                                                                                                                                   |  |             |                                                      |                    |
| ZIP CODE                                                                                                                                                                |  |             | Occupation                                           |                    |
| SIGNATURE (optional)<br>Langmuir, Gary, , ,                                                                                                                             |  |             |                                                      | DATE<br>04/18/2024 |
| For further information, contact the Federal Election Commission at 800-424-9530 or visit www.fec.gov                                                                   |  |             |                                                      |                    |

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