

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 JOHN JAMES FOR CONGRESS, INC.																																																																
ADDRESS (number and street) P.O. BOX 628																																																																
CITY ST. CLAIR SHORES		STATE MI		ZIP CODE 48080																																																												
2. NAME OF CANDIDATE JAMES, JOHN, , ,			3. OFFICE SOUGHT (State and District) House MI 10																																																													
4. FEC IDENTIFICATION NUMBER C00803502																																																																
5. IS THIS AN AMENDMENT? ☐ NO, THIS IS A NEW FILING ☒ YES, IT AMENDS THE NOTICE FILED ON 11 / 02 / 2022																																																																
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="3"> A. FULL NAME BROAD, GARY, R, MR, MAILING ADDRESS 20850 MOXON DR <table style="width: 100%;"> <tr> <td>CITY</td> <td>STATE</td> <td>ZIP CODE</td> </tr> <tr> <td>CLINTON TWP</td> <td>MI</td> <td>48036</td> </tr> </table> </td> <td> Name of Employer MIDWEST STEEL Transaction ID : F6.139337 Occupation CEO </td> <td> Date (month, day, year) 11/01/2022 </td> <td> Amount 1000.00 </td> </tr> <tr> <td colspan="3"> B. FULL NAME BOOTSTRAP PRIORITIES PAC MAILING ADDRESS P.O. BOX 14444 <table style="width: 100%;"> <tr> <td>CITY</td> <td>STATE</td> <td>ZIP CODE</td> </tr> <tr> <td>SURFSIDE BEACH</td> <td>SC</td> <td>29587</td> </tr> </table> </td> <td> Name of Employer Transaction ID : F6.120662 Occupation </td> <td> Date (month, day, year) 11/01/2022 </td> <td> Amount 1000.00 </td> </tr> <tr> <td colspan="3"> C. FULL NAME KIMBLE, ERIC, , , MAILING ADDRESS 2536 ERVIN RD NW <table style="width: 100%;"> <tr> <td>CITY</td> <td>STATE</td> <td>ZIP CODE</td> </tr> <tr> <td>DOVER</td> <td>OH</td> <td>44622</td> </tr> </table> </td> <td> Name of Employer KIMBLE COMPANY Transaction ID : F6.120661 Occupation MANAGER </td> <td> Date (month, day, year) 11/01/2022 </td> <td> Amount 1000.00 </td> </tr> <tr> <td colspan="3"> D. FULL NAME MAILING ADDRESS <table style="width: 100%;"> <tr> <td>CITY</td> <td>STATE</td> <td>ZIP CODE</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </table> </td> <td> Name of Employer Occupation </td> <td> Date (month, day, year) </td> <td> Amount </td> </tr> <tr> <td colspan="3"> E. FULL NAME MAILING ADDRESS <table style="width: 100%;"> <tr> <td>CITY</td> <td>STATE</td> <td>ZIP CODE</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </table> </td> <td> Name of Employer Occupation </td> <td> Date (month, day, year) </td> <td> Amount </td> </tr> </table>					A. FULL NAME BROAD, GARY, R, MR, MAILING ADDRESS 20850 MOXON DR <table style="width: 100%;"> <tr> <td>CITY</td> <td>STATE</td> <td>ZIP CODE</td> </tr> <tr> <td>CLINTON TWP</td> <td>MI</td> <td>48036</td> </tr> </table>			CITY	STATE	ZIP CODE	CLINTON TWP	MI	48036	Name of Employer MIDWEST STEEL Transaction ID : F6.139337 Occupation CEO	Date (month, day, year) 11/01/2022	Amount 1000.00	B. FULL NAME BOOTSTRAP PRIORITIES PAC MAILING ADDRESS P.O. BOX 14444 <table style="width: 100%;"> <tr> <td>CITY</td> <td>STATE</td> <td>ZIP CODE</td> </tr> <tr> <td>SURFSIDE BEACH</td> <td>SC</td> <td>29587</td> </tr> </table>			CITY	STATE	ZIP CODE	SURFSIDE BEACH	SC	29587	Name of Employer Transaction ID : F6.120662 Occupation	Date (month, day, year) 11/01/2022	Amount 1000.00	C. FULL NAME KIMBLE, ERIC, , , MAILING ADDRESS 2536 ERVIN RD NW <table style="width: 100%;"> <tr> <td>CITY</td> <td>STATE</td> <td>ZIP CODE</td> </tr> <tr> <td>DOVER</td> <td>OH</td> <td>44622</td> </tr> </table>			CITY	STATE	ZIP CODE	DOVER	OH	44622	Name of Employer KIMBLE COMPANY Transaction ID : F6.120661 Occupation MANAGER	Date (month, day, year) 11/01/2022	Amount 1000.00	D. FULL NAME MAILING ADDRESS <table style="width: 100%;"> <tr> <td>CITY</td> <td>STATE</td> <td>ZIP CODE</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </table>			CITY	STATE	ZIP CODE				Name of Employer Occupation	Date (month, day, year)	Amount	E. FULL NAME MAILING ADDRESS <table style="width: 100%;"> <tr> <td>CITY</td> <td>STATE</td> <td>ZIP CODE</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </table>			CITY	STATE	ZIP CODE				Name of Employer Occupation	Date (month, day, year)	Amount
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SIGNATURE (optional) CRATE, BRADLEY, , , [Electronically Filed]				DATE 12/08/2022	For further information contact: Federal Election Commission 999 E Street, NW, Washington, DC 20463 Toll Free 800-424-9530, Local 202-694-1100																																																											

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FEC FORM 6
(Revised 03/2016)