

# 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>Tom Barrett for Congress                                                                                                                |  |             |                                                      |                        |
| ADDRESS (number and street) PO Box 15221                                                                                                                                |  |             |                                                      |                        |
| CITY<br>Lansing                                                                                                                                                         |  | STATE<br>MI |                                                      | ZIP CODE<br>48901-5221 |
| 2. NAME OF CANDIDATE<br>Barrett, Thomas M, , ,                                                                                                                          |  |             | 3. OFFICE SOUGHT (State and District)<br>House MI 07 |                        |
| 4. FEC IDENTIFICATION NUMBER<br>C00793976                                                                                                                               |  |             |                                                      |                        |
| 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>Andreevski, Nikola, , ,                                                                                                                                 |  |             | Name of Employer<br>MDN                              |                        |
| MAILING ADDRESS<br>1209 Darien Club Dr                                                                                                                                  |  |             | Date (month, day, year)<br>07/24/2026                |                        |
| CITY<br>Darien                                                                                                                                                          |  |             | Amount<br>3500.00                                    |                        |
| STATE<br>IL                                                                                                                                                             |  |             | Transaction ID : 6C5C400543C3A43C6                   |                        |
| ZIP CODE<br>60561                                                                                                                                                       |  |             | Occupation<br>CEO                                    |                        |
| B. FULL NAME<br>Tosic, Danilo, , ,                                                                                                                                      |  |             | Name of Employer<br>Leader Freight Systems           |                        |
| MAILING ADDRESS<br>400 N La Salle Dr                                                                                                                                    |  |             | Date (month, day, year)<br>07/24/2026                |                        |
| CITY<br>Chicago                                                                                                                                                         |  |             | Amount<br>1500.00                                    |                        |
| STATE<br>IL                                                                                                                                                             |  |             | Transaction ID : 6F8D802736F1347E9I                  |                        |
| ZIP CODE<br>60654-8519                                                                                                                                                  |  |             | Occupation<br>Owner                                  |                        |
| C. FULL NAME<br>Jovanovic, Luka, , ,                                                                                                                                    |  |             | Name of Employer<br>Self Employed                    |                        |
| MAILING ADDRESS<br>9231 Auburn Court                                                                                                                                    |  |             | Date (month, day, year)<br>07/24/2026                |                        |
| CITY<br>Orland Park                                                                                                                                                     |  |             | Amount<br>1500.00                                    |                        |
| STATE<br>IL                                                                                                                                                             |  |             | Transaction ID : 6D36AF78D3C6D40A                    |                        |
| ZIP CODE<br>60462                                                                                                                                                       |  |             | Occupation<br>COO                                    |                        |
| D. FULL NAME<br>Ragusa, Louette, , ,                                                                                                                                    |  |             | Name of Employer<br>MACPAC                           |                        |
| MAILING ADDRESS<br>1032 15th St NW #128                                                                                                                                 |  |             | Date (month, day, year)<br>07/24/2026                |                        |
| CITY<br>Washington                                                                                                                                                      |  |             | Amount<br>1500.00                                    |                        |
| STATE<br>DC                                                                                                                                                             |  |             | Transaction ID : 60F16EAB319B84C5I                   |                        |
| ZIP CODE<br>20005                                                                                                                                                       |  |             | Occupation<br>TREASURER                              |                        |
| E. FULL NAME<br>Jovanovic, Luka, , ,                                                                                                                                    |  |             | Name of Employer<br>Self Employed                    |                        |
| MAILING ADDRESS<br>9231 Auburn Court                                                                                                                                    |  |             | Date (month, day, year)<br>07/24/2026                |                        |
| CITY<br>Orland Park                                                                                                                                                     |  |             | Amount<br>3500.00                                    |                        |
| STATE<br>IL                                                                                                                                                             |  |             | Transaction ID : 649135ADC1FDF4C9                    |                        |
| ZIP CODE<br>60462                                                                                                                                                       |  |             | Occupation<br>COO                                    |                        |
| SIGNATURE (optional)<br>Staudt, David, , ,                                                                                                                              |  |             | DATE<br>07/25/2026                                   |                        |
| For further information, contact the Federal Election Commission at 800-424-9530 or visit www.fec.gov                                                                   |  |             |                                                      |                        |

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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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| 1. NAME OF COMMITTEE IN FULL<br>Tom Barrett for Congress                                                                                                                |  |                                                                                                                |                   |
| ADDRESS (number and street) PO Box 15221                                                                                                                                |  |                                                                                                                |                   |
| CITY, STATE, and ZIP CODE<br>Lansing MI 48901-5221                                                                                                                      |  |                                                                                                                |                   |
| 2. NAME OF CANDIDATE<br>Barrett, Thomas M, , ,                                                                                                                          |  | 3. OFFICE SOUGHT (State and District)<br>House MI 07                                                           |                   |
|                                                                                                                                                                         |  | 4. FEC IDENTIFICATION NUMBER<br>C00793976                                                                      |                   |
| 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, MAILING ADDRESS AND ZIP CODE                                                                                                                              |  |                                                                                                                |                   |
| Tosic, Danilo, , ,<br><br>400 N La Salle Dr<br><br>Chicago IL 60654-8519                                                                                                |  | Name of Employer<br>Leader Freight Systems<br><br>Transaction ID : 6CBC4097995DA4B83AE2<br>Occupation<br>Owner |                   |
|                                                                                                                                                                         |  | Date (month, day, year)<br>07/24/2026                                                                          | Amount<br>3500.00 |
| B. FULL NAME, MAILING ADDRESS AND ZIP CODE                                                                                                                              |  |                                                                                                                |                   |
|                                                                                                                                                                         |  | Name of Employer                                                                                               |                   |
|                                                                                                                                                                         |  | Date (month, day, year)                                                                                        |                   |
|                                                                                                                                                                         |  | Amount                                                                                                         |                   |
|                                                                                                                                                                         |  | Occupation                                                                                                     |                   |
| C. FULL NAME, MAILING ADDRESS AND ZIP CODE                                                                                                                              |  |                                                                                                                |                   |
|                                                                                                                                                                         |  | Name of Employer                                                                                               |                   |
|                                                                                                                                                                         |  | Date (month, day, year)                                                                                        |                   |
|                                                                                                                                                                         |  | Amount                                                                                                         |                   |
|                                                                                                                                                                         |  | Occupation                                                                                                     |                   |
| D. FULL NAME, MAILING ADDRESS AND ZIP CODE                                                                                                                              |  |                                                                                                                |                   |
|                                                                                                                                                                         |  | Name of Employer                                                                                               |                   |
|                                                                                                                                                                         |  | Date (month, day, year)                                                                                        |                   |
|                                                                                                                                                                         |  | Amount                                                                                                         |                   |
|                                                                                                                                                                         |  | Occupation                                                                                                     |                   |
| E. FULL NAME, MAILING ADDRESS AND ZIP CODE                                                                                                                              |  |                                                                                                                |                   |
|                                                                                                                                                                         |  | Name of Employer                                                                                               |                   |
|                                                                                                                                                                         |  | Date (month, day, year)                                                                                        |                   |
|                                                                                                                                                                         |  | Amount                                                                                                         |                   |
|                                                                                                                                                                         |  | Occupation                                                                                                     |                   |

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