

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>DIANA FOR CONGRESS                                                                                                                      |             |                                   |                                                      |                                                                                                             |
| ADDRESS (number and street) PO BOX 7208                                                                                                                                 |             |                                   |                                                      |                                                                                                             |
| CITY<br>KINGSPORT                                                                                                                                                       |             | STATE<br>TN                       |                                                      | ZIP CODE<br>37664                                                                                           |
| 2. NAME OF CANDIDATE<br>Harshbarger, Diana, , ,                                                                                                                         |             |                                   | 3. OFFICE SOUGHT (State and District)<br>House TN 01 |                                                                                                             |
| 4. FEC IDENTIFICATION NUMBER<br>C00741090                                                                                                                               |             |                                   |                                                      |                                                                                                             |
| 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>Taylor, Margareta, , ,                                                                                                                                  |             | Name of Employer                  |                                                      | Date (month, day, year)<br>07/16/2024                                                                       |
| MAILING ADDRESS<br>2 Sutton Sq                                                                                                                                          |             | Transaction ID : 66B9775ECBFA04B4 |                                                      | Amount<br>6600.00                                                                                           |
| CITY<br>New York                                                                                                                                                        | STATE<br>NY | ZIP CODE<br>10022-2408            | Occupation                                           |                                                                                                             |
| B. FULL NAME                                                                                                                                                            |             | Name of Employer                  |                                                      | Date (month, day, year)                                                                                     |
| MAILING ADDRESS                                                                                                                                                         |             |                                   |                                                      | Amount                                                                                                      |
| CITY                                                                                                                                                                    | STATE       | ZIP CODE                          | Occupation                                           |                                                                                                             |
| C. FULL NAME                                                                                                                                                            |             | Name of Employer                  |                                                      | Date (month, day, year)                                                                                     |
| MAILING ADDRESS                                                                                                                                                         |             |                                   |                                                      | Amount                                                                                                      |
| CITY                                                                                                                                                                    | STATE       | ZIP CODE                          | Occupation                                           |                                                                                                             |
| D. FULL NAME                                                                                                                                                            |             | Name of Employer                  |                                                      | Date (month, day, year)                                                                                     |
| MAILING ADDRESS                                                                                                                                                         |             |                                   |                                                      | Amount                                                                                                      |
| CITY                                                                                                                                                                    | STATE       | ZIP CODE                          | Occupation                                           |                                                                                                             |
| E. FULL NAME                                                                                                                                                            |             | Name of Employer                  |                                                      | Date (month, day, year)                                                                                     |
| MAILING ADDRESS                                                                                                                                                         |             |                                   |                                                      | Amount                                                                                                      |
| CITY                                                                                                                                                                    | STATE       | ZIP CODE                          | Occupation                                           |                                                                                                             |
| SIGNATURE (optional)<br>Datwyler, Thomas, , ,                                                                                                                           |             |                                   | DATE<br>07/16/2024                                   | For further information,<br>contact the Federal Election Commission<br>at 800-424-9530 or visit www.fec.gov |

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