

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 BRANDON GILL FOR TEXAS			
ADDRESS (number and street) P.O. BOX 827			
CITY ARLINGTON	STATE VA	ZIP CODE 22216	
2. NAME OF CANDIDATE GILL, BRANDON, , ,		3. OFFICE SOUGHT (State and District) House TX 26	
4. FEC IDENTIFICATION NUMBER C00857359			
5. IS THIS AN AMENDMENT? ☒ NO, THIS IS A NEW FILING ☐ YES, IT AMENDS THE NOTICE FILED ON _____ / _____ / _____			
A. FULL NAME TEXANS FOR RONNY JACKSON		Name of Employer	Date (month, day, year)
MAILING ADDRESS PO BOX 53058		Transaction ID : 105186783	02/16/2024
CITY AMARILLO	STATE TX	ZIP CODE 79159	Amount 2000.00
B. FULL NAME TEXANS FOR RONNY JACKSON		Name of Employer	Date (month, day, year)
MAILING ADDRESS PO BOX 53058		Transaction ID : 105186784	02/16/2024
CITY AMARILLO	STATE TX	ZIP CODE 79159	Amount 2000.00
C. FULL NAME HARPER, DEE ANN, , ,		Name of Employer RETIRED	Date (month, day, year)
MAILING ADDRESS PO BOX 796604		Transaction ID : 105186787	02/16/2024
CITY DALLAS	STATE TX	ZIP CODE 75379	Amount 3300.00
D. FULL NAME JACOBS, JAY, , ,		Name of Employer RETIRED	Date (month, day, year)
MAILING ADDRESS PO BOX 796604		Transaction ID : 105186788	02/16/2024
CITY DALLAS	STATE TX	ZIP CODE 75379	Amount 3300.00
E. FULL NAME WAMBSGANSS, LEIGH, , ,		Name of Employer PATRIOT MOBILE	Date (month, day, year)
MAILING ADDRESS PO BOX 94017		Transaction ID : 105186789	02/16/2024
CITY SOUTHLAKE	STATE TX	ZIP CODE 76092	Amount 1033.06
SIGNATURE (optional) CRATE, BRADLEY, T., ,		DATE 02/18/2024	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.

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ADDRESS (number and street) P.O. BOX 827			
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		4. FEC IDENTIFICATION NUMBER C00857359	
5. IS THIS AN AMENDMENT? ☒ NO, THIS IS A NEW FILING ☐ YES, IT AMENDS THE NOTICE FILED ON _____ / _____ / _____			
continuation page			
A. FULL NAME, MAILING ADDRESS AND ZIP CODE AMSTERDAM, LAVERNE, , , 5705 PINE VALLEY DR FLOWER MOUND TX 75022		Name of Employer RETIRED Transaction ID : 105186790 Occupation RETIRED	
		Date (month, day, year) 02/16/2024	
		Amount 2066.12	
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	