

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 Balderson for Congress			
ADDRESS (number and street) PO BOX 571 850 TWIN RIVERS DR			
CITY COLUMBUS	STATE OH	ZIP CODE 43216	
2. NAME OF CANDIDATE Balderson, William, Troy, ,		3. OFFICE SOUGHT (State and District) House OH 12	
		4. FEC IDENTIFICATION NUMBER C00662650	
5. IS THIS AN AMENDMENT? <input type="checkbox"/> NO, THIS IS A NEW FILING <input checked="" type="checkbox"/> YES, IT AMENDS THE NOTICE FILED ON 04 / 26 / 2026			
A. FULL NAME Moyer, Scott, , ,		Name of Employer Information Requested	
MAILING ADDRESS 1220 Newark Rd		Date (month, day, year) 04/24/2026	
CITY Zanesville		Amount 1500.00	
STATE OH		Transaction ID : 61AECC29BE3974937	
ZIP CODE 43701-2621		Occupation Information Requested	
B. FULL NAME Weinberg, David, , ,		Name of Employer Information Requested	
MAILING ADDRESS 3231 Conn Rd		Date (month, day, year) 04/24/2026	
CITY Nashport		Amount 2000.00	
STATE OH		Transaction ID : 63AF0B626D02646D9	
ZIP CODE 43830-9704		Occupation Information Requested	
C. FULL NAME Goss, Terry, , ,		Name of Employer Information Requested	
MAILING ADDRESS 3660 Greenbriar Dr		Date (month, day, year) 04/24/2026	
CITY Zanesville		Amount 1500.00	
STATE OH		Transaction ID : 60F2EC760338D44BA	
ZIP CODE 43701-1594		Occupation Information Requested	
D. FULL NAME Wielkiewicz, Walter, J., Dr., MD		Name of Employer Genesis Primary Care Physicians	
MAILING ADDRESS 6053 Mapleton Dr		Date (month, day, year) 04/24/2026	
CITY New Albany		Amount 1000.00	
STATE OH		Transaction ID : 6ABB49C47E85B41C	
ZIP CODE 43054-8113		Occupation Physician	
E. FULL NAME Minning, Carl, , ,		Name of Employer Information Requested	
MAILING ADDRESS 888 Eastward Cir		Date (month, day, year) 04/24/2026	
CITY Zanesville		Amount 1000.00	
STATE OH		Transaction ID : 6DF97F52BDF374E21	
ZIP CODE 43701-1554		Occupation Information Requested	
SIGNATURE (optional) Martin, Steve, , ,		DATE 04/28/2026	
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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A. FULL NAME, MAILING ADDRESS AND ZIP CODE	Name of Employer	Date (month, day, year)	Amount
Linn, Tim, , , 2675 Ash Meadows Blvd Zanesville OH 43701-0928	Information Requested Transaction ID : 66DBFE9E5AAD34ECBBE	04/24/2026	1500.00
	Occupation Information Requested		
Dailey, Ann, , , 9655 Pidcock Rd Zanesville OH 43701-8447	Information Requested Transaction ID : 6B4B7171695B74E2BA7F	04/24/2026	3500.00
	Occupation Information Requested		
Dodson, Ryan, , , 4421 Dockray Dr Nashport OH 43830-9001	Information Requested Transaction ID : 6C7114C6D68C5400CB7D	04/24/2026	1500.00
	Occupation Information Requested		
Friends of Tiberi 5795 Tarton Circle N Dublin OH 43017	Information Requested Transaction ID : 6C1D7308341204EF1A1D	04/24/2026	2000.00
	Occupation Information Requested		
Davita Inc. PAC (Dapac) 3201 S. 323RD STREET FEDERAL WAY WA 98001-5023	Information Requested Transaction ID : 6F1D8BF7E947849D3933	04/24/2026	2000.00
	Occupation Information Requested		

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A. FULL NAME, MAILING ADDRESS AND ZIP CODE	Name of Employer	Date (month, day, year)	Amount
Davita Inc. PAC (Dapac) 3201 S. 323RD STREET FEDERAL WAY WA 98001-5023	Occupation Transaction ID : 618670BBFE4BF4233A31	04/24/2026	2000.00
B. FULL NAME, MAILING ADDRESS AND ZIP CODE	Name of Employer Occupation	Date (month, day, year)	Amount
C. FULL NAME, MAILING ADDRESS AND ZIP CODE	Name of Employer Occupation	Date (month, day, year)	Amount
D. FULL NAME, MAILING ADDRESS AND ZIP CODE	Name of Employer Occupation	Date (month, day, year)	Amount
E. FULL NAME, MAILING ADDRESS AND ZIP CODE	Name of Employer Occupation	Date (month, day, year)	Amount