

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 FRIENDS OF JOHN COWAN				
ADDRESS (number and street) PO BOX 217				
CITY WOODSTOCK		STATE GA		ZIP CODE 30188-0217
2. NAME OF CANDIDATE COWAN, JOHN, , ,			3. OFFICE SOUGHT (State and District) House GA 11	
4. FEC IDENTIFICATION NUMBER C00938175				
5. IS THIS AN AMENDMENT? ☒ NO, THIS IS A NEW FILING ☐ YES, IT AMENDS THE NOTICE FILED ON _____ / _____ / _____				
A. FULL NAME MOLNAR, SARAH, MCNAUL, MRS.,			Name of Employer INFORMATION REQUESTED	
MAILING ADDRESS 210 E 4TH ST			Transaction ID : 6E163E2ABF9E142C,	
CITY ROME	STATE GA	ZIP CODE 30161-3232	Occupation INFORMATION REQUESTED	
B. FULL NAME BUSHNELL, KIMBERLY, B., MRS.,			Name of Employer INFORMATION REQUESTED	
MAILING ADDRESS 60 FALLEN BRANCH CIR SE			Transaction ID : 6AAB94703BBFF472I	
CITY ROME	STATE GA	ZIP CODE 30161-2194	Occupation INFORMATION REQUESTED	
C. FULL NAME KING, ROBERT, E., MR.,			Name of Employer INFORMATION REQUESTED	
MAILING ADDRESS 65 WINDCHIME WAY NE			Transaction ID : 6675DC53588ED45CI	
CITY ROME	STATE GA	ZIP CODE 30161-7594	Occupation INFORMATION REQUESTED	
D. FULL NAME FOX, WILLIAM, , ,			Name of Employer MAYO CLINIC	
MAILING ADDRESS 4230 DUVAL DRIVE			Transaction ID : 62DD53D8DBB6E426	
CITY JACKSONVILLE BEACH	STATE FL	ZIP CODE 32250	Occupation NEUROSURGEON	
E. FULL NAME HUBBARD, LAURIE, B., MRS.,			Name of Employer INFORMATION REQUESTED	
MAILING ADDRESS 325 N RIVER RD NE			Transaction ID : 64F7889B0D25F447E	
CITY ROME	STATE GA	ZIP CODE 30161-7313	Occupation INFORMATION REQUESTED	
SIGNATURE (optional) CIGELSKE, KATHRYN, , ,			DATE 05/14/2026	
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			
HERVEY-JUMPER, SHAWN, , , 21 BRUNELL PLACE OAKLAND CA 94602		Name of Employer UCSF Transaction ID : 6AD539EB4F21449EAB3E Occupation PHYSICIAN	
		Date (month, day, year) 05/13/2026	
		Amount 1000.00	
B. FULL NAME, MAILING ADDRESS AND ZIP CODE			
AMERICAN SOCIETY OF ANESTHESIOLOGISTS PAC (ASA PAC) 1061 AMERICAN LN SCHAUMBURG IL 60173-4973		Name of Employer Transaction ID : 6A970EDEA7F6544CCBBE Occupation	
		Date (month, day, year) 05/13/2026	
		Amount 5000.00	
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	

continuation page